NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**28 January 2025 – 9.30am**

Present

Dr Tim Allison, Director of Public Health & Policy
Emily Austin, Non-Executive
Sarah Compton-Bishop, Board Chair
Louise Bussell, Nurse Director
Garret Corner, Non-Executive
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Albert Donald, Non-Executive
Fiona Davies, Chief Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive
Catriona Sinclair, 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
Kristin Gillies, Interim Head of Strategy & Transformation
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Gordon MacLeay, Clinical Advisor, Estates, item 9 only
Tina Monaghan, Service Manager, National Treatment Centre, item 9 only
David Park, Deputy Chief Executive
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
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 acknowledged those affected by the recent storm, especially in Argyll and Bute and noted it had caused significant disruptions, she thanked NHS Highland staff who went above and beyond to support those in need.

The Chair welcomed NHS Highland's new non-executive director Janice Preston who joined on 1st January 2025 and brought extensive experience from her role at Macmillan Cancer Support. She noted that Dr. Neil Wright would join on 1st April 2025.

Apologies for absence were received from Board Members Alex Anderson, Graham Bell and Karen Leach.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as a Highland Council Councillor, but judged this not to be 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 judged this not to be necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 26 November 2024 and **approved** the updates to the Action Plan noting the due date for Action 30 – Review the risk rating for risk 1279 due to the current challenges in Social Care would be updated to an appropriate alternative.

1.4 Matters Arising

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

Right place, right time
National Reform
Finance
Vaccination

The Chief Executive took the opportunity to congratulate:

- Senior Charge Nurse, Paul Rusk had achieved the title of Queen's Nurse for his innovative work on healthcare to people in custody.
- Liam Allan, Physician Associate who won the prestigious 'Physician Associate of the Year' award.
- Cathie King, Colorectal/Stoma Clinical Nurse Specialist who had won the Philip Salt Award – Association of Stoma Care Nurses (ASCN) UK Stoma Care Nurse of the Year.

Board Members highlighted the continued challenges facing delayed discharges and raised awareness of the importance of having appropriate Power of Attorney's in place before a member of the public required hospital treatment, they noted that work was underway within the Community Planning Group to address the complex issues contributed to this as it could help reduce delays in receiving the right method of care.

The Chair and Chief Executive agreed that it was an important piece of work and encouraged everyone to set those arrangements up as soon as possible to ensure decisions are made promptly and in their best interests.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee (FRP) agreed minute of 16 December 2024 and draft minute of 10 January 2025

It was noted the financial positions for months seven and eight were reviewed and it was confirmed the financial position had remained stable at around £49-50 million over budget since month four. It was noted this was reassuring as it aligned with the planned forecasts but was dependant on achieving break-even in adult social care and discussions with Highland Council were ongoing.

The Director of Finance updated the committee on the revised brokerage arrangements for 2024-25 and noted an increased cap from the Scottish Government which would allow NHS Highland to avoid a financial deficit this year.

The Director of Estates, Facilities and Capital Planning provided the committee with an update around the New Craigs Private Finance Initiative (PFI) progress alongside the post-evaluation report for the National Treatment Centre (NTC-H) which noted the First Minister emphasised the importance of national treatment centres for future modernisation of NHS Scotland.

b) Audit Committee draft minute of 10 December 2024

The Chair of Audit Committee confirmed the committee reviewed internal audit reports on complaints feedback, attendance management and cybersecurity with appropriate actions being tracked accordingly. She highlighted that common themes were emerging which included consistency, awareness of processes and documentation compliance.

She made the Board aware that the internal auditors had warned the number and magnitude of some issues could affect their annual audit opinion but acknowledged they would update NHS Highland in advance rather than at the time of their annual audit opinion.

The committee was moving forward with addressing the outstanding management actions as the volume had increased, with some beyond their agreed deadline for completion. The committee asked that delays around the commencement of the Children's Services audit were escalated to Board as the work was due to begin in October 2024 and there was concern several months had now passed.

The Director of Finance confirmed she had recently met with internal audit and noted that the audit opinion would not be fully formed until all audits were completed. She explained that NHS Highland had intentionally requested audits in areas facing challenges to address them appropriately. Additionally, she mentioned that meetings with Highland Council and NHS colleagues were scheduled for early February to discuss the Children's Services Audit. This matter had been escalated to the joint Chief Executives' meeting for consideration.

c) Highland Health & Social Care Committee draft minute of 15 January 2025

The Chair of Highland Health & Social Care Committee confirmed the committee received an update on the financial position where it was highlighted challenges remained in place with adult social care delivery and efficiency savings.

He added that other key items included discussions around the Engagement work that had taken place over the last 12 months and the Children and Young People's Services annual report which had shown notable progress, particularly in reducing waiting times.

He noted that the committee had concerns about the high costs of GP locums and dental services. He confirmed that he would discuss these issues further with the Chief Officer to ensure the committee workplan better reflects the impact of long-term vacancies in these areas.

d) Clinical Governance Committee draft minute of 9 January 2025

It was noted the Committee had discussed the recruitment challenges being faced in NHS Highland alongside the ongoing difficulty around delayed discharges and an increase in cancer referrals.

The Committee Chair advised that other key items included discussions around the impact and use of artificial intelligence on future health service delivery within the Public Health Update.

e) Area Clinical Forum draft minute of 9 January 2025

The Chair of Area Clinical Forum highlighted the Forum received an update from the Chief Executive that covered her priorities and the past years activities. The Director of People and Culture provided the Forum with an update on the confidential contacts proposal which was well received.

She added that the Head of eHealth provided an update on the challenges faced in implementing technological advancements within managed and contracted services but confirmed work was underway to improve connectivity.

f) Staff Governance Committee draft minute of 14 January 2025

The Chair of Staff Governance committee highlighted that many of the topics discussed were on the agenda for this Board meeting. She advised committee had received updates on the Equalities and Employability work and thanked colleagues for the development of these items and the detailed updates.

Committee had discussed the Appraisal and PDP Improvement Plans and staff training compliance rates with noted improvements. However, she confirmed there had been a slight decline in Appraisal compliance rates that may have been caused by technical issues which the Director of People and Culture was investigating.

g) Argyll and Bute Integration Joint Board 27 November 2024

There were no additional comments.

The Board:

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

4. Integrated Performance and Quality Report (IPQR)

The Board had received a report from the Deputy Chief Executive which detailed current Board performance and quality across the health and social care system. The report noted the need to maximise efficiency opportunities and to bring about service changes that would bolster resilience and use resources in a cost effective way.

The Board was asked to take limited assurance due to the pressures faced by the health and care services in NHS Highland.

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

- Child and Adolescent Mental Health Services (CAMHS) remained a focus and waiting times continued to decrease, work was underway with Scottish Government on plans which included appropriately resourcing the division.
- Challenges persisted in emergency access, but feedback from the Scottish Ambulance Service indicated improvements in Ambulance turnaround.
- Delayed Discharges remained a significant challenge but there had been an improvement from 253 to 220.
- Improvements in Scheduled Care and Treatment Time Guarantee (TTG) continued and there were new initiatives helping to reduce waiting times further. It was noted NHS Highland ranked 6th out of 15 boards.
- Cancer services improvements had been maintained in both 31-day and 62-day indicators with NHS Highland partnered with NHS Forth Valley on breast surgical pathways.
- Complaints Levels had increased slightly and meeting the agreed response times remained challenging but work was underway to achieve improvements.
- Vacancy time to fill and absence metric improvements had been maintained.

During discussion the following points were raised:

- Board Members highlighted the emergency department performance and sought clarity on what the figures would look like for Raigmore Hospital alone. The Chief Officer for Acute advised that Raigmore Hospital's performance varied between 60% to 80% turnaround and acknowledged the hospital continued to face challenges in terms of patient flow through the emergency department due to bed availability but efforts were ongoing to address and improve this.
- Board Members noted an inconsistency in the vaccination figures for Argyll and Bute Health and Social Care Partnership (HSCP) as the report indicated NHS Highland exceeded the national target with 96%, while Argyll and Bute were below. The Director of Public Health confirmed the discrepancy was due to a timing issue with the data.
- Board Members highlighted a decline in Complaints performance for October compared to previous months and sought clarity on the reasons for this and whether the noted mitigations would improve performance significantly.
- The Medical Director confirmed the decline in performance was due to the complexity of the complaints process and service pressures but noted he was confident the mitigations in place would improve performance. The Nurse Director added that there had been a focus on appropriate complaints training for all staff and further training was planned.
- The Chair welcomed the data analysis included in the report and emphasised that the IPQR was a comprehensive and complex report. She acknowledged that system challenges arose from a range of issues rather than a lack of effort on the part of staff. The report itself was nonetheless a valuable tool for assessing performance across key areas.

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

5 Finance Assurance Report – Month 8 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 8. It was confirmed that the Board's original plan presented a budget gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements £84.091m were required. NHS Highland's financial position as at end Month 8 reported an overspend of £49.889m with an overspend of £49.697m forecast for the full financial year. The forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position. This forecast is £21.297m worse than the brokerage limit set by Scottish Government and £0.900m better than the target agreed.

The Director of Finance spoke to the circulated report and highlighted slight deterioration in operational positions for the Highland Health and Social Care Partnership (HSCP) and Acute services, while Argyll and Bute's forecast remained stationary

Support services reported an improved position due to the recovery plan in place. She noted the main impacts continued to be supplementary staffing and drug costs. The budget plan was progressing well and there were expectations of recurring savings over the next three years.

A brief outline of the budget setting process for 2025-28 was also provided. Scottish Government expected a clear programme of work to achieve three per cent recurring savings, improved forecast outturn positions for 2025-26 compared with 2024-25, and trajectories for improvement supported by detailed plans. It had been made clear at this stage there would be no brokerage available to boards for 2025-26. Work would continue through to mid-March for the final submission deadline with focus on aligning the finance plan with the ADP, refining Value & Efficiency programmes, and including any new schemes identified through the finance clinics being held between the Chief Executive, Director of Finance and each Executive Director.

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

During discussion the following points were raised:

- Board Members sought clarity on the forward plan to be submitted to Scottish Government and the iterative process involved. The Director of Finance confirmed that the first draft requirement included an improvement on the current position, the draft being submitted would start with the identified opening gap and focus on the minimum three per cent savings expectation and identifying new pressures. She confirmed the final draft would be submitted to Scottish Government by 17th March, following internal discussions on performance impact.
- Board Members recognised the challenge of achieving the three per cent savings expectation and highlighted the need for effective internal messaging and innovative thinking to achieve efficiencies, potentially addressed through finance workshops and organisational communication.
- The Director of Finance highlighted the difficulty of engaging people to understand the financial position due to the clash between performance and financial realities, stressing accountability at an individual level and making the three per cent savings target more comprehensible.
- The Director of People and Culture suggested the need to engage people in a meaningful way, celebrating success and maintaining scrutiny to address challenges, and highlighted the need to ensure those were communicated through multiple forums.
- The Chief Executive noted the importance of focusing on improvement in the budget and highlighted effective communication with staff and stakeholders was key when trying to convey the plan.

Having **examined** the draft Month 8 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

The Board took a break at 11.06am and the meeting resumed at 11.21am

6 Director of Public Health Annual Report

The Board received a report on behalf of the Director of Public Health that set out information about the health and wellbeing of people in Highland and Argyll and Bute and focused on health inequalities. The report was not a comprehensive review of health inequalities but rather intended to generate action which would tackle this important priority for NHS Highland and its partners. The report included recommendations for action designed to help all agencies work to reduce inequality.

The Board was invited to take substantial assurance that the requirement for the publication of the Board is met noting that other elements of public health reporting will continue to need further work.

The Director of Public Health summarised the key points noted below:

- The NHS was unique in addressing health inequalities by providing free services to everyone at the point of use and the report emphasised the importance of addressing those issues to improve overall health outcomes.
- Health inequalities arose from various factors, including income, access to care, and protected characteristics, however significant improvements had been made with reductions in smoking rates and early cancer deaths.
- There remained challenges in areas such as heart disease and drug-related deaths and it was recommended a strategic approach was adopted to reduce inequalities and improve health outcomes with an emphasis on the need for collaboration with other organisations.
- He noted the importance of addressing social determinants of health, such as income and access to care with a focus on prevention.

During discussion the following points were raised:

- Board Members sought clarity on how the content of the report could be integrated into the new district and community partner planning strategies to ensure public health awareness alongside addressing issues such as frailty, loneliness and eating habits across NHS Highland. The Director of Public Health confirmed that to address these issues it was important all the community partners were working together and taking the approach that public health was a collective responsibility.
- The Chair highlighted many of those community partners were in the meeting and emphasised the importance of focusing on areas where they had influence based upon the recommendations in the report over the coming year.
- Board Members sought clarity on the impact of social prescribing and it's evaluation in terms of outcomes and effectiveness and whether there was a framework in place. The Director of Public Health confirmed there were some evaluation metrics but acknowledged additional work was required to ensure this was more rounded and covered areas such as social prescribing.
- Board Members welcomed the reference to social determinants of health, particularly the challenges faced by the Board to implement them. They suggested the next step would be identifying how to actively implement them in the future.
- The Director of Public Health emphasised the importance of awareness of health inequalities when redesigning services as often improving them can disproportionately benefit those in greatest need.
- The Board Vice Chair suggested the Board should not simply note the recommendations of the report as requested, but also accept the recommendations and ask Executives to bring forward six-monthly and 12-monthly reports through an appropriate governance route to provide assurance on how the Board was implementing the recommendations.

The Board:

- **noted** the 2024 Director of Public Health Annual Report which focused on health inequalities,
- **agreed** to take substantial assurance and;
- **agreed** that biannual progress reports be considered at appropriate governance committees to track and gain assurance on how the Board was implementing the recommendations.

7 Health and Wellbeing Strategy

The Board received a report from the Director of People and Culture detailing the Health and Wellbeing Strategy that was presented to the Board for approval prior to launch. The development of the strategy had involved organisation-wide consultation, with feedback having been considered from various forums and Committees.

The Board was invited to take substantial assurance as full consultation has been completed and feedback considered in the final document, and approve the final strategy.

The Director of People and Culture spoke to the circulated report and highlighted the strategy provided key areas of focus to ensure NHS Highland remained an excellent place to work and the key takeaway was the initiative wasn't starting from scratch as there were a variety of ongoing projects and support systems in place for staff. The focus was on building on and enhancing NHS Highland's current effort.

During discussion the following points were raised:

- The Chair commended the team for their extensive efforts in developing the strategy and asked how NHS Highland planned to continue the level of engagement, recognising this would be an iterative process. She sought clarity on how NHS Highland would ensure the future strategy would reflect the experiences of staff and how staff, managers, and leaders would be enabled to deliver the actions outlined in the plan. The Director of People and Culture explained that engagement would continue through platforms like Engagement HQ and existing processes which would help evolve the strategy and action plan over time. He added there were plans to introduce well-being champions alongside building compassionate leadership practices. It was noted training and protected learning time would be essential.
- Board Members asked if the strategy reflected the cultural diversity of staff and how this would be included in future iterations. The Director of People and Culture confirmed that this would be addressed through the Quality, Diversity and Inclusion Strategy with an update planned for the next Board meeting.
- Board Members highlighted the Equality Impact Assessment (EQIA) was still pending and requested clarification on the proposed timeline for its completion. The Director of People and Culture confirmed this was underway and he would bring an update to the next Board Meeting.

The Board **agreed** to take **substantial** assurance that a full consultation had been undertaken, gathered feedback had been considered and included where appropriate and **approved** the final Strategy.

8 Health and Care (Staffing) Act 2019 Q2 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 2019 across relevant areas of the workforce. The report included key accomplishments achieved during quarter 2 and a summary of upcoming work for quarters three and four.

The Board was invited to take moderate level of assurance due to gaps in recording, consistency and robust ability to evidence plans and decision making, and to note the requirements placed on the Board by the Act,

The Director of People and Culture spoke to the circulated report and highlighted:

- The Report highlighted an adjustment to the governance cycle to enhance alignment in reporting to the Board and ensuring the annual report is published at the end of each financial year in accordance with legislative requirements.
- Key focus areas included the implementation of standard operating procedures (SOPs) for real-time staffing assessments and appropriate risk escalation.
- The Standard Operating Procedures (SOPs) aimed to ensure consistency and improve NHS Highland's ability to demonstrate compliance with the Act.
- It was noted that only moderate assurance could currently be offered in relation to compliance with the Act. Work was underway to implement the SOPs across all appropriate processes.
- It was noted a programme of work was in place to strengthen NHS Highland's approach which included the rollout of a module named Safe Care as part of the rostering system and he confirmed both the Medical Director and Nurse Director had endorsed the report as required by the Act.

During discussion the following points were raised:

- The Chair asked if NHS Highland would have the opportunity to compare progress with other Boards, particularly in relation to the gathering of data and reporting findings. The Director of People and Culture advised there was variation in how Boards were managing reporting but all annual reports would be public. He added that some Boards had opted for a less detailed summarised report whereas NHS Highland were providing more detailed content to mitigate any unexpected public confusion between the quarterly reports and the subsequent annual report on publication.
- Board Members asked what positive benefits had been evidenced since the Act was launched. The Director of People and Culture highlighted the Act pulled together the practices that should already be in place and made them a legislative requirement. He noted this had been positively received across the organisation. The Nurse Director highlighted it was important to take a holistic approach to balancing the requirements of the Act, particularly around service planning, redesign and workforce requirements both in acute and community settings.

The Board **noted** the requirements placed on the Board by the Act and **agreed** to take **moderate** assurance from the report.

The Board took a lunch break at 12.48pm and the meeting resumed at 1.22pm

9 Draft National Treatment Centre Post Occupancy Evaluation Report

The Board received a report by the Director of Estates, Facilities, and Capital Planning which provided an overview of the National Treatment Centre (NTC-H) Post Occupancy Evaluation Report. The report had been prepared in accordance with the Scottish Capital Investment Manual and evaluated the performance of the NTC-H against the criteria set out in the approved Full Business Case, both in terms of the construction project and service delivery over the first year of operation. The Board was invited to approve the report and take moderate assurance.

The Director of Estates, Facilities, and Capital Planning advised that the report had been reviewed by the Finance, Resources, and Performance Committee in December 2024. Gordon MacLeay, Clinical Advisor, highlighted that training and eHealth resourcing were significant issues in transition planning, particularly for workforce planning and target operating models. The NTC-H Service Manager highlighted the previous challenges faced by the Ophthalmology service during transition where they often had to cancel non-urgent outpatient activity due to emergency and urgent operations in the Raigmore unit. The opening of NTC-H had significantly reduced those cancellations.

As a reflection of the programme the Director of Estates, Facilities and Capital Planning noted that additional time for each stage of the business case would have been beneficial and this would inform future strategies in other areas such as energy and maintenance.

During discussion the following points were raised:

- The Chair and Board members commended the work of those who had contributed to the service delivery throughout the challenging period of the transition to the NTC-H.
- The experiences of opening the NTC-H had created considerable opportunity to harness learning about care pathways that would be shared across the whole organisation.
- The importance of collaborative work and good stakeholder engagement had been essential.
- Board Members sought clarity on why the orthopaedic target was only set to 85%. It was noted that the performance figure had been set to take account of the move to a new building as well as addressing staffing challenges on public holidays. However, with mitigating actions, performance had improved and plans were underway to raise performance targets to 90% and subsequently 95%.
- Board Members asked whether lessons had been learned around workforce challenges and communication methods. It was commented that while the feedback from staff had been positive, there had been difficulties encountered as part of moving a service from one building to another and it was acknowledged there was a need build additional time into future projects to improve engagement and understand the workforce impacts in more detail.
- Board Members suggested the assurance level being offered should be raised to substantial in recognition of the detailed level of work that had been undertaken and the success of the project to date. The Director of Estates, Facilities and Capital Planning mentioned that moderate assurance had been noted as feedback was still required from Scottish Government.
- Following further discussion, the Chair recommended that the Board could take substantial assurance from the report and that any further feedback from Scottish Government would be added to the documentation as appropriate.

After reviewing the report, the Board **approved** the report as part of the formal governance process and **agreed** to take **substantial** assurance.

10 Highland Integrated Care Service – Model of Delivery

The Board received a report from the Director of People and Culture detailing progress to date on the discussions between NHS Highland (NHSH) and the Highland Council (THC) in relation to the model of integration for Highland Health and Social Care Partnership (HHSCP). In 2024, discussions between THC and NHSH on integrated health and social care services were influenced by amendments to the National Care Service Bill, which replaced existing integration models with National Care Service local boards, eliminating the Lead Agency model.

The Board was asked to note ongoing preparatory work to optimise future care delivery and recommend modifications to the current care and governance model. Additionally, the Board was asked to agree to form a strategic Steering Group with representation from both lead agencies, and a joint communication approach to keep stakeholders informed and involved.

The Director of People and Culture spoke to the circulated report and highlighted:

- NHS Highland and The Highland Council had agreed to collaborate on exploring future integration models in summer 2024. Despite the Scottish Government's recent decision to remove part one of the National Care Service Bill which was an additional driver, this change would not impact progress to review the integration model.
- He confirmed that the Joint Monitoring Committee (JMC) approved the proposal on 13 December 2024 and The Highland Council approved it on 12 December 2024.
- The proposed strategic steering group would oversee the additional work required whilst ensuring there was appropriate representation from both lead agencies including councillor, officer, executive and non-executive directors.
- The Chief Executive added that, with the changes to the National Care Service Bill, the discussions around the change in the integration model had become a local rather than national issue. She highlighted the success in maintaining capacity at Moss Park Care Home through collaborative work with Highland Council, which differed from the current scheme of delegation.

During discussion the following points were raised:

- Board Members noted the change in the integration model would require significant work and sought assurances that resources and focus would not be diverted from other challenges, such as delayed discharges. They also questioned whether this should be added to the risk register and asked for clarification on whether the reporting route would sit with the JMC, NHS Highland, or Highland Council. The Chief Executive confirmed there were ongoing efforts to maintain the status quo, particularly in managing hospital flow and addressing delayed discharges which highlighted the need to address the integration model. She added that the steering group would decide early on whether to add this to the risk register and determine the appropriate reporting route. The Director of People and Culture added that the report highlighted any change would have resource implications yet to be determined. There was recognition from a number of parties, including Scottish Government, that NHS Highland would require resource to enable any agreed change.
- The Chair welcomed the joint communication plan and emphasised that many members of the public and staff would want to understand what the implications of the change in model would mean to them. She highlighted the importance of a robust communication strategy that included clear answers to these questions, ensuring everyone is well-informed about the changes and their impact.
- The Chief Executive confirmed that implementing the Joint Strategic Plan was crucial to improving services to meet NHS Highland's population needs. She explained that communication around the integration model change would highlight its role in supporting the plan's delivery and the key impact on the public and staff would be seen in changes to activities and care practices, rather than the governance model itself.

The Board:

- **Noted** preparatory work would be undertaken to identify the optimal future care delivery in Highland and make recommendations on modifications to the care and governance model currently in place in Highland.
- **Agreed** to create a strategic Steering Group to oversee the required work with representation from both lead agencies, including councillor and officer representation from The Highland Council and executive and non-executive director representation from NHS Highland.
- **Agreed** the approach to joint communications advised in this paper, to ensure that all stakeholders were fully appraised of plans as they evolved and had the chance to shape them.

11 Corporate Risk Register

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

The Medical Director spoke to the circulated report and highlighted the following:

- Risk 712: Fire Compartmentation had been closed after review at the Estates, Facilities and Capital Planning Health and Safety Group, Health and Safety Committee and the Finance, Resources and Performance Committee.
- Risk 1182: New Craigs PFI Transfer's risk score had been downgraded from nine to six (moderate – not expected to happen, but potential risk remains) as the mitigations in place were working as expected.

The Board **noted** the content of the report and took **substantial** assurance on compliance with legislation, policy and Board objectives.

12 Blueprint for Good Governance Update

The Board received a report from the Board Secretary, on behalf of the Board Chair which provided a progress update on the delivery of actions from the Board's Blueprint for Good Governance Improvement Plan agreed by the Board in July 2023. The Board was invited to take substantial assurance and note the informal oversight in the delivery of the improvement plan would continue to be undertaken by the Chairs Group, and Governance Committees for outstanding longer-term actions during the May 2025 cycle of meetings. A further report would be submitted to the Board in July 2025.

The Board Secretary spoke to the circulated report and highlighted:

- The original plan had 17 listed actions and the report confirmed 12 actions had been completed with progress noted in appendix one.
- There had been a joint session between the Board and the Area Clinical Forum around Quality of Care and work was underway to introduce a quality framework that would include patient feedback.
- The review of organisational controls across the organisation in relation to risk appetite and risk management were ongoing and would extend beyond the lifetime of the plan.

The Board:

- **Agreed** to take substantial assurance from the report and Appendix A.
- **Noted** informal oversight of progress of delivery of the improvement plan would be undertaken by the Chairs Group and Governance Committees in May 2025, and
- **Noted** a further progress update will be submitted to the Board in July 2025.

13 Committee Memberships Review

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined proposed additional changes to the Board's non-executive membership and further adjustments to Governance Committee memberships. The Board last agreed revised Governance Committee memberships in November 2024. A further report would be presented to the Board in March to finalise all committee membership reviews.

The Board **agreed** to take **substantial** assurance from the report and that changes to Committee Memberships would commence immediately.

14 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 25 March 2025
The meeting closed at 2pm

Agenda Item 3

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
Title:	**Health Board Collaboration and Leadership, NHS Scotland Executive Group**
Responsible Executive/Non-Executive:	**Fiona Davies, Chief Executive**
Report Author:	**Ruth Daly, Board Secretary**

Report Recommendation:

The Board is invited to note:

a) the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
b) the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

The Board is asked to acknowledge and endorse:

c) the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
d) the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

The Board is invited to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

1 Purpose

This is presented to the Board for:

- Assurance
- Approval

This report relates to a:

This aligns 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

This paper:

- sets the context for renewal and reform following the First Minister's statement on 27 January 2025.
- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.

2.2 Background

The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

2.3 Assessment

Governance Arrangements

Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 ‘products’ that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

These policy documents will provide the platform for the delivery of the First Minister’s commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft

framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

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** none arising from this report

3.2 **Workforce** none arising from this report

3.3 **Financial** none arising from this report

3.4 **Risk Assessment/Management** none arising from this report

3.5 **Data Protection** none arising from this report

3.6 **Equality and Diversity, including health inequalities** none arising from this report

3.7 **Other impacts**

No other impacts

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

Board Chief Executives, Executive Leads and Scottish Government officials met at COSLA on 18 February 2025 to share information and perspectives on NHS renewal.

3.9 **Route to the Meeting**

As above and Board Chairs' meeting.

4. List of appendices

None

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**07 February 2025 at 9.30 am**

Present
Alexander Anderson, Chair
Tim Allison, Director of Public Health (from 9.50am)
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
Dr Boyd Peters, Board Medical Director
Steve Walsh, Non-Executive Director

In Attendance
Isla Barton, Director of Midwifery
Kira Brown, Committee Administrator (Observing)
Kristin Gillies, Interim Head of Strategy and Transformation
Eric Green, Head of Estates (from 10.00am)
Arlene Johnstone, Head of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services
Brian Mitchell, Committee Administrator
Kevin Richard, Electrical Engineer (from 10.00am)
Katherine Sutton, Chief Officer Acute

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies for absence were received from Committee member Graham Bell and Louise Bussell. Further apologies were received from Evan Beswick, Pamela Stott and Elaine Ward, who are routinely invited to Committee meetings.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minutes of Previous meetings held on Friday 12 December 2024 (Revised) and Friday, 10 January 2025 (with Rolling Action Plan and Committee Work Plan 2024/2025)

The draft Minutes of the Meetings held on 12 December 2024 and 10 January 2025 were **Approved.** The Committee further **Noted** the Committee Work Plan 2024/25 and **approved** the 'proposed to close' items on the Rolling Action Plan.

2 NHS Highland Financial Position 2024/25 Report (Month 9) and Value and Efficiency Assurance Update

The Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 9, advising the Year-to-Date (YTD) Revenue over spend amounted to £52.920m, with the overspend forecasted to be £45.510m as of 31 March 2025. The forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position. The forecast is £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target agreed. 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 relevant Key Risks and Mitigations for which specific detail and updates were provided. 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 December 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance due to the gap from Scottish Government expectations.

There was discussion of the following:

- Timescale for Discussions with Highland Council. Advised regular meetings held, with any agreement to be reached by financial year end. Particular areas of support were being developed alongside current discussion.
- Overall Current Financial Position. The improved position reported was welcomed, with Officers delivering noted improvement in the areas of focus previously agreed. The current level of financial stability was recognised and welcomed.
- Income Generation/Property Elements. Advised formed part of value and efficiency work and in part related to efficiency improvement considerations. Aspects relating to VAT recovery, wider income recovery and organisational estate were involved.

After discussion, the Committee:

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

3 Financial Plan 2025/26 and Annual Delivery Plan Submission

The interim Head of Strategy and Transformation spoke to the circulated report providing an update on the process for development of the aligned plans due for final submission to Scottish Government by 17 March 2025. She also provided a specific brief presentation on development of the Annual Delivery Plan 2025/26, advising as to relevant high-level deliverables and priorities, associated Guidance, format and timeline(s), the overall approach taken, initial feedback from Scottish Government, future development activity and relevant engagement elements.

The Director of Finance then went on to provide a presentation to members on development of the Financial Plan for 2025/26, advising as to the relevant Budget Letter from Scottish Government previously reported. She outlined the initial overall financial headline aspects; summary position; relevant additional funding, additional costs and brought forward pressures; inflation and uplift assumptions; cost pressures; and the challenge faced in terms of cost reduction/improvement activity. Updates were also provided in relation to value and efficiency scheme proposals and processes, activity relating to the 15 Box Grid position and changes, next steps in terms of cost reduction and improvement activity, and relevant wider financial planning risks. The circulated report recommended **Substantial** assurance.

The following aspects were discussed:

- Health and Social Care Partnership Cost Pressures. Confirmed relevant cost pressures will be defined and appropriately populated. May be reflected across a number of wider budget elements.
- Opening Financial Position 2025/26. Advised provision of defined comparison with previous opening statements would require further investigation activity.
- ADP and Activity Level Projections. Advised initial draft Planned Care trajectories recently submitted, with further discussion scheduled with Scottish Government. Final agreed trajectories would be in place by end April 2025.
- ADP Guidance on Population Health and Inequalities. Noted referenced Population Health Framework had yet to be published. Advised as to ongoing considerations in NHS Highland around associated aspects and potential strategies, noting recent approval of the Director of Public Health Annual Report by the NHS Board. NHS Board input would be discussed at a Development Session in April 2025, where proposals would be presented.
- Carry Forward of Performance Indicators from 2024/25. Advised there would be a mix of carry forward and new Indicators within the final version of the ADP. Government set Indicators would likely change in year.

After discussion, the Committee:

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

4 Strategy and Transformation Assurance Group (STAG) Update

The Interim Head of Strategy and Transformation explained that significant progress had been made in developing the strategic transformation model over the previous months. The revised STAG ABC transformation framework delegated responsibility for managing change to support NHS Highland's strategic outcomes, with programmes defined at A, B, and C levels to direct reporting and address threats or opportunities. A level programmes had an organisational focus, selected for their complexity in transforming NHS Highland's services, including specific areas within the Highland Health and Social Care Partnership (HSCP) and pan-Highland changes across Acute Services, Highland HSCP, Argyll & Bute HSCP, and Corporate Services. B level programmes were sector-specific, reported through senior leadership teams, and focused on value and efficiency. The C level programmes were more straightforward, service-led, and delivered in specific areas with appropriate escalations. These programmes formed the foundation of the annual delivery plan, with established programme boards and reporting structures, and would be used to develop the strategy over the upcoming years.

In discussion,

- The Interim Head of Strategy and Transformation highlighted B programmes would undergo deep dives to explore their interconnectivity and impact across sectors, ensuring organisational-wide focus through EDG leadership.
- The Chief Executive noted that the organisation aimed to enhance strategic planning by using public health data, input from staff and the public to target resources effectively. This data-driven approach, supported by a new committee structure, would focus on addressing health inequality and achieving population gains.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

5 Capital Asset Management Update Month 9 Update

The Director of Estates, Facilities and Capital Planning highlighted that last year's capital allocation had been £6.947 m, targeted at backlog maintenance, essential equipment, and E-health replacement. This year, additional funds had been received for EV chargers, refurbishment, and other projects. By month nine, £3.734 m (53. Per cent of the budget) had been spent, with some delays due to fibre replacement projects. The organisation was confident that all funds would be utilised by the end of the financial year.

Despite the pressure from additional funding, orders had been placed for equipment replacement, backlog maintenance, and service enhancements. Additional funding had helped mitigate risks, such as replacing four sterilisers by April and advancing other projects. Contingency funds had been released for more equipment and E-health spending. The project prioritisation for the next year's spending had begun, with meetings chaired by the Deputy Director of Finance. The group had been preparing a list of projects to bring forward if additional funding became available.

In discussion, members queried if there were projects that could easily utilise available funds. The Director of Estates, Facilities and Capital Planning advised there were a few fleet leases that could be brought forward. The Deputy Chief Executive highlighted there was a list of projects ready to be prioritised if more money became available, particularly in E-health, where some projects involved cabling and related estate issues.

After discussion, the Committee:

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

6 Business Continuity Investment Plan Update

K Richards delivered a presentation to give an overview of the Business Continuity Investment Plan and to seek a recommendation for its approval by Board for submission to the Scottish Government. The presentation highlighted:

- The Scottish Government had requested a "do nothing, maintenance only" plan, which identified risks to the estate and equipment, excluding service delivery.
- The aim was to deliver a plan on how future capital would be determined across the NHS Scotland estate, with an annual review and submission process.
- The plan addressed specific challenges faced by NHS Highland and how these challenges affected business conduct and capital planning across the estate.
- Background information was provided on current operations, estate management, past allocation of funds, and future service needs, including the context of existing buildings.
- To prioritise risks, working groups with subject matter experts assessed various risks, including business, financial, health and safety, clinical operational, publicity, and reputational risks, resulting in a risk matrix based on existing information and systems.
- The plan provided an overview of the top risks for investment, such as fire compartmentation, electrical infrastructure, theatre ventilation, building fabric, drainage, heating infrastructure, decontamination equipment, imaging equipment, general medical equipment, digital network infrastructure, and digital resilience.
- It also outlined plans for future risk management and modernisation of the approach for future submissions.
- Governance involved creating working groups, consulting stakeholders, and using existing systems and meetings for information.
- The plan noted the impact of regulatory changes due to Scottish hospital and Grenfell inquiries, fire improvement works, and recommendations from the Scottish Fire and Rescue Service.

- Data and assumptions included a 133 per cent uplift on the current allocation, with a routine allocation of £7.3 m, and an increase in backlog maintenance requirements from £66 m to £86.2 m.

The Director of Estates, Facilities and Capital Planning continued the presentation to outline future steps for estates and facilities. He advised structured capital planning had been implemented, with a governance route to support identification and prioritisation of spending. This was compatible across all Boards in Scotland which meant that they could compete equally for capital funding, with the government able to allocate funds based on higher risks.

There would be the development of an Estates Strategy that focused on reinvestment and disinvestment opportunities, and assessing properties for better usage and retention. Workforce would continue to be evaluated to ensure staff had the required skills to maintain new and old buildings. This would be addressed through multi-skill programmes and maintenance assistant enhancement programmes. The target for the coming financial year was to improve business continuity and integrate it with operational teams.

In discussion,

- Members queried whether the Scottish Government had requested a business continuity plan or a plan on how to spend £16 m a year to address the highest risks.
- Members noted that £170 m over 10 years seemed low for an organisation the size of NHS Highland. The Deputy Chief Executive highlighted £130 million may seem substantial compared to backlog maintenance funding, it is not significant compared to new builds.
- Members asked if unlimited funding was available, would the prioritisation still be risk-based and when would actions be taken. The Director of Estates, Facilities and Capital Planning advised that the team was instructed to work within a specified budget and prioritise accordingly, noting a limit to the capital pressure that can be applied to projects at one time, necessitating a pragmatic approach. With unlimited funds, the focus might shift to building new structures rather than renovating existing ones.
- The Head of Estates emphasised that business continuity plans must align with larger investment programmes, requiring interim investments to keep facilities operational until new buildings are completed, while understanding government intentions and ensuring structured, logically sequenced capital investment.
- The Deputy Chief Executive emphasised the importance of connecting with E-health and improving resilience coordination, cautioning that the business continuity plan would not entirely mitigate risks, but could help minimise impact and prepare for high-impact events due to lack of capital investment.
- Members questioned whether the ‘do minimum’ option would lead to increasing backlog maintenance as conditions worsen over time. The Head of Estates advised inflation had significantly increased construction and equipment costs over the past seven years, reducing purchasing power and making the perceived increase in funds less significant.
- Members suggested risk registers should reflect operational perspectives and involve multidisciplinary teams. The Director of Estates, Facilities and Capital Planning emphasised the need for heads of operations to be aware of risks and business continuity plans and stressed the importance of ensuring that operational teams have continuity plans that align with potential disruptions.
- The Director of Estates, Facilities and Capital Planning confirmed that the submission would go to the board meeting before being submitted to the Scottish Government.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

7 2025/26 and 2026/27 Meeting Schedules

The committee **Noted** the dates provided as follows:

	8 May 2026
14 March 2025	5 June 2026
4 April 2025	10 July 2026
9 May 2025	7 August 2026
6 June 2025	11 September 2026
11 July 2025	2 October 2026
1 August 2025	13 November 2026
12 September 2025	4 December 2026
3 October 2025	8 January 2027
14 November 2025	5 February 2027
5 December 2025	12 March 2027
9 January 2026	
6 February 2026	
13 March 2026	
10 April 2026	

The Committee Noted the meeting schedules for 2025/26 and 2026/27.

8 ANY OTHER COMPETENT BUSINESS

None

9 DATE OF NEXT MEETING

The next meeting of this committee was to be held on Friday 14 March 2025 from 9.30 am.

The meeting closed at 11.15 am

NHS Highland	NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Finance, Resources & Performance Committee**
Date of Meeting	**14 March 2025**
Committee Chair	**Alexander Anderson**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

- None

ASSURE

Assurances taken on:

- Agreed Committee Annual Report 2024/25
- Agreed Draft Committee Workplan 2025-26

ADVISE

- Committee received a presentation and verbal update on the Financial Position (Month 10) and the Draft Budget 2025/26
- Committee received a presentation and verbal update on the Integrated Performance & Quality Report
- Committee received a verbal update on the Vaccination programme and noted there had been a reduction in vaccinations but work was underway to increase uptake.

RISKS

- None

ACTIONS

The following items would be deferred to the next meeting:

- 15 Box Grid Quarterly Update
- Digital Health & Care Strategy Update
- Risk Register – Level 1 Risks
- FRP Committee Self-Evaluation Results

LEARNING

- The Chair highlighted several reports were submitted only the day before the meeting and requested that this practice be avoided in future.

NHS Highland	NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Staff Governance Committee**
Date of Meeting	**4th March 2025**
Committee Chair	**Ann Clark**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

Appraisals and PDP Improvement Plan – report received detailing progress against improvement plan. Original targets for completion of all directors direct reports and their direct reports by Dec 24 not achieved. However greater understanding of potential barriers to improvement including: focus on management structure with it being noted that some managers are responsible for high numbers of staff making completion challenging. Motivation - some staff have limited ambitions for formal development/learning and are content to complete their duties. Continued development of managers required to engage staff in the value of the process and address the challenges.

Staff Governance Monitoring Report – update received on continued work with Staffside to improve Partnership working

ASSURE

Assurances taken on:

- People and Culture Portfolio Board
- Workforce Policies
- Equality, Diversity and Inclusion Gender Pay Gap
- Equality Outcomes
- Communications and Engagement Strategy
- IPQR – Adult Social Care Metrics
- Whistleblowing Q3 report
- Health and Care Staffing Act Annual Report
- Confidential Contacts Option Appraisal

ADVISE

- Equalities, Diversity and Inclusion Strategy – the committee approved the strategy – on Board agenda
- Employability Strategy-approved – on Board agenda
- Confidential Contacts – preferred option to establish an in-house funded confidential contacts service which will be progressed
- Communications and Engagement Strategy –progress report received. New approach to staff engagement piloted to understand lowest scoring questions in imatter. Action plan agreed addressing feedback. .

- Committee workplan for 2025/26 was agreed by committee.
- Staff Governance Committee Self-Assessment Report was agreed by committee.

RISKS

- Statutory and mandatory training risk level reduced although remains high; actions taken to address the higher level risks.

ACTIONS

- **Appraisal and PDP Improvement plan** – update will come to next meeting giving further details around the Short Life Working Group to be set up.

LEARNING

NHS Highland	NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Highland Health and Social Care**
Date of Meeting	**5 March 2025**
Committee Chair	**Gerry O'Brien**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

None

ASSURE

Assurances taken on:

- Financial position for HHSCP at month 9 (2024-25). (Limited)
- Self-Directed Support progress and compliance. (Moderate)
- Carers Strategy progress and completion. (Moderate)
- Director of Public Health Annual Report. (Substantial)
- IPQR for HHSCP. (Limited)
- Care Governance Closing Report. (Substantial)

ADVISE

- Third Sector Board to consider a strategic approach to probable shortfalls in provider funding for Employers National Insurance Changes.

RISKS

Further financial insecurity arising from delays in National Care home contract and impact of rising costs.

ACTIONS

- **Membership:** 1 Non-executive member is departing. A new Lead Doctor (GP) will be nominated by the GP Subcommittee. Recruitment to be undertaken of lay representation (Chair to discuss with Board Chair).
- Future report to be prepared in relation to the Commissioning Strategy and providing stability for the provider market.Future report to be considered on definite proposals for the expansion of SDS Option 2 and how that will be managed.
- Revised Carers Strategy to be updated with a clear action plan and timelines.
-

LEARNING

How we will be positive in our engagement with commissioned services to ensure clarity of funding position, future timelines and service delivery requirements.

NHS Highland	NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Clinical Governance Committee**
Date of Meeting	**6 March 2025**
Committee Chair	**Karen Leach**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

- **Vascular Service –** Mutual aid arrangements being maintained, with limited local assessment activity at present and locum cover being sought. Urgent Care being delivered. Communication aspects noted as key.

ASSURE

- **Health and Care Staffing Act End of Year Report –** Moderate
- **Patient Experience and Feedback –** Moderate
- **Clinical Governance Quality and Performance Data –** Moderate
- **Argyll and Bute Update –** Moderate, noting improvement in reporting.
- **Highland HSCP Update –** Moderate.
- **Acute Update –** Moderate, with request to include request of Committee in future reports.
- **ICYPCGG –** Limited.
- **Infection Prevention and Control –** varying levels of assurance taken.
- **Area Drugs and Therapeutic Committee –** Moderate.
- **Highland Transfusion Committee –** Substantial.
- **Engagement Framework –** Moderate.
- **Vaccination Update –** Limited.

ADVISE

- **Health & Care Staffing Act End of Year Report –** Noted highlights/2025/26 Plan.
- **Lochaber Redesign Project –** noted redesign activity recommenced.
- **Clinical Governance Quality and Performance Data –** noted additional data being considered for reporting, including safety and quality aspects.
- **Argyll and Bute Update –** recognised support provided by North Highland on Sexual Health services.
- **ICYPCGG –** welcomed governance group establishment.
- **Pharmacy Services Annual Report and Strategic Plan –** Deferred and noted as coming to May 2025 meeting.
- **Vaccination Update** – noted performance improving. Transformation programme delivery model discussions being progressed.
- **Committee Annual Report 2024/25** – Attendance list to be updated for this meeting, otherwise agreed.

- **Draft Committee Work Plan 2025/26** – agreed.

RISKS

- **Vascular Service –** high level acknowledgement of two main risks.
- **CAMHS Service –** noted improving position, with risks remaining.
- **ICYPCGG –** noted number of associated risks around support service for abuse survivors and for Forensic service.
- **Engagement Framework –** noted Corporate risk element escalated and associated risk level reduced.

ACTIONS

- **NDAS Service -** Agreed to receive written update at next meeting.
- **Primary Care Workforce Survey –** Agreed to take formal report at next meeting.
- **Vascular Service** – B Peters agreed to circulate report for input and comment, with full report to May 2025 meeting.
- **Highland HSCP Update** – Agreed to consider report on Community Mental Health Team waiting list position, safeguards, mitigations and monitoring.
- **Committee Self-Assessment Outcomes** – agreed to recirculate survey and bring back to May 2025 meeting.

LEARNING

- **Highland Transfusion Committee –** noted oversight of training needs to be referenced in Annual Report.

NHS Highland	NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Audit Committee**
Date of Meeting	**11 March 2025**
Committee Chair	**Emily Austin**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

- Internal Audit Progress Report – Noted the scope and timing of the Children Services audit are due to be discussed with Highland Council.

ASSURE

- Internal Audit Progress Report – Noted as on track.
- Awareness of Fraud Risk – 6 recommendations outlined with work underway and a range of good practice noted including communication to all staff and many departments having a high-level understanding of where fraud risks exist within their processes with reporting to Audit Committee moving forward.
- Devolved Procurement Processes – strong progress reported, including training.
- Management Actions – strong progress noted.
- Information Assurance Group – 6 noted areas of improvement required to bolster procurement processes within eHealth and Estates however work was already underway to address some of these prior to the audit taking place, six monthly update noted (Substantial assurance).
- Counter Fraud Update – noted strong response rate (Substantial assurance).
- Annual Review of Code of Corporate Governance – Substantial assurance.

ADVISE

- Supplementary Staffing – 4 recommendations outlined, with action underway. Noted technology aspects involved. Scope of staff bank under consideration. Staff Governance Committee to monitor. Good practice noted in Mental Health.
- Adult Social Care. Noted progress on actions to date, discussion on Care at Home system, challenges in complex care and CM2000 aspects.
- Strategic Internal Audit Plan – Noted and approved.
- External Audit Plan 2025/26 – Noted.
- NHS in Scotland Report – Presentation given and noted.
- Annual Review of Code of Corporate Governance – agreed changes to Terms of Reference (Clinical Governance and Staff Governance Committees). On next NHS Board meeting agenda.
- Committee Annual Work Plan 2025/26 – Approved and noted that risk management will be a standing item from May onwards as opposed to a 6-monthly update.

- Audit Scotland National Reports – Noted.

RISKS

- Items to be escalated – agreed Children's Services discussions to be highlighted due to repeated delays and issues with agreeing scope.

ACTIONS

- Management Actions – agreed completion dates be better defined and included. Audit Sponsors and Leads role in that emphasised.
- Adult Social Care – Noted recommendations to be brought back to Committee.

LEARNING

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held ON A HYBRID BASIS IN THE COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD AND BY MICROSOFT TEAMS on WEDNESDAY, 29 JANUARY 2025

Members: Councillor Dougie McFadzean, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Ross Moreland, Argyll and Bute Council
Emily Austin, NHS Highland Non-Executive Board Member
Karen Leach, NHS Highland Non-Executive Board Member
Janice Preston, 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, Depute Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Associate Nurse Director, NHS Highland
Julie Hodges, Independent Sector Representative
Kenny Mathieson, Public Representative
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Kirstie Reid, Carers Representative, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Fiona Thomson, Lead Pharmacist, NHS Highland
Tracey White, Carers Representative, NHS Highland

Attending: Tim Allison, Director of Public Health and Policy
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Interim Head of Service - Strategy Planning, Performance and Technology, Argyll and Bute HSCP
Nikki Gillespie, Interim Head of Service – Mental Health, Disability and Dementia Services, Argyll and Bute HSCP
Kristin Gillies, Senior Service Planning Manager, NHS Highland
Hazel MacInnes, Senior Committee Officer, Argyll and Bute Council
Angela Tillery, Principal Accountant, Argyll and Bute Council
Donald Watt, Interim Head of Service – Acute and Community Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Graham Bell, Councillor Gary Mulvaney and Duncan Scott.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

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

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 28 November 2024**

The Minutes of the meeting of the Clinical and Care Governance Committee held on 28 November 2024 were noted.

(b) **Argyll and Bute HSCP Strategic Planning Group held on 12 December 2024**

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

(c) **Argyll and Bute HSCP Audit and Risk Committee held on 17 December 2024**

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

The Chair of the Committee, Councillor Kieron Green, advised that the Special meeting that had been due to take place in January to review the Audited Accounts had been rescheduled.

(d) **Argyll and Bute HSCP Finance and Policy Committee held on 21 January 2025**

The Minutes of the meeting of the Finance and Policy Committee held on 21 January 2025 were noted.

The Chair ruled and the Board agreed to re-order the Business and to take Agenda item 11 – Director of Public Health Annual Report 2024 – Health Inequalities – at this point in proceedings to allow Dr Tim Allison to make his presentation and leave the meeting.

5. NHS HIGHLAND DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024 - HEALTH INEQUALITIES

The Director of Public Health and Policy presented his Director of Public Health Annual Report 2024 – Health Inequalities, to the Integration Joint Board.

Decision

The Integration Joint Board noted the Director of Public Health Annual Report 2024 – Health Inequalities.

(Reference: Report by Director of Public Health and Policy dated 28 January 2025 and Director of Public Health Annual Report 2024 – Health Inequalities, submitted)

The Chair thanked Dr Allison for his report and for his attendance at the Board.

6. CHIEF OFFICER REPORT

Prior to the presentation of his report, the Chief Officer expressed his thanks to all HSCP staff, partners across agencies during the recent Storm Eowyn; he recognised the professional, coordinated and caring approach by all staff. He extended his hanks to the Senior Leadership Team for their input.

The Chief Officer congratulated the following staff on their recent appointment to new roles – Nikki Gillespie, Interim Head of Service – Mental Health, Disability and Dementia Services; Donald Watt, Interim Head of Service – Acute and Community Care and Charlotte Craig, Interim Head of Service - Strategy Planning, Performance and Technology. He also thanked Julie Lusk, Head of Service –Adult Services, who was retiring from her role.

The Board gave consideration to a report from the Chief Officer providing an update on activity across the Health and Social Care Partnership since the last report to the Board in November 2024.

Decision

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

(Reference: Report by Chief Officer dated 29 January 2025, submitted)

7. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

The Board gave consideration to a report advising of the nomination of a non-executive director as an appointee to the Integration Joint Board by NHS Highland following the completion of Susan Ringwood's term as a non-executive director on the NHS Highland Board.

Decision

The Integration Joint Board –

1. noted the proposal of Janice Preston, NHS Highland non-executive director to the Integration Joint Board; and

2. agreed to appoint Janice Preston to the Audit and Risk Committee vacancy.

(Reference: Report by Business Improvement Manager dated 29 January 2025, submitted)

The Chair formally welcomed Janice Preston to her first meeting of the Board.

8. BUDGET MONITORING - 8 MONTHS TO 30 NOVEMBER 2024

The Board gave consideration to a report providing a summary of the financial position of the HSCP as at the end on month 8 and a forecast for the year ahead.

Decision

The Integration Joint Board –

1. noted that the HSCP had overspent its budget by £1.6m;

2. noted that an overspend of £2.6m was forecast;

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

4. noted savings of £4.8m had been delivered, 73% of target.

(Reference: Report by Head of Finance dated 29 January 2025, submitted)

The Chair advised that in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, Appendix 1 contained at item 8(b) of the Agenda relating to the following item of Business contained exempt information as defined in Paragraph 6 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973. He advised that should the Board wish to discuss the content of Appendix 1, it would require the press and public to be excluded for that item of business.

The Integration Joint Board confirmed that they did not want to discuss the content of Appendix 1.

9. BUDGET UPDATE 2025/26

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

Decision

The Integration Joint Board –

1. noted that budget planning for 2025/26 was on-going;

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

3. noted the budget gap before savings and use of non-recurring resources was £15m;

4. endorsed the savings proposals to date and approved that work continue on developing these further; and

5. noted that the HSCP may not be able to propose a balanced budget in March and the implications were being discussed with partners.

(Reference: Report by Head of Finance dated 29 January 2025, submitted)

10. STRATEGIC RISK REGISTER UPDATE

The Board gave consideration to a report recommending changes to the Strategic Risk Register to reflect perceived increasing risk.

Decision

The Integration Joint Board –

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

2. approved the Strategic Risk Register; and

3. noted the Strategic Risk Register had been considered against the Strategic Objectives.

(Reference: Report by Head of Finance dated 29 January 2025, submitted)

11. 2025/26 SOCIAL WORK FEES AND CHARGES

The Board gave consideration to a report providing detail of the proposed Social Work Fees and Charges uplifts for 2025/26.

Decision

The Integration Joint Board –

1. endorsed the appended 2025/26 Social Work Fees and Charges proposals to be submitted to Argyll and Bute Council for ratification at its 2025/26 budget meeting; and

2. noted the increase in the means tested community-based service charges from £125 per week to £145 per week.

(Reference: Report by Principal Accountant dated 29 January 2025, submitted)

12. ARGYLL AND BUTE HSCP PERFORMANCE REPORT FQ2 2024/25

The Board gave consideration to a report detailing the HSCP performance for quarter 2 2024/25.

Decision

The Integration Joint Board –

1. acknowledged performance for FQ2 2024/25 (July - September);

2. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators contained at Appendix 1 to the submitted report; and

3. noted Delayed Discharge Sitrep as of 30 September 2024 contained at Appendix 2 to the submitted report.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 29 January 2025, submitted)

13. INTEGRATION JOINT BOARD - REVIEW OF THE STANDING ORDERS

The Board gave consideration to a report advising of an update to the Standing Orders as part of the routine review. The update reflected the updated representation of unpaid carers from one to two.

Decision

The Integration Joint Board approved the revised Standing Orders.

(Reference: Report by Business Improvement Manager dated 29 January 2025, submitted)

14. CATEGORY 1 RESPONDER ASSURANCE UPDATE

The Board gave consideration to a report providing assurance on the delivery of the IJB's duty in relation to Category 1 Response.

Decision

The Integration Joint Board –

1. noted progress against the recommendations made in the previous year's report;

2. noted assurance in the delivery of the duty; and

3. noted that Strategic/Operational Risk Registers inform capacity to respond.

(Reference: Report by Business Improvement Manager dated 29 January 2025, submitted)

15. Q1 AND Q2 WHISTLEBLOWING REPORT 2024/25

The Quarter 1 and Quarter 2 Whistleblowing reports for 2024/25 were before the Board for noting.

Decision

The Integration Joint Board noted the content of the Quarter 1 and Quarter 2 Whistleblowing reports for 2024/25.

(Reference: Reports by Director of People and Culture dated 24 September 2024 and 26 November 2024, submitted)

16. DIRECTION LOG UPDATE

The Direction Log was before the Board for noting.

Decision

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

(Reference: Direction Log as at 29 January 2025, submitted)

17. DATE OF NEXT MEETING

The date of the next meeting was noted as 26 March 2025 and it was agreed that meetings would now go forward on a hybrid basis where possible.

Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Finance Report – Month 10 2024/2025**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

Report Recommendation:

The Board is asked to **Examine** and **Consider** the content of the report and take **Limited Assurance**.

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

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	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 10 (January) 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 confirmed its ability to deliver financial balance through the use of reserves.

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

Following the quarter 2 review with Scottish Government the Board was informed of a revision to the brokerage cap. For the 2024/2025 financial year £49.700m of brokerage will now be made available. Based on current forecasts this will enable delivery of a breakeven position at financial year end – assuming ASC breaks even.

The position presented reflects current and forecast performance against this revised brokerage cap.

2.3 Assessment

For the period to end January 2025 (Month 10) an overspend of £58.302m is reported with an overspend of £45.510m forecast for the full financial year. The movement from ytd to year end forecast reflects the assumption that ASC will deliver a breakeven position by the end of the financial year.

2.4 Proposed 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
- 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.

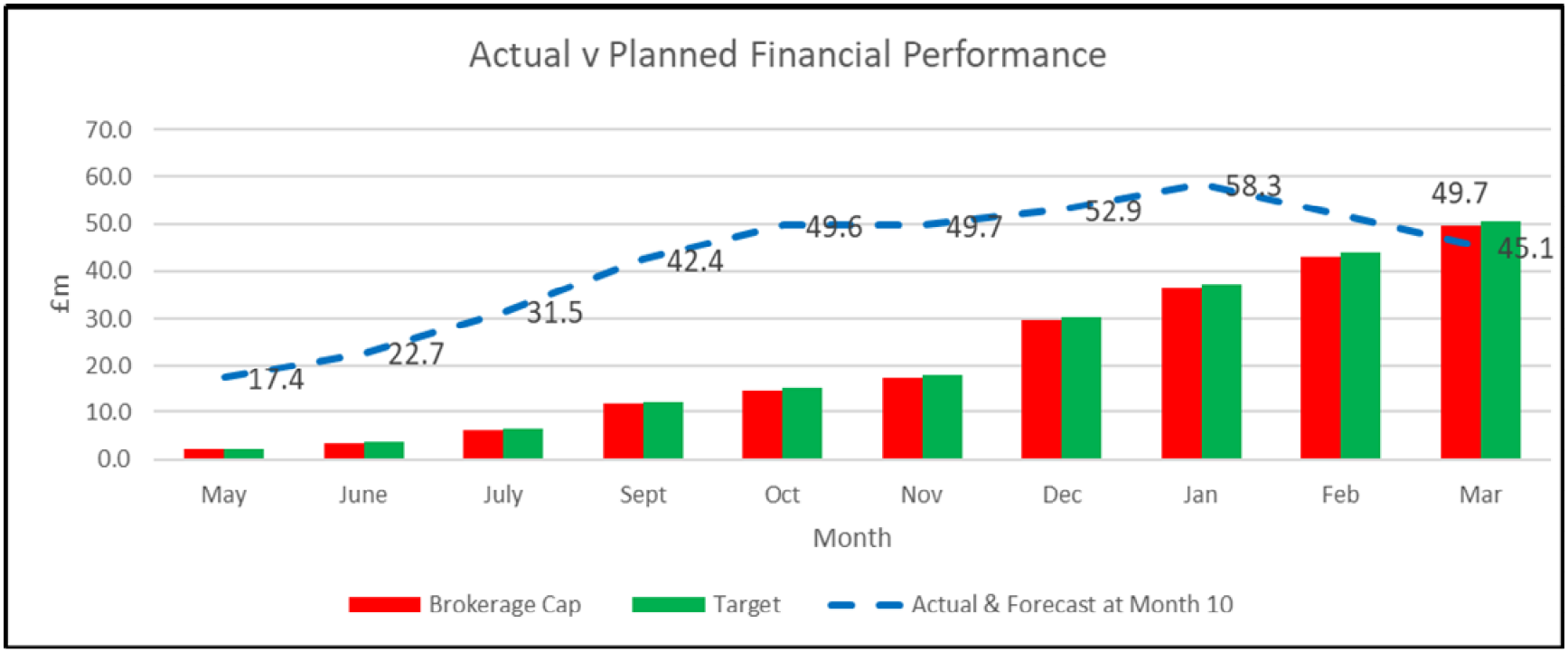
- EDG
- FRPC

4.1 List of appendices

N/A

Finance Report –Month 10 (January) 2024/2025

MONTH 10 2024/2025 – JANUARY 2025

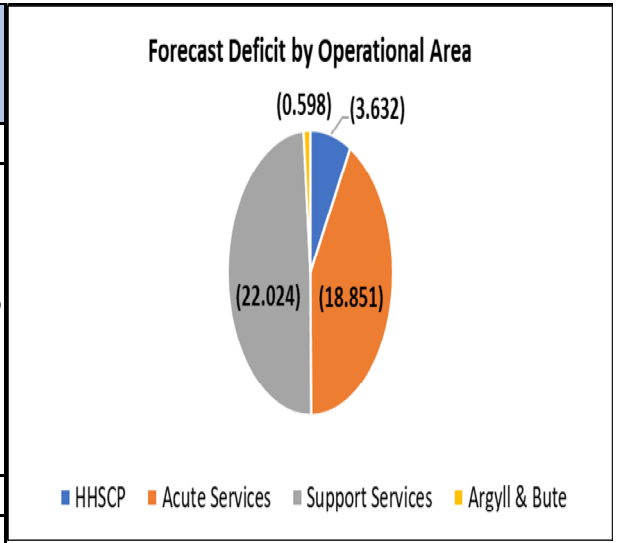


Target	YTD £m	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	58.3	45.1
Delivery against Brokerage Cap DEFICIT/ SURPLUS	22.0	4.6
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	21.1	5.5

- Forecast year end deficit £45.1m – assuming additional action is taken to deliver breakeven ASC position
- £4.6m better than revised brokerage limit
- £5.5m better than target agreed with Board May 2024

MONTH 10 2024/2025 – JANUARY 2025

Current Plan £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,250.546	**Total Funding**	983.717	983.718	-	1,250.546	-
	Expenditure					
475.968	HHSCP	394.676	415.839	(21.163)	498.026	(22.058)
	ASC Position to breakeven				(18.426)	18.426
	Revised HHSCP				479.600	(3.632)
319.809	Acute Services	263.885	279.674	(15.789)	338.660	(18.851)
177.499	Support Services	102.377	123.215	(20.837)	199.524	(22.024)
973.277	**Sub Total**	**760.938**	**818.727**	**(57.789)**	**1,017.784**	**(44.507)**
277.269	Argyll & Bute	222.779	223.292	(0.513)	277.867	(0.598)
1,250.546	**Total Expenditure**	**983.717**	**1,042.019**	**(58.302)**	**1,295.651**	**(45.105)**



MONTH 10 2024/2025 SUMMARY

- Overspend of £58.302m reported at end of Month 10
- Overspend forecast at £45.105m by the end of the financial year – assuming further action will deliver a breakeven ASC position
- Forecast is £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target agreed with the Board in May 2024

MONTH 10 2024/2025 – JANUARY 2025

KEY RISKS

- ASC – work ongoing to deliver a breakeven position but not yet confirmed
- Supplementary staffing – spend continues to fluctuate but overall less than 2023/2024
- Prescribing & drugs costs – increases in both volume and cost. Significant increase in acute prescribing in Month 10
- Increasing ASC pressures – suppliers continuing to face sustainability challenges
- Health & Care staffing
- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets
- 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
- MDT funding reinstated following positive discussion with SG
- Increase to the initial brokerage limit
- Reduction in CNORIS contribution
- Additional funding for AfC non pay element of 2023/2024 pay award

MONTH 10 2024/2025 – JANUARY 2025

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	907.405
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	46.854
Non Core Funding	-
Total Confirmed SGHSCD Funding	**1,033.499**
Anticipated funding	
Non Core allocations	79.402
Core allocations	8.316
Total Anticipated Allocations	87.719
Total SGHSCD RRL Funding	**1,121.218**
Integrated Care Funding	
Adult Services Quantum from THC	141.522
Childrens Services Quantum to THC	(12.194)
Total Integrated care	129.328
Total NHS Highland Funding	**1,250.546**

FUNDING

- £7.535m of funding confirmed in Month 10
- Most significant elements are GMS Uplift and Tranch 2 of the Primary Care Improvement Fund

MONTH 10 2024/2025 – JANUARY 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
272.110	NH Communities	227.458	232.554	(5.097)	279.978	(7.868)
57.396	Mental Health Services	47.539	49.065	(1.526)	58.908	(1.512)
162.576	Primary Care	134.222	137.765	(3.543)	165.467	(2.891)
(16.114)	ASC Other includes ASC Income	(14.543)	(3.546)	(10.997)	(6.328)	(9.787)
475.968	**Total HHSCP**	**394.676**	**415.839**	**(21.163)**	**498.026**	**(22.058)**
	HHSCP					
300.158	Health	248.054	253.093	(5.039)	303.953	(3.795)
175.811	Social Care	146.623	162.746	(16.123)	194.073	(18.263)
475.968	**Total HHSCP**	**394.676**	**415.839**	**(21.163)**	**498.026**	**(22.058)**
	Delivering ASC to Breakeven				**(18.426)**	**18.426**
475.968	**Revised Total HHSCP**	**394.676**	**415.839**	**(21.163)**	**479.600**	**(3.632)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	536	5,155
Agency (Nursing)	242	2,631
Bank	721	7,896
Agency (exclu Med & Nu	230	1,625
Total	**1,729**	**17,307**

HHSCP

- Year to date overspend of £21.163m reported
- Forecast that this will decrease to £3.632m 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 £3.047m 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 – £2.349m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements

MONTH 10 2024/2025 – ADULT SOCIAL CARE

Services Category	Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	Forecast Outturn £m	YE Variance £m
Total Older People - Residential/Non Residential Care	60.181	50.901	48.499	2.402	58.167	2.014
Total Older People - Care at Home	38.091	31.761	34.426	(2.665)	41.155	(3.063)
Total People with a Learning Disability	49.969	41.855	45.554	(3.699)	55.770	(5.802)
Total People with a Mental Illness	10.370	8.660	7.969	0.691	9.565	0.805
Total People with a Physical Disability	9.352	7.837	8.427	(0.590)	10.329	(0.977)
Total Other Community Care	13.137	10.950	11.103	(0.153)	13.412	(0.275)
Total Support Services	(4.759)	(4.900)	5.989	(10.890)	4.786	(9.546)
Care Home Support/Sustainability Payments	-	-	1.327	(1.327)	1.582	(1.582)
Total Adult Social Care Services	**176.341**	**147.064**	**163.295**	**(16.231)**	**194.767**	**(18.426)**
Less: ASC Estates	**0.530**	**0.441**	**0.550**	(0.108)	**0.693**	(0.163)
Total Adult Social Care Services - Revised	**175.811**	**146.623**	**162.746**	**(16.123)**	**194.073**	**(18.263)**

Delivering ASC Position to Breakeven (including overspend on ASC Estates)	**18,426**

ADULT SOCIAL CARE

- A forecast overspend of £18.426m is reported. At this stage it is assumed that through further actions a position will be reached which will enable delivery of a breakeven position at FYE.
- A further increase in the bad debt provision has moved the forecast year end position
- Assuming delivery £2.319m of cost reductions/ improvements against the target of £5.710m
- £3.404m of supplementary staffing costs within in-house care homes are included within the year to date position

MONTH 10 2024/2025 – ADULT SOCIAL CARE

NHSH Care Homes Supplementary Staffing

	Month 10		
	Agency £000	Bank £000	TOTAL YTD £000
Ach An Eas	-	30	182
Mains House	49	9	531
Grant House	22	15	214
Wade Centre	-	12	86
An Acarsaid	-	19	103
Dail Mhor	-	1	2
Homefarm	138	3	1,137
Invernevis	10	17	145
Lochbroom	-	16	171
Mackintosh	-	1	4
Strathburn	-	-	70
Telford	-	11	39
Bayview	-	24	181
Caladh Sona	-	-	8
Melvich	-	5	56
Pulteney	-	26	233
Seaforth	-	24	240
Total	**219**	**212**	**3,404**

- Ongoing reliance on agency/ bank staffing within Home Farm and Mains House
- Extensive recruitment underway in most areas

MONTH 10 2024/2025 – JANUARY 2025

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
86.681	Medical Division	71.834	81.716	(9.883)	98.105	(11.423)
23.340	Cancer Services	19.094	20.372	(1.278)	24.865	(1.525)
72.420	Surgical Specialties	59.975	63.802	(3.828)	76.861	(4.442)
40.122	Woman and Child	33.378	32.986	0.392	39.848	0.274
46.569	Clinical Support Division	38.458	38.510	(0.052)	46.445	0.125
(7.822)	Raigmore Senior Mgt & Central Cost	(7.541)	(6.996)	(0.544)	(7.150)	(0.671)
26.777	NTC Highland	22.239	21.449	0.790	26.292	0.485
288.088	**Sub Total - Raigmore**	**237.436**	**251.839**	**(14.403)**	**305.265**	**(17.177)**
15.292	Belford	12.758	13.180	(0.422)	15.775	(0.483)
16.429	CGH	13.690	14.655	(0.965)	17.620	(1.191)
319.809	**Total for Acute**	**263.885**	**279.674**	**(15.789)**	**338.660**	**(18.851)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	**1,035**	**9,492**
Agency (Nursing)	**290**	**2,968**
Bank	**655**	**6,800**
Agency (exclu Med & Nurs)	**114**	**1,145**
Total	**2,094**	**20,405**

ACUTE

- £15.789m ytd overspend reported with this forecast to increase to £18.851m 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 £0.974m through to year end
- £3.866m of pressure within the forecast in respect of unfunded services
- Estimate of costs associated with patients being in the wrong care setting of £4.821m included within forecast

MONTH 10 2024/2025 – JANUARY 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
(21.830)	Central Services	(19.384)	1.772	(21.156)	2.311	(24.141)
49.804	Central Reserves	-	-	-	48.645	1.159
49.770	Corporate Services	40.830	38.679	2.151	47.142	2.628
55.657	Estates Facilities & Capital Planning	44.292	43.827	0.465	54.807	0.850
16.429	eHealth	13.581	14.112	(0.531)	16.841	(0.411)
27.670	Tertiary	23.059	24.824	(1.766)	29.778	(2.108)
177.499	**Total**	**102.377**	**123.215**	**(20.837)**	**199.524**	**(22.024)**

Locum/ Agency & Bank Spend	Month £'000	YTD £'000
Locum	2	40
Agency (Nursing)	-	4
Bank	398	3,153
Agency (exclu Med & Nurs)	18	293
Total	**417**	**3,491**

SUPPORT SERVICES

- YTD overspend of £20.837m reported and this is forecast to increase to £22.024m by fye – risk of non achievement of cost reduction/ improvement target continues to sit within this area.
- Vacancies within the Estates and Facilities teams and income / rebates in respect of the New Craigs PFI continue mitigating pressures in provisions, leases, postage and additional cleaning costs.
- Within eHealth significant increases in the costs of service contracts and IT contractor usage are driving the overspend
- Out of Area Forensic Psychiatry costs, TAVI procedures, rheumatology drugs continue to contribute towards the overspend within Tertiary. Increased SLA costs brought forward from previous years is also impacting. The 2024/2025 uplift for SLAs has yet to be agreed and represents a risk to the organisation

MONTH 10 2024/2025 – JANUARY 2025

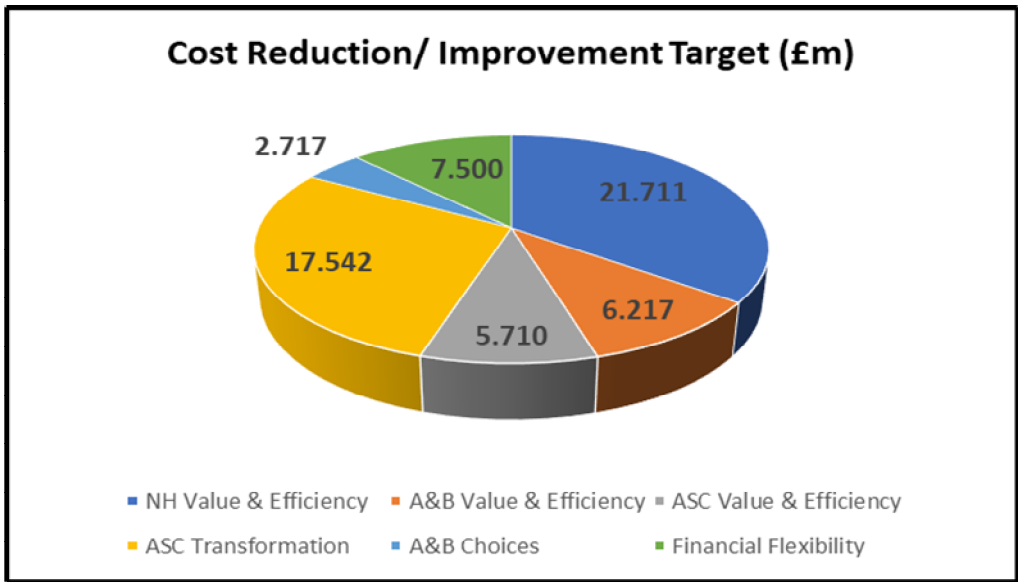
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
133.652	Hospital & Community Services	107.374	107.906	(0.532)	134.418	(0.766)
41.920	Acute & Complex Care	34.466	36.068	(1.601)	43.782	(1.862)
11.091	Children & Families	9.232	9.291	(0.058)	11.091	-
41.106	Primary Care inc NCL	34.832	34.922	(0.089)	41.578	(0.472)
24.792	Prescribing	20.646	20.732	(0.086)	24.954	(0.162)
11.405	Estates	9.471	9.628	(0.157)	11.605	(0.200)
6.146	Management Services	4.930	4.564	0.366	5.723	0.423
7.157	Central/Public health	1.828	0.182	1.646	4.716	2.441
277.269	**Total Argyll & Bute**	**222.779**	**223.292**	**(0.513)**	**277.867**	**(0.598)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	854	5,763
Agency (Nursing)	111	1,855
Bank	259	2,646
Agency (exclu Med & Nurs)	33	530
Total	**1,258**	**10,795**

ARGYLL & BUTE

- YTD overspend of £0.513m reported with this forecast to increase to £0.598m by fye
- The use of supplementary staffing continues to adversely impact on the financial position
- Significant vacancies and slippage within reserves are mitigating existing cost pressures
- Out of area placements are contributing £0.873m to the forecast overspend
- The YTD position is masking slippage on cost reductions/ improvements of £0.530m

MONTH 10 2024/2025 – JANUARY 2025



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 – subsequently the brokerage cap has been increased to £49.7m but this has not impacted on the cost reduction/ improvement target
- Current forecasts suggest that year end out-turn will be £0.907m better that previously presented
- It should be noted that there is a risk around delivery of this position and recovery plan actions previously presented to FRPC will mitigate this position
- In addition there is an assumption that further activity will enable delivery of a breakeven position within ASC – this is a high risk assumption and we are working with Highland Council to progress.

MONTH 10 2024/2025 – JANUARY 2025

Planned Value of 24-25 Efficiency of **£25.453** (M9: £23.935m), 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**

	M10	M9
Target:	**£51.180m**	£51,180m
Currently achieved	*£20.756m*	*£18.945m*
Forecast still to be delivered	*£3.250m*	*£3.572m*
Total achieved & forecasted	**£24.006m**	£22.517m
GAP:	**(£27.174m)**	(£28.663m)

Change in GAP: £1.489m

55%
of efficiencies are currently forecasted to be delivered via Value & Efficiency Programme. This excludes ASC.

47%
of efficiencies are currently forecasted to be delivered inclusive of ASC target and savings plan.

Reduction Programmes	V&E Original Plan				V&E Current Plan Fy 2024-25				Next Year
	2024-25 Original Target (£'000)	Total Achieved & Forecasted	GAP	% of In Delivery vs Original Target	2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	GAP	2025-26 Plan Achieved (£'000)
Value & Efficiency - North Highland	**21,711**	9,765	-11,946	45%	**11,017**	8,553	1,212	-1,252	1,970
Value & Efficiency - Argyll & Bute	**6,217**	5,610	-607	90%	**5,805**	5,581	29	-195	0
Total Value & Efficiency	**27,928**	15,375	-12,553	55%	**16,822**	14,134	1,241	-1,447	**1,970**
Value & Efficiency - ASC	**23,252**	8,631	-14,621	37%	**8,631**	6,622	2,009	0	6,622
Total Value & Efficiency incl ASC	**51,180**	24,006	-27,174	47%	**25,453**	20,756	3,250	-1,447	**8,592**

MONTH 10 2024/2025 – JANUARY 2025

NHS Highland

2024-25 Efficiency Plan vs In Delivery & Forecast

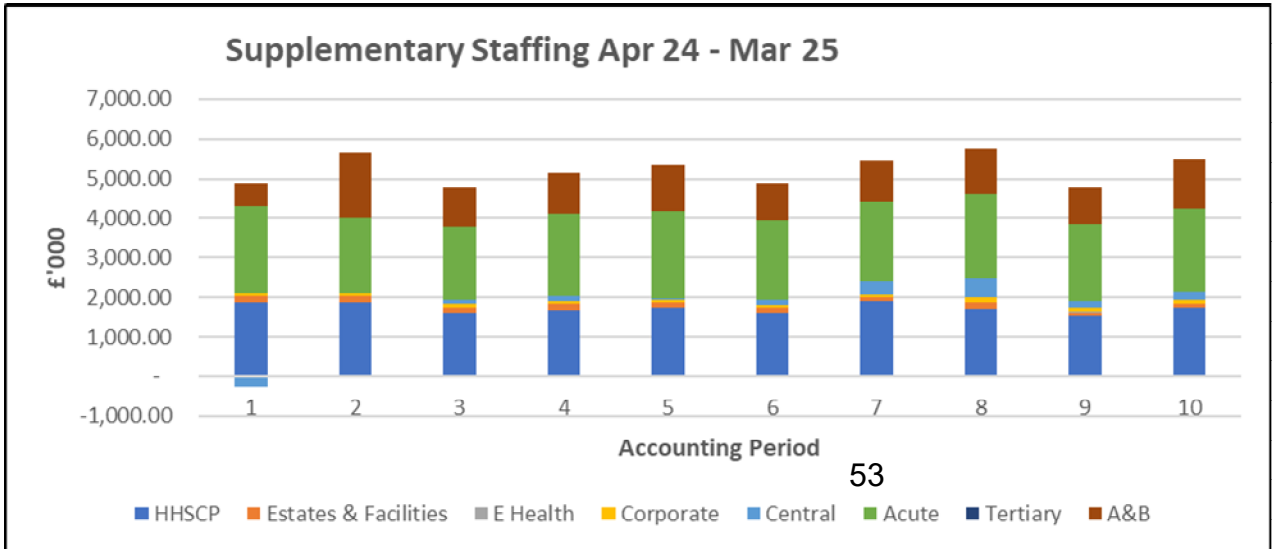
Cost Improvement Programme	Original Financial Plan 2024-25	Value of Efficiency in Delivery	Forecasted Value Still to be Delivered	In Delivery + Forecast	In Delivery + Forecast RECURRENT	In Delivery + Forecast NON-RECURRENT	GAP
Accommodation staff/Agency	300	0	0	0	0	0	-300
Bed Capacity Planning	0	0	0	0	0	0	0
Corporate Teams Consolidation	100	821	16	838	220	618	738
Delayed Discharge and Length of Stay	0	0	0	0	0	0	0
Diagnostics	0	0	0	0	0	0	0
District Redesign	100	0	0	0	0	0	-100
External Room Hire	300	0	0	0	0	0	-300
Income Generation	1,500	67	0	67	67	0	-1,433
Integrated Service Planning	0	0	0	0	0	0	0
Leases & Agile Working	200	55	0	55	55	0	-145
Management Restructure	0	272	8	280	0	280	280
Morse & TEC	0	0	0	0	0	0	0
On Call Rotas and Jnr Dr Compliance	600	0	0	0	0	0	-600
OOH	1,000	0	0	0	0	0	-1,000
Operational Digitisation Project	0	0	0	0	0	0	0
Oxygen Service	0	0	0	0	0	0	0
Patient Hub	0	0	0	0	0	0	0
Pelvic Health Pathway	0	0	0	0	0	0	0
People Review	0	0	0	0	0	0	0
Police Custody and SARC	200	0	0	0	0	0	-200
Prescribing	6,500	2,366	635	3,001	2,863	138	-3,499
Printing Devices	0	0	0	0	0	0	0
Procurement Consolidation and Efficiency	100	617	22	639	132	507	539
Rates Review Rebates (Historic)/VAT Recovery	0	1,154	0	1,154	0	1,154	1,154
Remote Outpatients & Virtual Capacity	0	28	0	28	28	0	28
Service Level Agreements	310	305	0	305	0	305	-5
Shared Services	0	0	0	0	0	0	0
Stock Management Review	0	0	0	0	0	0	0
Stores, Logistics and Fleet	0	0	0	0	0	0	0
Supplementary Staffing	8,500	2,813	530	3,343	3,343	0	-5,157
Telephony	0	55	0	55	35	20	55
Theatre Optimisation & PLCV	0	0	0	0	0	0	0
Transformation and Resilience of Admin	1,000	0	0	0	0	0	-1,000
Travel	1,000	0	0	0	0	0	-1,000
Vacancy Panel	0	0	0	0	0	0	0
Vaccination Service	0	0	0	0	0	0	0
Waste Management / Infection Prevention & Control	0	0	0	0	0	0	0
Total North Highland	**21,710**	**8,553**	**1,212**	**9,765**	**6,743**	**3,022**	**-11,945**
Argyll & Bute Schemes	6,218	5,581	29	5,610	2,597	3,013	-608
Total North Highland & Argyll & Bute	**27,928**	**14,134**	**1,241**	**15,375**	**9,340**	**6,035**	**-12,553**
Adult Social Care Schemes	23,252	6,622	2,009	8,631	8,022	609	-14,621
Total North Highland, Argyll & Bute & ASC	**51,180**	**20,756**	**3,250**	**24,006**	**17,362**	**6,644**	**-27,174**

Value & Efficiency Planned Savings (Original Plan) FY 2024-25 M10

MONTH 10 2024/2025 – JANUARY 2025
SUPPLEMENTARY STAFFING

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	17,307	20,373	(3,066)
Estates & Facilities	1,344	1,348	(5)
E Health	10	9.92	(0)
Corporate	797	1,068	(271)
Central	1,339	200	1,140
Acute	20,405	23,649	(3,244)
Tertiary	0	1.08	-
Argyll & Bute	10,794	10,910.44	(116)
TOTAL	**51,997**	**57,559**	**(5,561)**

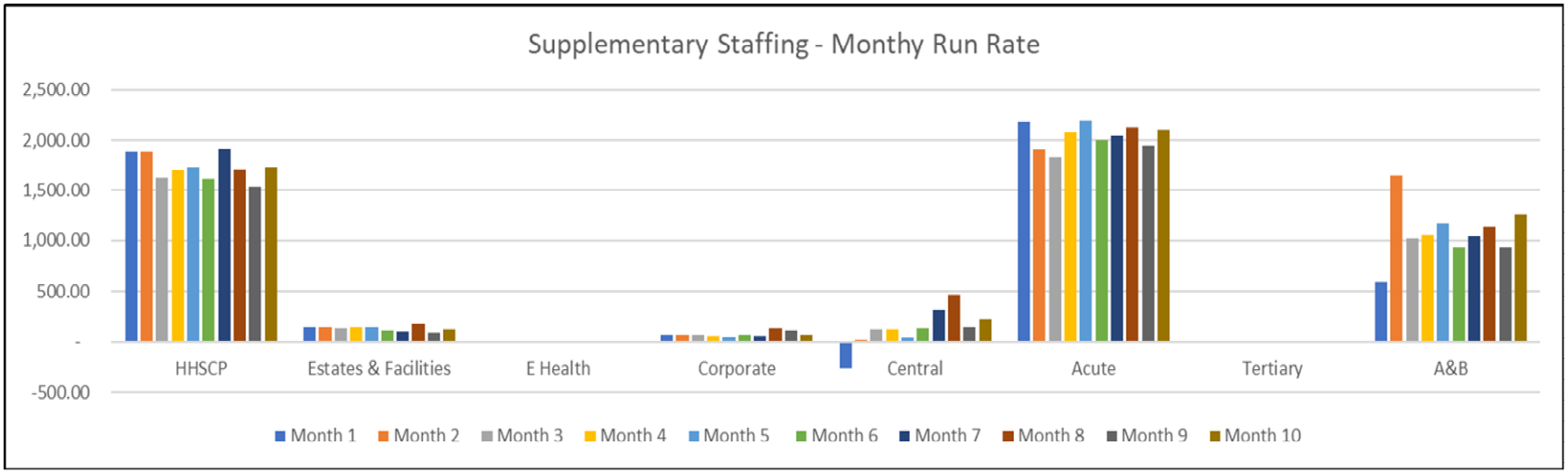
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
125.769	Medical & Dental	102.031	109.215	(7.184)
7.023	Medical & Dental Support	5.864	7.406	(1.542)
219.519	Nursing & Midwifery	181.398	182.234	(0.837)
42.865	Allied Health Professionals	35.558	33.353	2.205
17.155	Healthcare Sciences	14.074	14.327	(0.253)
23.593	Other Therapeutic	19.444	19.202	0.242
47.800	Support Services	39.591	38.468	1.122
86.870	Admin & Clerical	72.363	70.217	2.146
3.527	Senior Managers	2.930	2.585	0.346
60.851	Social Care	50.404	47.485	2.919
20.667	Vacancy factor/pay savings	(0.345)	(0.745)	0.399
655.640	Total Pay	523.312	523.747	(0.436)

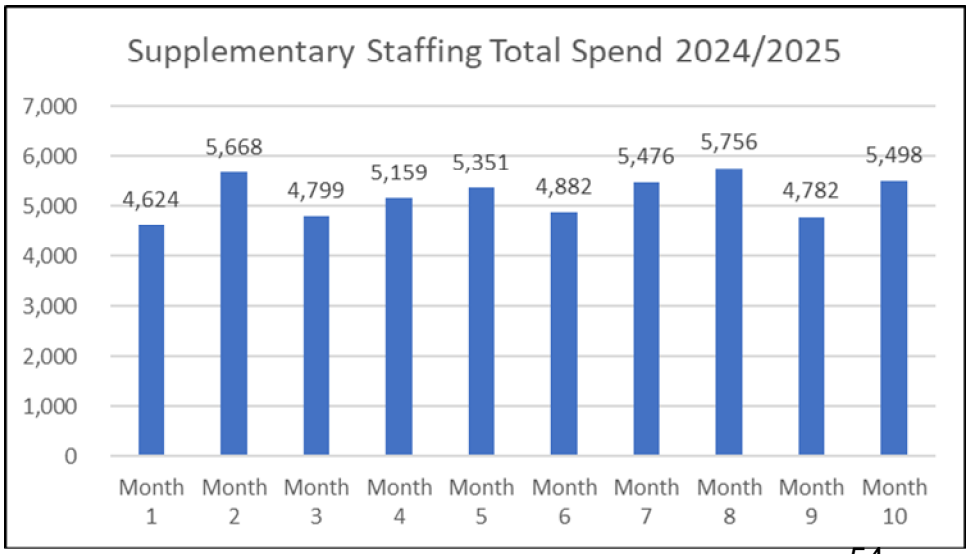


SUPPLEMENTARY STAFFING

- Total spend at end of Month 10 is £5.561m lower than at the same point in 2023/2024.
- There is an overspend of £0.436m on pay related costs at the end of Month 10

MONTH 10 2024/2025 – JANUARY 2025
SUPPLEMENTARY STAFFING





- Month 10 spend is £0.716m higher than Month 9

MONTH 10 2024/2025 – JANUARY 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
655.640	Pay	523.312	523.747	(0.436)
132.943	Drugs and prescribing	110.296	113.827	(3.530)
62.952	Property Costs	50.539	51.076	(0.537)
43.745	General Non Pay	35.518	38.059	(2.541)
54.559	Clinical Non pay	44.511	52.136	(7.625)
147.146	Health care - SLA and out of area	119.244	124.649	(5.405)
134.635	Social Care ISC	112.584	121.629	(9.046)
118.337	FHS	97.574	97.555	0.019

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
54.279	**Hospital drugs**	**44.822**	**45.467**	**(0.645)**
78.664	**Prescribing**	**65.474**	**68.360**	**(2.886)**
132.943	**Total**	**110.296**	**113.827**	**(3.530)**

SUBJECTIVE ANALYSIS

- Pressures continuing within all expenditure categories
- Supplementary staffing costs are driving the overspend within Pay but overall this is being mitigated by vacancies
- Drugs and prescribing expenditure is currently overspent by £3.530m

MONTH 10 2024/2025 – JANUARY 2025

BUDGET (£000)	SCHEME	ACTUALS (£000)	BALANCE TO SPEND (£000)
	FORMULARY ALLOCATION		
-	HISTORIC COSTS	648	-
1,819	EPAG	750	1,069
1,207	eHEALTH	428	779
2,504	ESTATES	1,368	1,136
417	CONTINGENCY	77	340
500	ERPCC LIFE CYCLE ADDITIONS	244	256
500	MID ARGYLL PFI	304	196
-	OTHER	(85)	-
6,947	FORMULA TOTAL	3,734	3,776
	PROJECT SPECIFIC FUNDING		
450	ACT ACCOMMODATION PROJECT	48	402
500	GRANTOWN HEALTH CENTRE REFURB	470	30
777	EV CHARGERS	210	567
80	BELFORD DISTRIBUTION BOARDS REPLACEMENT	-	80
100	SSD STERILISER REPLACEMENT	-	100
2,377	ADDITIONAL CAPITAL	-	2,377
4,284	PROJECT TOTAL	728	3,557
11,231	**TOTAL**	**4,462**	**7,332**

CAPITAL

- Funding of £7.126m confirmed for this financial year – formula + distribution board + SSD steriliser
- Allocations anticipated in respect of ongoing PFI costs and project specific funding – expected to be confirmed in month 12
- Spend continues to remain low
- Detailed monitoring is in place via the Capital Asset Management Group

Agenda Item 7

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**25 March 2025**
Title:	**2025/2026 Budget offer to Argyll & Bute IJB**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

Report Recommendation:

The Board is asked to **approve** the budget offer to Argyll & Bute IJB

1 Purpose

This is presented to the Board for:

- Decision

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	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report sets out the initial budget offer for Argyll & Bute IJB for the 2025/2026 financial year.

2.2 Background

The Board is required to make an opening budget offer to the IJB in advance of the new financial year. The Director of Finance has been in dialogue with the IJB's Chief Officer and Chief Finance Officer (CFO) and an offer in principle has been made, subject to Board approval.

2.3 Assessment

The funding for Argyll & Bute IJB is normally provided on the basis of an equivalent NRAC share of the overall resource provided to NHS Highland. This is the recommendation of this paper.

Initial Offer

NRAC calculations are published by Scottish Government on a 3 year basis and Argyll & Bute's share of the NHS Highland total is 28.54% (28.48% 2024/2025)

On that basis, NHS Highland's offer to the IJB is £308.376m.

Also included within this amount is an estimate of additional in-year allocations. This amount is indicative and will be adjusted throughout the year as resources are allocated to the Board. The basis of the calculation is set out in the table below.

Argyll & Bute 2025-26 Opening offer	**£m's**
2024-25 baseline funding Health	240.455
2024-25 baseline funding IJB	7.451
Estimated Funding Uplifts:	
Health Baseline Uplift	7.708
NRAC Funding Adjustment	6.119
Agreed Anticipated Baseline SG	**261.734**
Further Baseline (funding expected in first letter from SG)	6.410
Expected in-year core allocations	25.831
Expected in-year non core allocations	14.400
Total 2025-26 Opening Offer	**308.376**

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

The assurance being offered reflects risks in relation to funding of pay settlements and potential changes to methodology for uplifting SLAs; the SLA accounts for £82.570m of the IJB budget.

3 Impact Analysis

3.1 Quality/ Patient Care

N/A

3.2 Workforce

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

3.3 Financial

This is part of the annual budget setting process for NHS Highland.

3.4 Risk Assessment/Management

Risk management is part of the H&SCP's management process in budgetary management and control.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The detail within this report impacts on financial reporting and the Board carries out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Value & Efficiency Accountability Group

- Finance, Resource and Performance Committee
- Monthly financial reporting to Scottish Government

3.9 Route to the Meeting

- Annual statutory requirement following 2025/2026 resource allocation to Board and agreed NRAC distribution methodology.

4.1 List of appendices

N/A

Agenda Item 8

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th March 2024**
Title:	**Corporate Parenting Update – Key Deliverables 2025**
Responsible Executive/Non-Executive:	**Dr Tim Allison, Director of Public Health and Policy**
Report Author:	**Debbie Stewart, Child Health Commissioner**

Report Recommendation:

The Board is asked to:

- Take **Moderate** assurance from this report and
- **Note** the update for awareness.

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive/legislation

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

2 Report summary

2.1 Situation

The NHS Highland Board has corporate parenting responsibilities as detailed in the Statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 as applied to infants, children and young people to the age of 26 years. Health inequalities, stigma and barriers to exercising rights impact disproportionately on children and young people with care experience. They have significantly poorer health outcomes in comparison to others. They are five times more likely to die prematurely, and are six times more likely to be hospitalised for stress related conditions. This paper is being brought to the meeting's attention to provide awareness of current and planned activity for 2025.

2.2 Background

Corporate parenting establishes a framework of duties and responsibilities for relevant public bodies that requires a systematic, proactive and determined approach to understanding and meeting the physical, emotional, spiritual, social and educational needs of infants, children and young people with care experience (Scottish Government, 2014). The policy and legislative landscape within which corporate parenting sits continues to evolve, and includes work to drive collective responsibility to deliver on The Promise and ensure compatibility with the UNCRC (Incorporation) (Scotland) Act 2024 Collectively, the legislation and policy initiatives aim to ensure that all children, particularly those with care experience, grow up to reach their full potential in a Scotland where they are loved, safe and respected.

2.3 Assessment

Arrangements for corporate parenting differ across the two parts of NHSH in light of the different governance arrangements and lead agency model in the Highland HSCP area. Oversight of corporate parenting is by the Argyll and Bute Corporate Parenting Board and The Promise Board in Highland. A single overarching corporate parenting plan is not practicable or reflective of local needs and priorities. Nonetheless, the HSCP's and NHSH are striving to achieve the same outcomes through respective plans and activity. For a brief summary of current activity see appendix 1. A key deliverable in 2025 is for NHSH to continue to be a proactive partner in the delivery of area based plans, whilst also updating the NHSH Corporate Parenting Improvement Plan to ensure it aligns with the promise and children's rights by June 2025.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

An updated NHSH Improvement Plan aligned with The Promise and UNCRC needs to be completed and progress evidenced to ensure a higher level of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

Addressing the needs of children and young people with care experience will improve the quality of care and contribute to reducing health inequalities.

3.2 Workforce

Two areas of importance with respect to corporate parenting are ensuring that staff are aware of the needs and circumstances of care experienced children and young people and the development of opportunities for employing those who are care experienced.

3.3 Financial

There are no specific financial implications in this paper, albeit sufficient capacity to meet demand may have resourcing implications for the future.

3.4 Risk Assessment/Management

Risk assessment needs to be developed further following self-assessment of duties and responsibilities in line with NHS Highland processes.

3.5 Data Protection

No specific data protection implications.

3.6 Equality and Diversity, including health inequalities

Addressing the needs of children and young people with care experience, including employability needs, will help reduce health inequalities. Children's rights questions, including impact on children with care experience have been incorporated in to the Equality Impact Assessment (EQIA) template. Work is underway to develop an Integrated Impact Assessment.

3.7 Other impacts

There are no other specific impacts.

3.8 Communication, involvement, engagement and consultation

Meeting with Chair of Argyll & Bute Corporate Parenting Board – 24th Feb 2025
Ongoing meetings with the Highland Promise Programme Manager
Attendance at the Highland Promise Board – 3rd Feb 2025
Attendance at Argyll & Bute Children's Steering Group – 17th Feb 2025
Attendance at the Highland ICSPB– 28th Feb 2025

3.9 Route to the Meeting

The content has been collated through individual meetings and attendance at relevant meetings. Further governance arrangements will be confirmed for future reports.

4 List of appendices

The following appendices are included with this report:

Appendix 1 – Activity Examples – Summary

Appendix 2 – Highland Promise Plan

Appendix 1 – Activity Examples – Summary

Highland HSCP

Much of the progress on Corporate Parenting in Highland HSCP continues to be led by Highland Council with NHSH representation on The Promise Board which reports to the Integrated Children's Service Partnership Board (ICSPB) and in turn the Community Planning Partnership. The Promise Board commissioned development of a co-designed Highland Promise Plan 2025-2028 (appendix 2). It is aligned to the Highland Care Experience Charter, the Integrated Children's Service Plan 2023 - 2026 and sets out Highland's commitment as Corporate Parents. The Promise Plan has recently been presented to The Promise Board (03.02.25), the Health, Social Care and Wellbeing Committee (05.02.25) and has been approved by the ICSPB (28.02.25).

The Promise Plan sets out the Highland HSCP commitment to achieving transformational change and also meets the statutory duty to produce a Corporate Parenting Plan. The voices of children and young people with care experience provide the foundations from which the plan has been developed. This has occurred through a broad range of engagement and participation activities. The Children and Young People's Participation Strategy (2024) which NHSH is a partner to, includes the voices of over eight hundred children and young people along with the voices of those involved in reviews of residential care.

The Promise Board will track progress of measureable outcomes through delivery groups focused on; Family, Care and Doing Data Differently. The first Promise self-evaluation was provided in August 2024, with a commitment to produce annual reports to evidence progress and revision of the plan every three years. As well as monitoring and reporting of numerical data, experiential data that reflects the stories, voices and lived experience of the care community will be essential to demonstrating that The Promise is being kept in Highland.

An extensive range of work has been progressed to raise awareness, support workforce development, facilitate participation in decision making and develop creative resources. There is now a Childs Rights and Participation Service in place that supports those with experience of care to be aware of and exercise their rights. The service has facilitated engagement events including Care Day 2025 to celebrate and connect the care experienced community across Highland. Promise Ambassador's, conversation cafés, multi-agency induction sessions, an interactive Highland Language Guide Better Meetings Practitioner Guide, *#KeepthePromise* section on the Children's Rights and Participation Highland website and a video produced by young people with care experience in collaboration with Who Cares Scotland on What a corporate parent should be for Promise Board members, have been developed.

Positive outcomes from the Families 1st Strategy that sets the vision for keeping children safe in families, demonstrates a strong trend in shifting the balance of care with a 22% reduction in the total numbers of 'looked after children' (appendix 2 page 11). A key deliverable for 2025 is to progress implementation of The Highland Promise Plan.

Argyll and Bute HSCP

Argyll and Bute HSCP has a proactive Corporate Parenting Board (CPB) that continues to be chaired by the Chief Executive of the Third Sector Interface with local representation from NHSH. The CPB reports to the Children Strategic Group and in turn to the Community Planning Partnership. Until recently, the CPB was co-chaired by a person with care experience who has now secured employment in a role facilitating the participation of children and young people with care experience in local structures. It is the longer-term aim of the CPB for a person with lived experience of care to take on the role of chair.

The CPB recently held a self-evaluation away day and it was agreed that the current Corporate Parenting Plan 2021 - 2024 will be extended for a further year. This will afford time to facilitate learning from other areas and develop a more integrated approach to Corporate Parenting, The Promise and the next iteration of the Children and Young People's Service's Plan 2023 - 2026

A lead for The Promise has been identified with plans to develop a practitioner oversight group with a clear focus on strengthening practitioner skills and knowledge to deliver on The Promise Plan 24-30 The CPB has a plan tracker in place with links to an Argyll and Bute Council Power BI project, where data and information can be uploaded once and shared for a range of reporting purposes in the future. Trauma-informed training is progressing well with uptake beginning to extend to partners in Police Scotland. Local experience is that trauma-informed approaches have been transformative with a reduction in the risk of conflict due an enhanced focus on resolution.

The voice of children and young people with experience of care has not been as strong as it has in the past, albeit there are strong links with participation and engagement work being progressed through the UNCRC Group. Champions Groups have temporarily stalled due to workforce challenges, however a Participation Officer is now in post and groups will be restarted to provide an even stronger voice and direct link in to the CPB. An integrated impact assessment is being developed that will include children's rights and wellbeing impact assessment (CRWIA) questions. The voices of children and young people with experience of care have informed a revised Housing Allocations Policy with commitment to improve support to maintain tenancies and develop more innovative service models. A key deliverable for 2025 is to progress integrated planning for Corporate Parenting, The Promise and the Children's Service Plan from 2026.

NHS Highland

The NHS Highland Together We Care Strategy gives a commitment to working collaboratively *to #KeepthePromise* with work underway to update the current Corporate Parenting Improvement Plan by integrating The Promise, UNCRC as well as complimenting area based plans. Improvements that will be incorporated in to the updated plan from 2025 will include strengthening governance, raising awareness, improving data monitoring/analysis, demonstrating meaningful participation, progressing whole family support, contributing to Bairns Hoose development and embedding of trauma-informed practice.

The North Highland CAMHS Care Experienced Team is strongly aligned to the foundations of The Promise and the principles of relational and trauma responsive

practice. The Team work across care services and offer direct assessment and intervention to children and young people who are living in foster and residential placements, to adoptive families and to unaccompanied asylum seeking children. The Team also provide a range of consultation and reflective practice work with residential teams, along with consultation, assessment and formulation with foster carers and adoptive parents. Recently the Team collaborated with the Fostering and Adoption Social Work Team to offer early routine engagement with the carers of children moving to permanent foster and adoptive placements. The work aims to increase the stability of placements, improve access to services, contribute to multi-agency planning and decision making, and as a priority support the development of healthy relationships between caregivers and the children they care for.

Other examples include:

- Coverage of The Promise in UNCRC/children's rights awareness sessions
- What staff can do to *#KeepthePromise* disseminated via the cascade
- Development of children's rights section on the intranet site
- Inclusion of people with care experience in Employability Strategy
- Health inequalities impact on children with care experience in the DPH annual report
- Tracking of health assessments via the balanced score card
- Care experience included in the children's rights questions in the EQIA
- Participation in the Promise Scotland NHS network to clarify health role

A key deliverable for 2025 is to update and drive implementation of the Corporate Parenting Improvement Plan to reflect health priorities in the Promise by June 2025.

Appendix 2 – Highland Promise Plan 2025-2028

With thanks to Carrie McLaughlin, Promise Programme Manager, Highland Council, Sadie Kevill, Partnership Officer, Integrated Children's Service Partnership, Highland Council and Takki Sulamain, Chief Executive, Third Sector Interface, Argyll and Bute.

Highland Promise Plan 2025–2028

Highland Community Planning Partnership
Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Contents

Foreword

As Chair of the Highland Promise Board, I am delighted to introduce Highlands first Promise Plan (2025-28) setting out our commitment to **Keep the Promise** for all children and families with of care across the Highlands. The Plan has been brought together through a significant process of collaboration and engagement with our care experienced community and across the broader partnership.

The Plan has a strong focus on the **Five Foundations** of the Promise with **Voice** being at the **heart** of our aspirations and ambitions for Highland's children and families.

The Promise Oversight Report (2023) highlighted the importance of explicit leadership and drive across partnerships. In exploring the progress, the report details that ***'everyone has a responsibility to work together to create a positive childhood. This must not fall on one agency'.***

The Oversight Report also recognised the challenges in the delivery of public services, within a *'fragile financial context',* emphasising the importance ***of 'making the best use of existing resources by having a focus on outcomes***'. Our outcomes were shaped locally in our Highland Outcome **STAR** (as illustrated). We have strong **aspirations** for all of Highlands' children**,** underpinned by culture and practice that is **anchored** in **Relationships, Rights and Restorative** approaches.

Like any good parent, we want our children to enjoy school and do well there; we want them to be healthy and happy, secure and confident, and to have continuity of relationships with stability in their communities, living happy lives. At the heart of the Promise is a human care system built on Love demonstrated through all our collective positive actions. Corporate parents should have the same aspirations to give all children the same chances that any good parent would give their children; after all, Highland's children are Highland's future.

Our Highland Promise Plan is an important milestone signalling our Promise to all Highland's care experienced children, young people and families. I wish to sincerely thank our care experienced community, our workforce and everyone across our partnership for their contributions and commitment ensuring that Highland does **#KeepthePromise**

Margaret MacIntyre, Highland Promise Board, Chair

Vision

“Highland’s children and young people will grow up loved, safe and respected so they can reach their full potential”

In 2023 Highland’s Children's Services (Health & Social Care People Cluster) developed its Families 1st strategy. The vision is simple and is underpinned by GIRFEC and The Promise: **to safely ensure that children and young people remain with their families within their Highland communities.**

The Highland Star anchors the vision of the Families 1st strategy and has a focus of protecting and upholding the rights of children and their families in Highland. The Promise is at the heart of the Highland star.

Aspirations for our Children and Families are embedded in the star as illustrated.

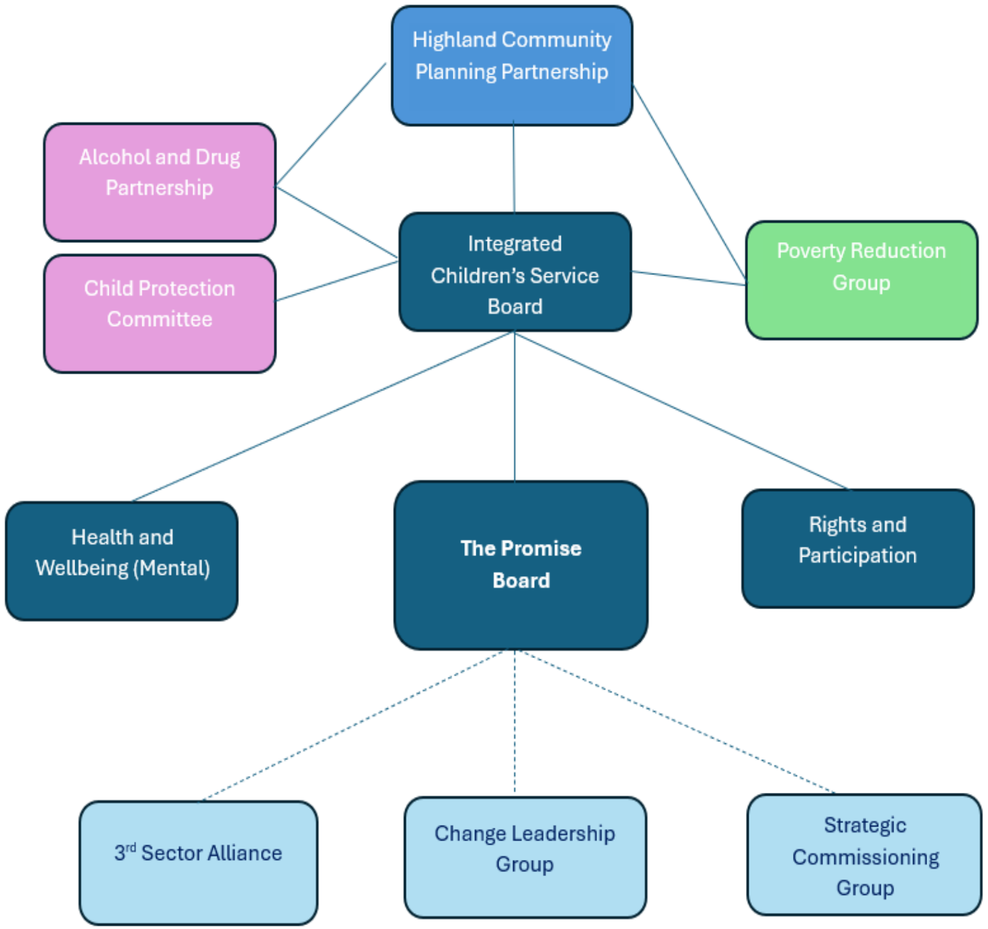
The 'Highland Star': designed with thanks by Caroline Brown

Overview

Following a period of evaluation, aligning to the Promise, the Highland Corporate Parenting Board evolved into The Promise Board. Our Care Experienced community told us about the importance of language and decided that we should change the name, Corporate Parenting, to the Promise Board. This was also a very strong message of their expectations that Highland would **#KeepthePromise**.

The newly reformed Promise Board (June 2023) commits to upholding Highland's corporate parenting responsibilities as set out in the Children and Young People (Scotland) Act 2014 part 9

The Promise Board has overseen a significant amount of work towards the Promise Plan 21-24. Please see full evaluation report of this work which was submitted to the Highland Council Health, Social Work and Wellbeing Committee here.



Local and National Drivers

Highland's commitment to 'Keeping The Promise' includes evidencing it actively listens to children about decisions that affect their lives aligning to national and local drivers;

[Highland Charter for Care Experienced Children, Young People and Adults]

Commitment to delivering The Promise by 2030

The Scottish Government published the Promise Implementation Plan – March 2022

United Nations Conventions on the Rights of the Child (UNCRC)

[Highland Integrated Children's Service Plan – 2023-26]

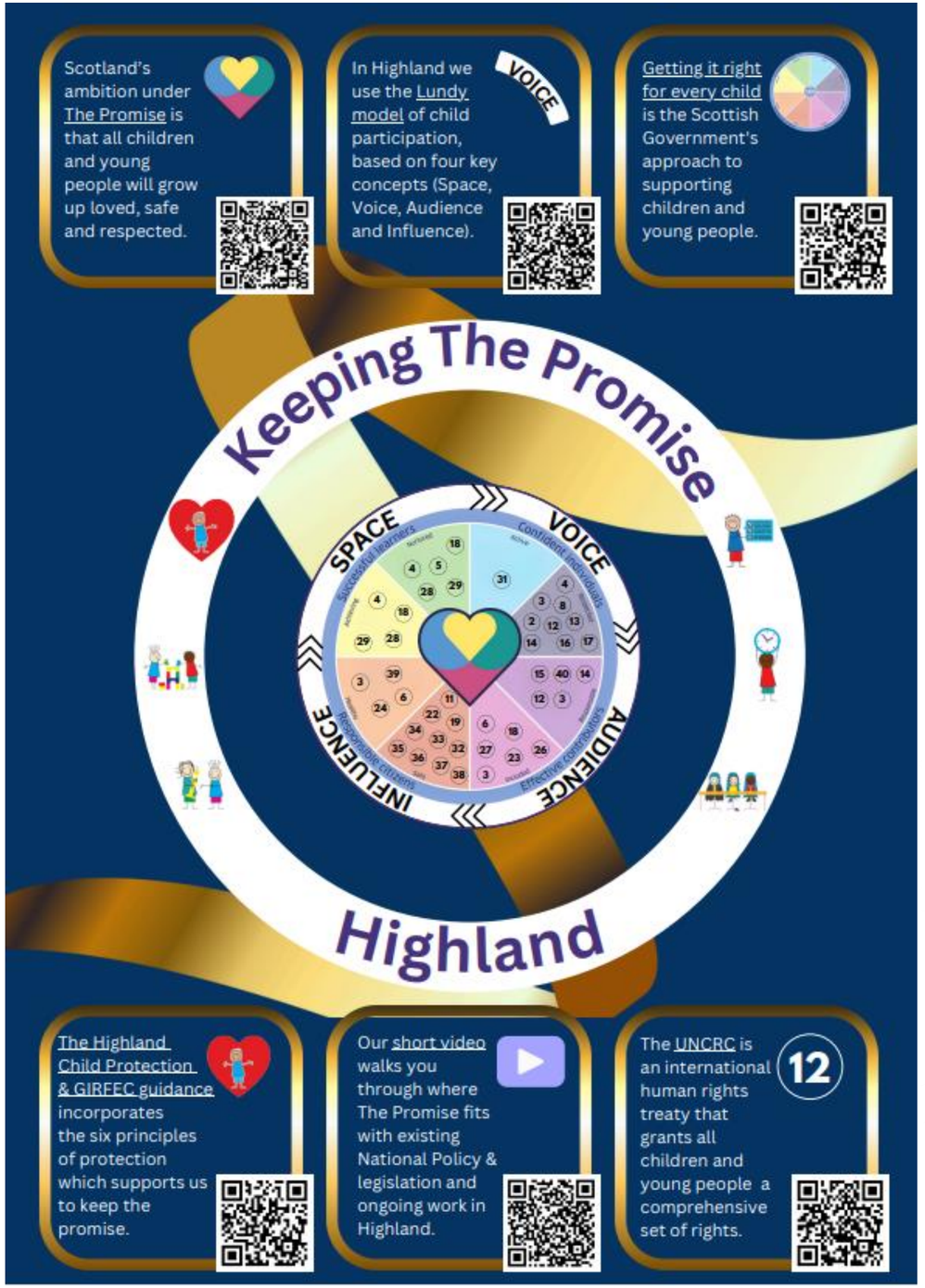
National Trauma Transformational Programme

National Practice Model and GIRFEC

Whole Family Wellbeing Programme

Highland Joint Strategic Needs Assessment

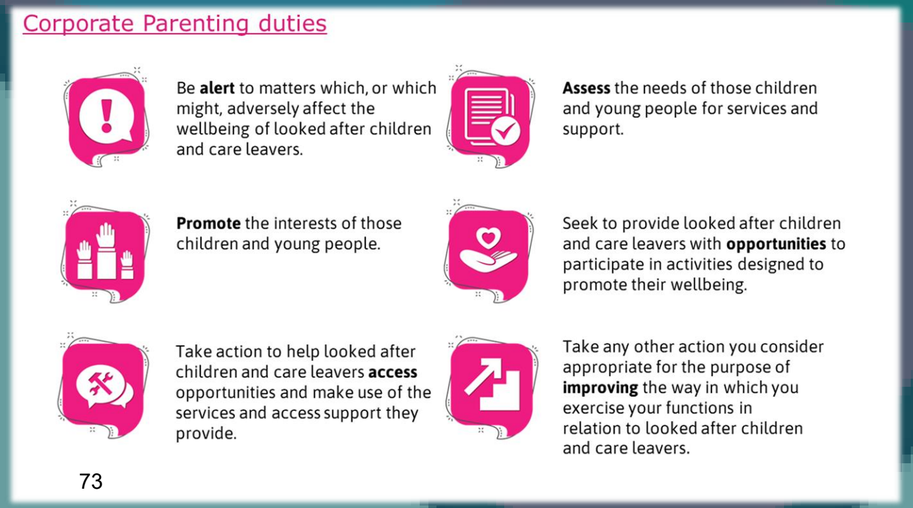
Highland Joint Inspection Improvement plan



The Promise

The Highland Council holds a pivotal role as corporate parents in ensuring that children and young people in their care experience safety, stability, and opportunities to succeed. Corporate parenting means understanding and meeting the needs of children with experience of care with the same care and attention as a loving parent would. For this reason, we are committed to going beyond statutory duties to actively support young people in all aspects of life, from education and health to relationships and emotional wellbeing.

The purpose of this 3-year Promise Plan is to outline a clear, actionable framework for embedding the values and principles of The Promise within Highland's policies, practices, and partnerships. By aligning with The Promise 24-30, this plan seeks to address systemic gaps, to support children's healthy development now and in the future and uphold the commitment to listen to and act upon the voices of young people. The plan also seeks to establish accountability through measurable outcomes, ensuring that each step taken contributes to a transformative system where every child in care can realise their full potential.



The Promise - 5 Foundations

The 5 Foundations: The Promise sets out a vision and blueprint for transformational change. At the heart of The Promise are 5 Foundations, which provide clarity of vision, a shared purpose, and a clear direction. These are:

Voice: Children must be meaningfully heard and listened to in all decisions about their care.

Family: Where children are safe in their families and feel loved, they must stay

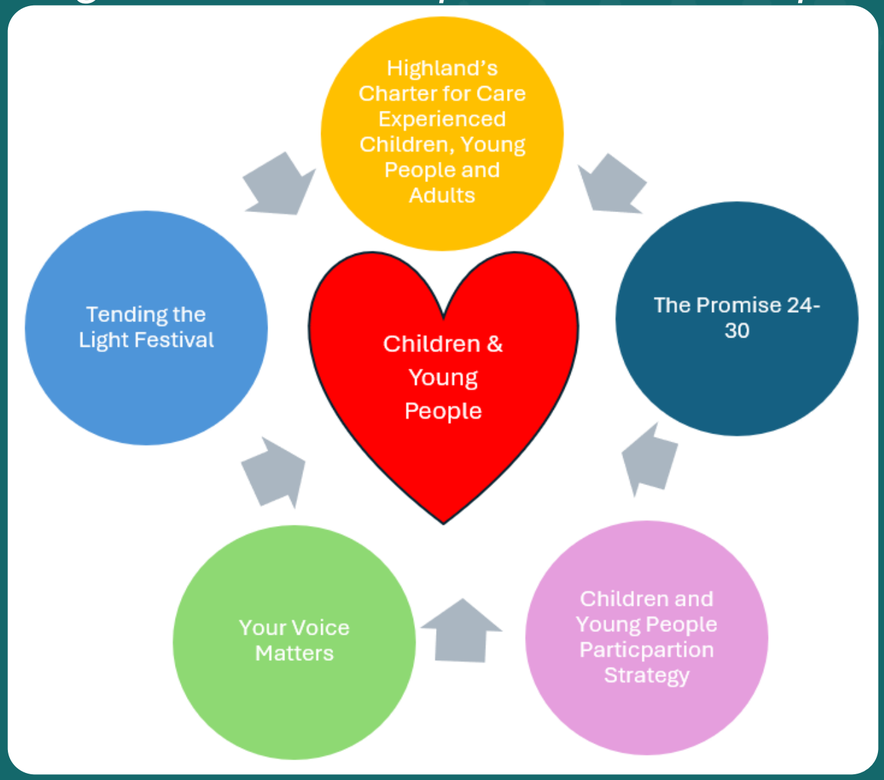
Care: Where living with their family is not possible, children must stay with their brothers and sisters when safe to do so

People: The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community.

Scaffolding: Children, families and the workforce must be supported by a system that is there when needed. The scaffolding of help, support and accountability must be ready and responsive when it is required

Voice -Children and Young People

The Voice of Children and Young People is are the heart of the Highland Promise plan and the implementation



Children and Young People's voice was heard through a variety of opportunities. Their Voice will continue to be heard and listened to throughout the implementation of this plan as committed to with in the VOICE Delivery Plan.

Our care experienced community, supported by Who Cares? Scotland produced a video setting out their expectations of the Promise Board [find it here]

How did we get there - what do we know - What data did we use

The Highland Promise plan has been developed on through activities and engagements with children, families and staff. We have also considered data sources which includes;

- *Plan 24-30 Special Meeting*
- *Keeping the Promise Highland Evaluation Report*
- *Tending the Light Festival of Care*
- *C&YP Participation Strategy input*
- *Scottish Government 'Children Looked After' Highland Statistical return*
- *"Your Voice Matters"*
- *ICSB Joint Strategic Needs Assessment 2023*
- *National Promise Plan 2024-2030*

We created themes and priorities which then developed into commitment statements - Data and information will remain an integral part of informing the Implementation of the Highland Promise Plan.

What the data tells us.....

This data was measured over 5-years between 2019 and 2024. Data is essential to ensure we understand not only the numbers but where our children and young people are living. Our Family 1st strategy has a vision to keep children safe in families

- **There is a strong trend in shifting the balance of care in Highland evidencing our Family 1st strategy is achieving positive impact:**
- **Total numbers in 'Looked After Children' down by 22%.**
- **A 35% decrease in residential care.**
- **A 9% decrease in foster care**
- **A 92% increase in kinship permanence care through Residence Orders.**
- **A 36% increase in kinship Looked After Children.**

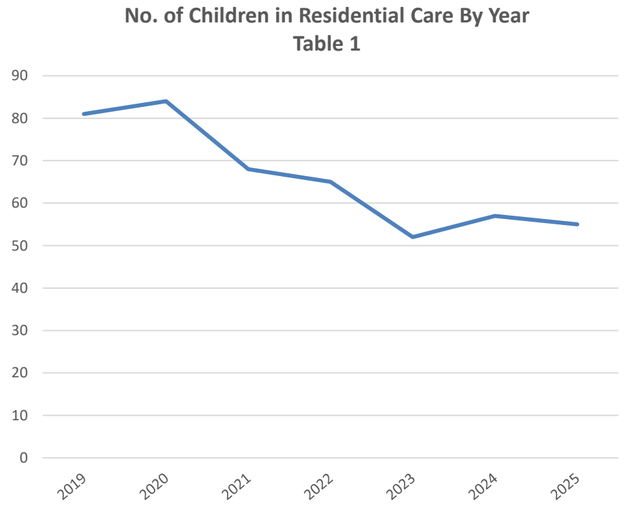


Table 1: in 2020 there was a total of 84 C&YP in all forms of residential care (HC, External & Out of Area OOA). In 2025 there are 55 - a 35% reduction. (Of this figure 16 are out OOA).

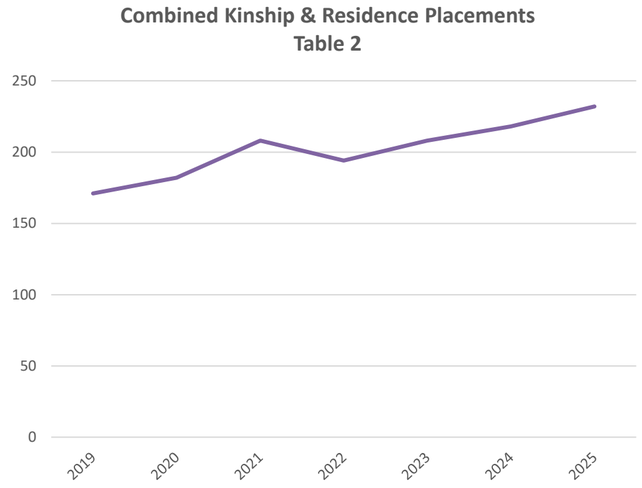


Table 2: in 2019 there were 171 C&YP in kinship care (combined LAC & Residence Orders). In 2025 there are 232, which is a 36% increase of children being placed with family. This upward trajectory has been sustained for 3 years - 2022 to 2025.

What we have learnt....

10% LOOKED AFTER CHILDREN HAVE 3 OR MORE PLACEMENTS IN 12 MONTHS

CARE EXPERIENCED YOU ARE PEOPLE BEING TREATED DIFFERENTLY

SIMPLFY COMPLICATED SYSTEMS

AROUND 2% OF CHILDREN UNDER 15 HAVE A CHILD PROTECTION PLAN AND 0.9% OF HIGHLANDS CHILDREN ARE CARE EXPERIENCED.

WORKFORCE SUPPORT IS NEEDED– TIME REFLECTION, TRAINING .

1 IN 4 CHILDREN ARE AFFECTED BY POVERTY

WHY CAN'T I TALK WHEN WE'RE IN THE CAR, WHEN I WANT TO

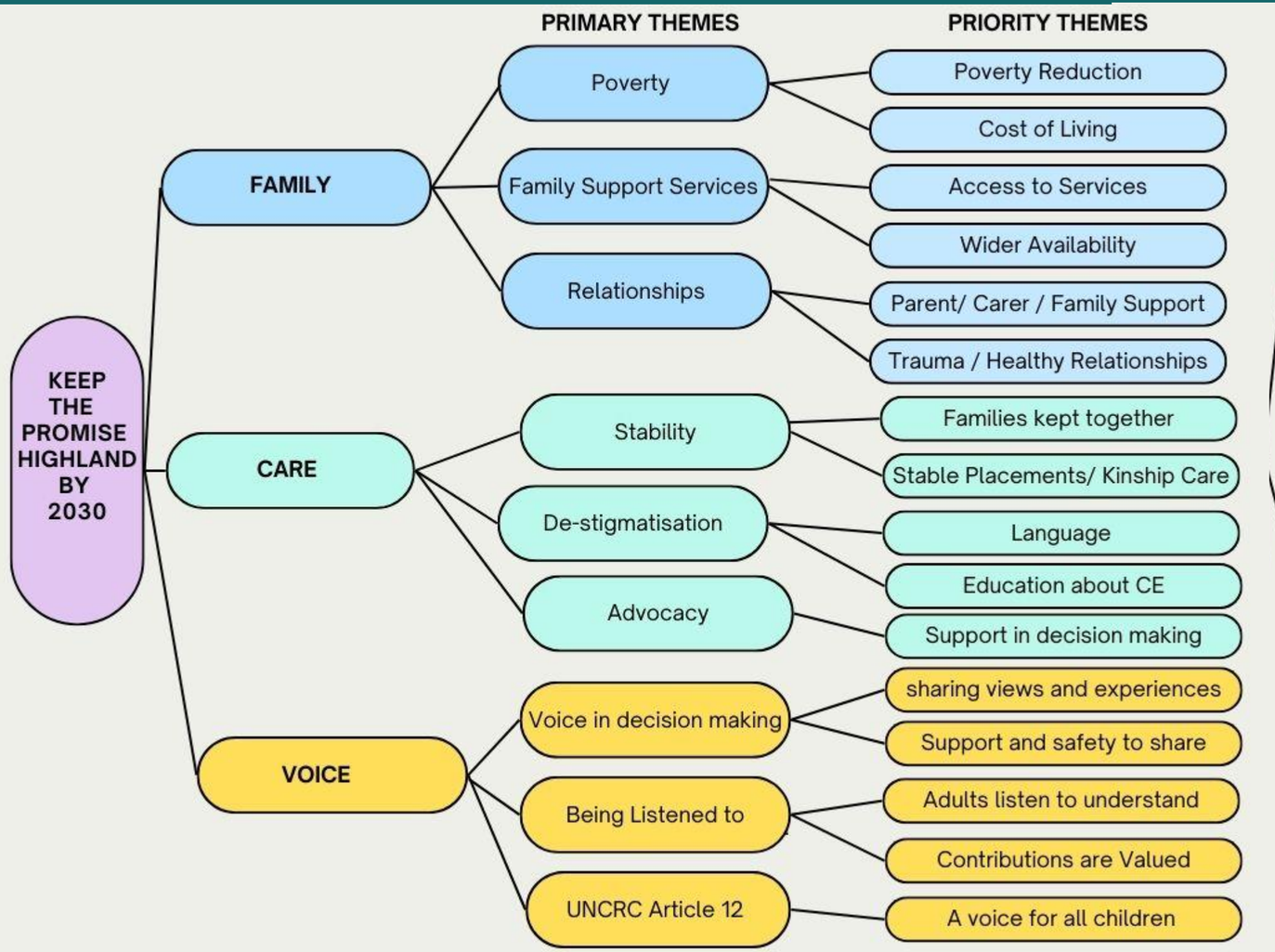
I WANT TO BE WITH MY SISTER NOT JUST WHEN IT CAN BE FITTED IN

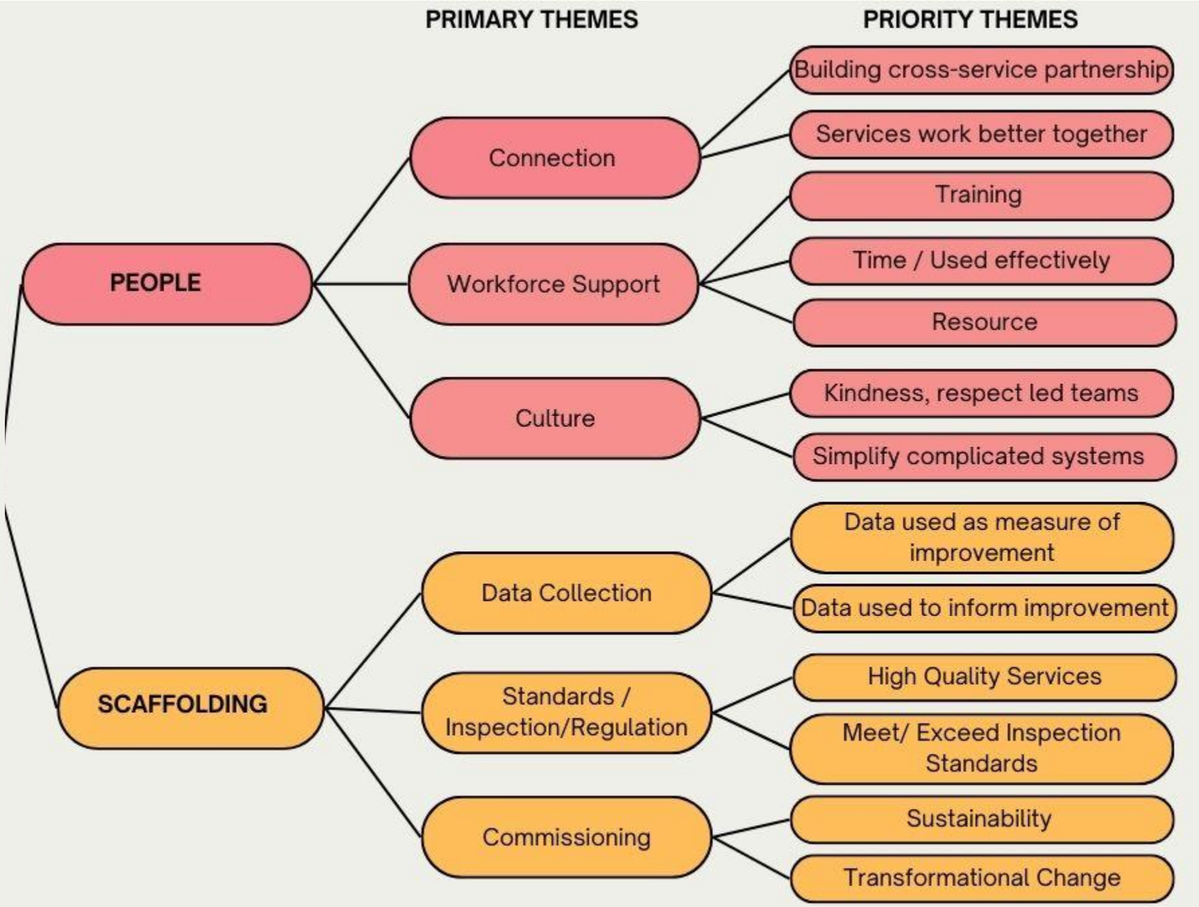
Families need access to information / support and connection

Understanding and responding to childhood adversity and trauma remains a public health priority.

Data priorities and themes

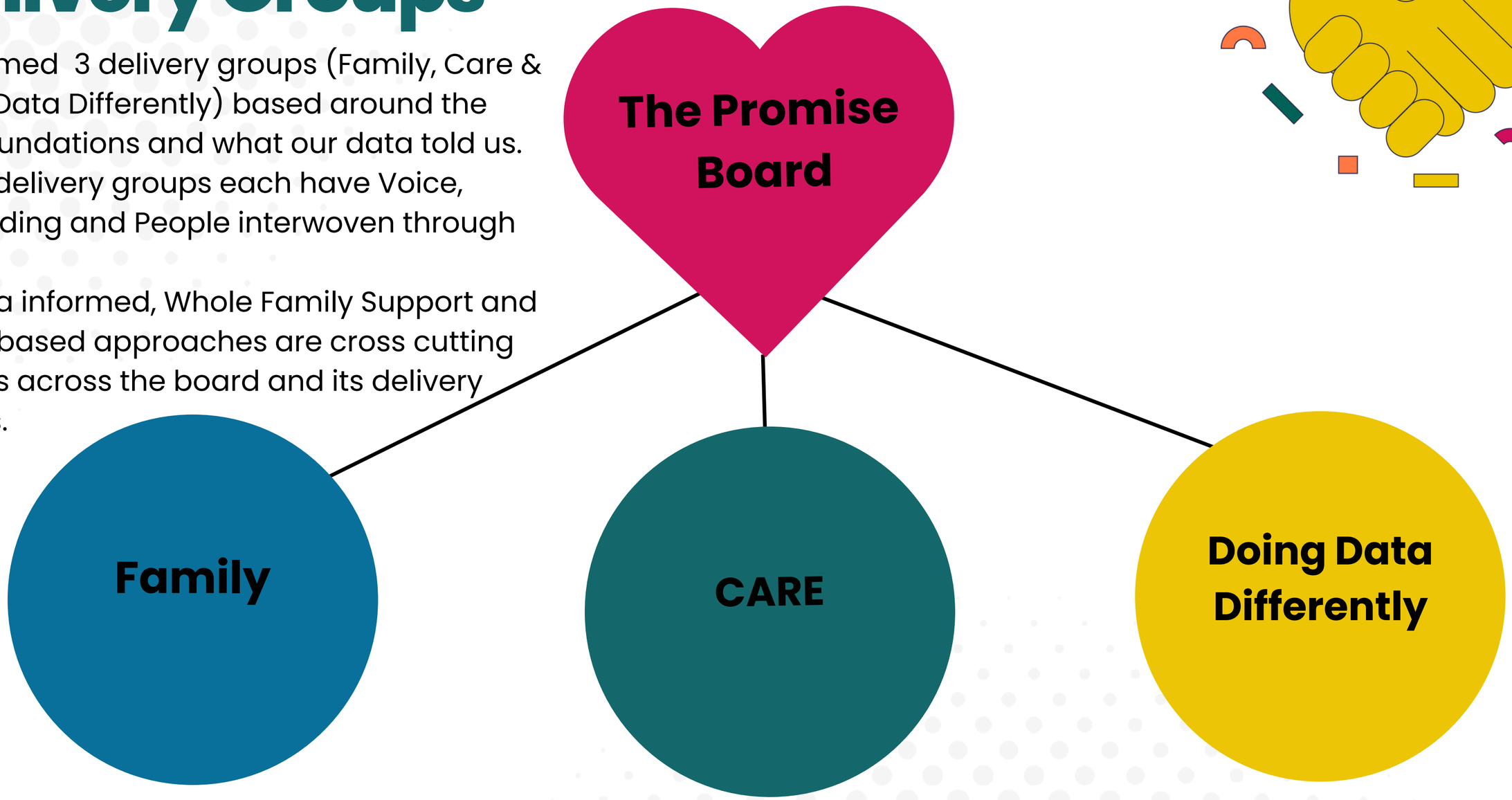
The data was categorised under the 5 Foundations and Primary themes, which allowed the high-level Priority themes to be identified. This was then used to develop each of the delivery plans.





The Promise Board and Delivery Groups

We formed 3 delivery groups (Family, Care & Doing Data Differently) based around the Five Foundations and what our data told us. These delivery groups each have Voice, Scaffolding and People interwoven through them.
Trauma informed, Whole Family Support and Rights based approaches are cross cutting themes across the board and its delivery groups.



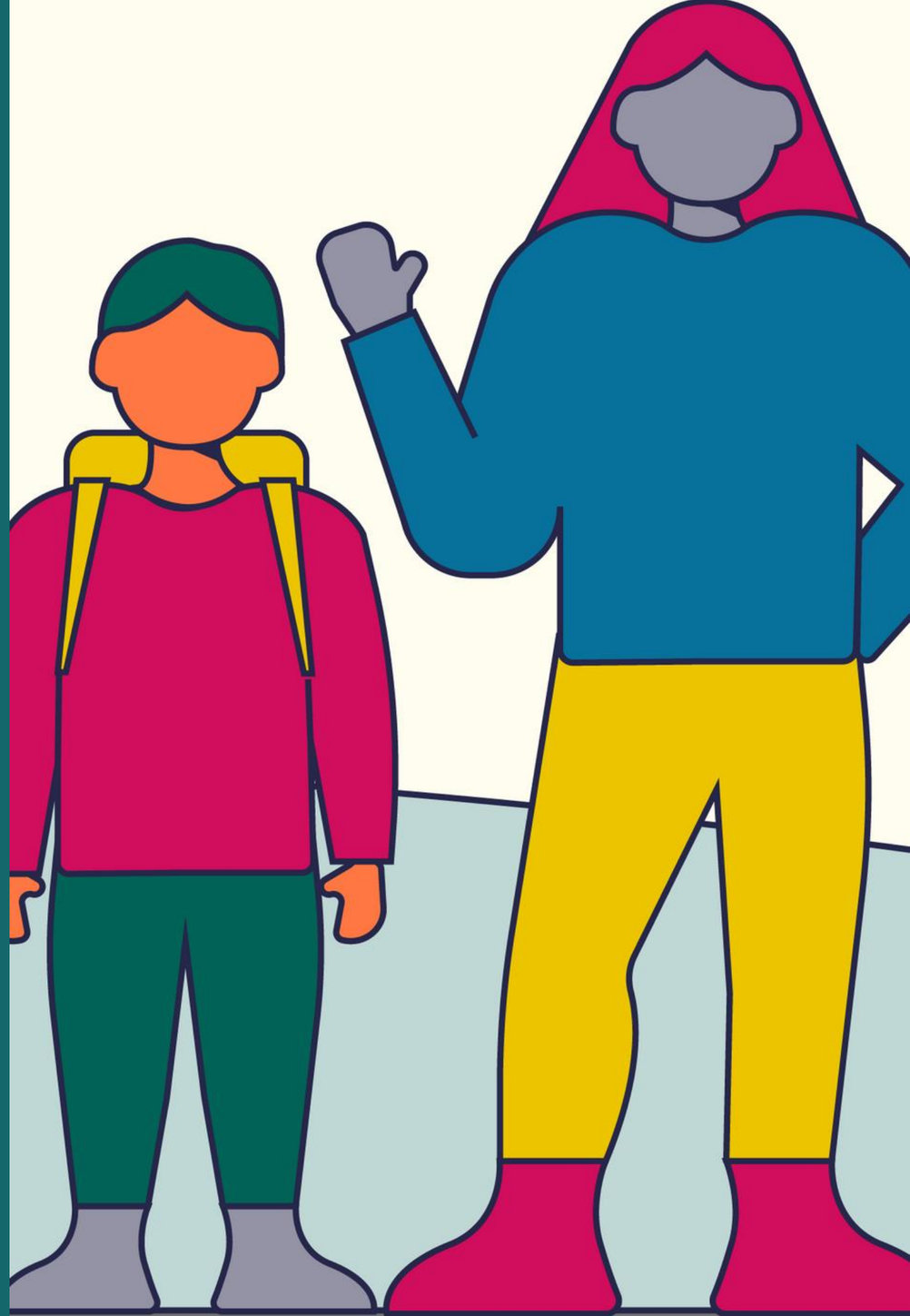
Delivery Plans

The commitment statements and actions have been identified through themed data. The 5 Promise Foundations are the priority themes. The Delivery Plans will be clearly set out as follows:

Commitment - Statements setting out Improvement aims
Actions - Details to deliver the commitment statement
Delivery Group - Delivery group/ groups leading on implementation
How will we know? - What is the outcome we will achieve to demonstrate success

These plans are in place to improve the lives of children, young people and families now and in the future. Progress will be supported by the Data Delivery group aligning to The Promise Progress Framework

*__Life course__ - This plan aligns to the life course approach within the Integrated Children's Service Plan, each commitment is relevant to the whole life span. Getting Started, Growing up, Moving on and Whole Family. Please find the Children's Service Plan here



Priority Theme : Family

Families will have access to the right support, when they need it for as long as they need it

Commitment	Action	Delivery Group	How will we know
Understand and listen to what families say they need, to provide, develop and design services	Develop ways to understand Family needs when tailoring support Develop co-design practices with families to develop services that better meet their needs	Family	Families will receive support to best suit their needs which provides more focused interventions and positive outcomes
Use innovative ways to broaden access / availability / equity of services	Develop universally accessible early help and support in local communities Develop better awareness of available services and support for communities Identify potential test, learn and develop sites and scale up were successful	Family	Families will proactively seek and receive joined-up support that feels integrated at the point of need within their communities
Connect to wider poverty agenda to ensure support is available and reaches families	Better understanding of the impacts of poverty on families Better Connect to wider poverty agenda to ensure support reaches families	Family	More families are supported out of poverty, through joined-up multi-sectorial community-based support and are empowered to do so
Aligned to Whole Family Wellbeing and the Promise, realise the ambition of our local Family 1st Strategy to safely keep children and families together	Restorative practices will be an integral part of family support Embed and deliver Trauma Informed Services / approaches Principles of holistic whole family support and 10 principles of Intensive family support will be fundamental principles when supporting families	Family	Families are supported to foster and strengthen Relationships

Priority Theme : Care

Highland's Children and Families experience of care will be supportive and positive

Commitment	Action	Delivery Group	How will we know
Embed destigmatising approaches, language & practice across services	Embed Highland's Language Guide across services Support communities to better understand the care experienced community	Care Doing Data Differently	There will be non-stigmatising practices across Highland Care experienced community share their story without it defining them
We will ensure children and young people grow up with stability	Ensure, wherever possible children remain in Highland, with minimal moves to foster stability and belonging Provide support for Brothers and Sisters to stay together	Care	% of children placed out of Highland reduced from baseline % of Brother & Sisters staying together and reunited if separated increases
Children will experience stable, loving and nurturing care.	Residential care is a positive option in which young people experience high quality stable care, built on nurturing positive, 'loving' across a consistent care team. Develop stable loving and nurturing care teams.	Care	Feedback from Children and young people living in residential homes Registered services inspection will be graded very good or above
Good planning is provided for children as they move through education and beyond	Increase uptake of the Promise award with education staff Children experiencing care will be supported through transitions within, and when leaving education	Care	Number of education staff completing the Promise award Records of transition arrangements will show how we are meeting and supporting children and young peoples needs

Priority Theme : Voice

Children, Young people will be supported to participate and listened to

Commitment	Action	Delivery Group	How will we know
Children and Young People always have a Voice in decision making	Ensure Children and Young People's voice meaning fully contributes to decisions Ensure support and safety is provided for Children and Young People to express their views with access to advocacy services	Promise Board Care Family	Evidence of Children and young people's views will increase, documented and play an integral part of decision making
Children and Young people will be listened to throughout all areas of practice	Services will commit to amplifying voice, choice and participation Develop mechanisms to enable Children and Young People's voice to be used to measure and inform improvement Ensure feedback loops are created to let children and young people their contributions are valued	Promise Board Care Family Doing Data Differently	Children and Young peoples voice will be embedded in practice and listened to, measure success and plan for improvements, We will achieve successful feedback loops
UNCRC Article 12 is upheld fully	Implement the C&YP Participation Strategy including; - Ensure ALL children, young people, young adults from pre-birth to 26 have a voice - Provide space and time for C&YP to share views and experiences - Inclusive and accessible opportunities - Share existing opportunities for children and young people to access - Focus on areas relevant to Children and Young People - Provide / Access age-appropriate information and training	Promise Board Care Family	Article 12 will be upheld and become embedded in all areas of practice, children and young people will develop confidence in sharing views and experiences There will be in increase in Children and young peoples views across wider range of services

Priority Theme : People – People across the workforce will have the support and skills they need to do their jobs, build relationships and make decisions based on listening and compassion

Commitment	Action	Delivery Group	How will we know
Workforce will be better connected to colleagues and partners	Build opportunities to strengthen cross-service partnerships Reduce barriers to enable services to work better together	The Promise Board Family Care	Partnerships will be strengthened, increased examples of effective collaborative working
Through listening to the voice of the workforce, we will provide the support needed to promote workforce wellbeing.	We will ensure our workforce have supportive opportunities to learn and develop individually and as a team We will develop a Wellbeing Framework with our teams We will create the enabling conditions to ensure our workforce have time to build meaningful relationships with children & families	The Promise Board Family Care	Wellbeing Framework will be in place across teams Safe manageable caseloads Learning & Development Framework
We will achieve a person-centered culture across services	Embed Trauma Informed Practices Find new ways to simplify complicated systems of work and the understanding of the partnership landscape	The Promise Board Family Care	The workforce will feel better empowered, supported and included with increased clarity and efficiency
Promise Awareness Raising	Continue to raise awareness of The Promise across partnerships Develop and increase the role of Promise ambassador	The Promise Board	Strengthening of a united partnership approach to Keeping the promise The Promise is strengthened across services through the ambassador values identified through annual evaluation.

Priority Theme : Scaffolding

Structures and systems are set up to be responsive to support needs across services

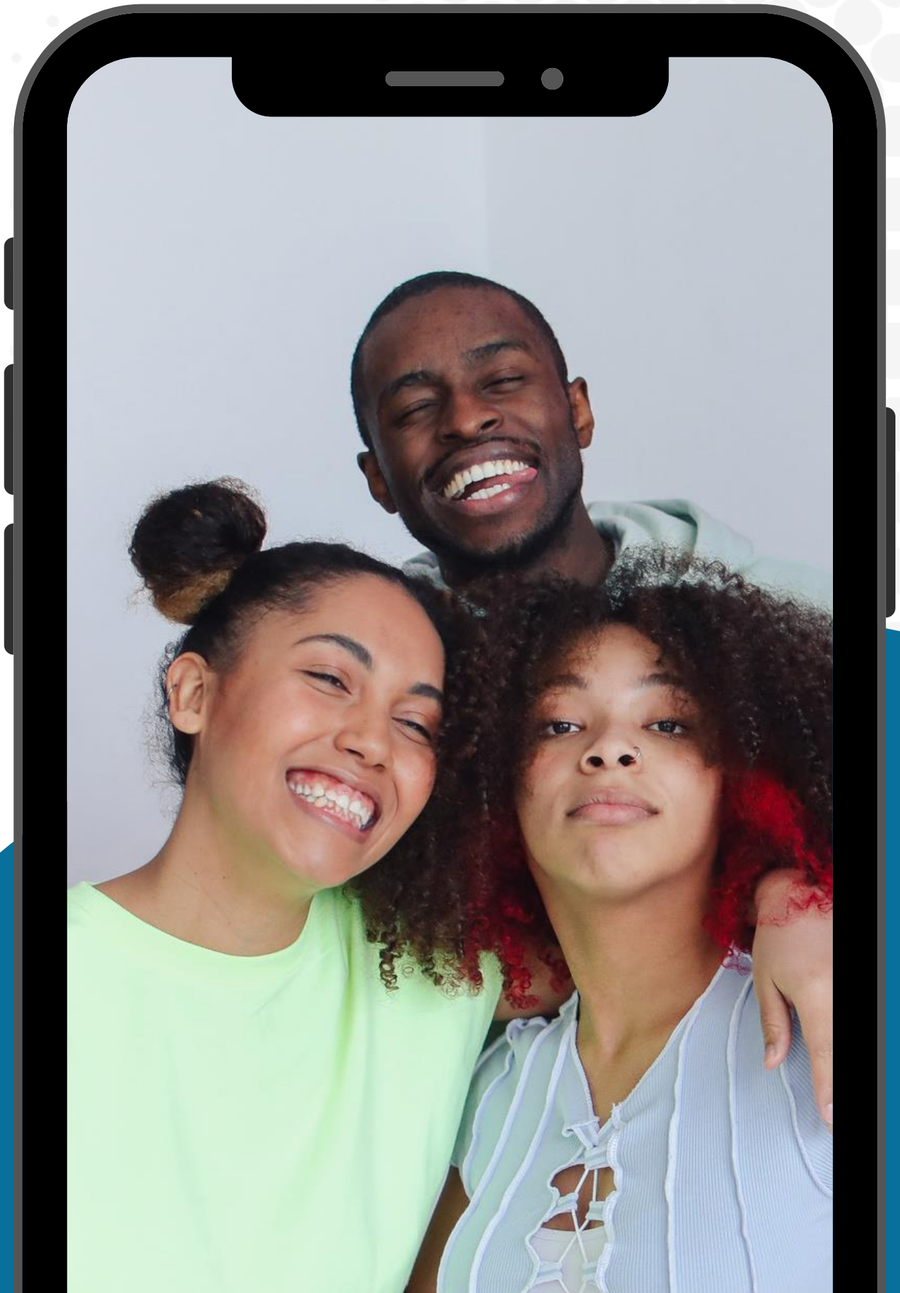
Commitment	Action	Delivery Group	How will we know
Robust processes for collecting and using data will be developed to inform improvement work and as a measure of improvement	Sources of both numerical and experiential data will be identified or developed Methods of analysing and presenting data will be developed Establish ways to the share data across The Promise board and delivery groups for wider analysis and dissemination	Doing Data Differently	Increased access to a wide range of data which is used to measure progress and inform improvement work
We have high quality service where Inspection Regulations are met and surpassed	Develop self evaluation practices across registered services with a commitment to continuous improvement of services	Care Family Doing Data Differently	All residential services across Highland will be aiming for Very Good to Excellent in Care Inspectorate Quality of Care
We will develop and embed Transformational Commissioning as common practice	Build Sustainability into services through the commissioning process Create Whole System and collaborative approaches in service design	The Promise Board Care Family	Achieve resilient, high-quality services that consistently meet the needs of children and families, measured by feedback from families and services
Whole system approaches to supporting families through joint referral pathways	Establish cross – agency collaboration and communication to develop joint referrals Opportunities will be explored and developed to access shared digital platforms and information sources	The Promise Board Care Family	Joint referral pathways will be developed and used and measured by services

Implementation, monitoring and Evaluation

The plan will be implemented through the Care, Family and Doing Data Differently delivery groups. Action plans will be developed for each delivery group, monitored and evaluated, reporting back into The Promise Board.

The Promise Board will report progress to the Integrated Children's Service Board, The Highland Council Health and Social Care Wellbeing Committee and Scottish Government.
The Promise board will explore dynamic innovative feedback loops with children, young people and families in a way that is meaningful to them.

The Promise Board will produce an annual Promise Report (Corporate Parenting report) which will document the work has been done to Keep the Promise and ensure the partnership is fulfilling its duties and responsibilities as corporate parents.



Corporate Parenting Partners

NHS Highland

HIGHLAND THIRD SECTOR INTERFACE

POLICE SCOTLAND
Keeping people safe
POILEAS ALBA

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

The Highland Council
Comhairle na Gàidhealtachd

UHI

HIE
Highlands and Islands Enterprise
Iomairt na Gàidhealtachd 's nan Eilean

Reference Links

The Promise 24-30

Children's Rights and Participation Strategy

Agenda Item 10

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Quarter 3 Whistleblowing Report**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gareth Adkins, Director of People and Culture**

Report Recommendation:

The Board are asked to

- **Note** the content of the report.
- Take **Moderate Assurance** that the content of the report provides confidence of compliance with legislation, policy and Board objectives **noting** challenges with timescales due to the complexity of cases and investigations.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is for Quarter 3 covering the period 1st October – 31st December 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 Quarter 3 covering the period 1st October – 31st December 2024:

- 1 concern raised which was ineligible under the standards
- 1 concern raised and not progressed under the standards following discussion with individual
- 1 concern remains under review whilst the individual is involved in actions to address the concerns raised
- 1 case was closed
- INWO requested further information on 2 completed cases to complete an initial assessment of whether to investigate further.

One concern raised was considered under the standards and deemed ineligible as the concerns related to issues that had been raised and managed under workforce policies.

One concern raised was discussed with the individual in relation to the outcome they were seeking. It was mutually agreed that a review of service would be undertaken to support the team to identify actions and improvements to take forwards.

One new concern remains under review in relation to ongoing work with the service which the individual is involved in to address sustainability issues and challenges associated with delivering the service.

1 case was closed and the concerns were not upheld. INWO subsequently asked for further information which has been provided and they will not be pursuing any further.

INWO requested for information on a case that is closed and had upheld some aspects of the concerns and partially upheld other aspects of the concerns. This case and the associated report made recommendations which are now being progressed via an action plan. Information is being prepared for INWO to provide further clarification and detail that they had highlighted did not appear explicitly in the final report but they have acknowledged is in the information we have provided to them. They will determine if further investigation by them is required once further clarification and an update on the action plan has been provided.

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

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The Board are 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

N/A

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Case recommendations and Governance Summary report

Appendix 1 – Case Recommendations and Governance Summary

Case ID	Summary	Recommendations	Actions	Governance Arrangements	Review date	Update
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	Delays to review of patient feedback due to unavailability of specialist reviewer
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	Not due
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	Not due

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	• Initial review end of January 2025 • Next review end of March 2025	• Action plan developed and underway • Updates to be provided to whistleblower every 2 months

Agenda Item 11

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th March 2025**
Title:	**Equality, Diversity and Inclusion Strategy**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gayle Macrae, EDI Lead - Workforce**

Report Recommendation:

The Board is asked to

- **Approve** the strategy document for publication.

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Equality, Diversity and Inclusion Workforce Strategy is now at final stage (appendix 1) following an organisational wide consultation. It is being presented to Board for approval prior to launch.

The Strategy outlines and details our commitment to Equality, Diversity and Inclusion from 2025-2028 and compliments NHS Highland's Equality Outcomes 2025-2029 and NHS Highland's Pay Gap Report and Equal Pay Statement 2025.

2.2 Background

The themes in the strategy were developed following a workshop which took place in July 2024 involving various colleagues from areas spanning the organisation. It was then further developed through the EDI Oversight Group and other NHS Scotland Boards' EDI strategies were also analysed for comparison.
We listened to the lived experiences and views of people who work for us and use our services and considered research findings, data and reports relevant to health and employment inequalities.

A selection of Scottish Health Boards Equality and Diversity strategies were sourced and considered whilst developing the NHS Highland strategy, as well as several private and public sector EDI strategies. CIPD best practice guidance was considered alongside Scottish Government plans including –

- Health and social care: improving wellbeing and working cultures
- Scottish Government Fair Work action plan
- Scottish Government Anti-Racism Plan Guidance
- Women's health plan 2021-2024
- National Workforce Strategy for Health and Social Care in Scotland (www.gov.scot)

2.3 Assessment

This is the first EDI Workforce strategy to be produced for NHS Highland. The strategy presented is a long-term commitment to advancing Equality, Diversity and Inclusion. Actions identified in the strategy will progress our commitments set out within the NHS Highland Equality Outcomes 2025-2029, The Equal Pay Statement 2025, The Pay Gap Report 2025 and Workforce Monitoring Report 2025. The Equality, Diversity and Inclusion strategy will also compliment the

work outlined within NHS Highland's Employability Strategy 2025-2028 and Wellbeing Strategy 2025-2028.

Feedback on the strategy was positive with comments including –

"After reading the draft documents I definitely feel the priorities resonate with me, as an individual who identifies as having a neurodiverse condition that can have an impact on my work."

"I very much appreciate the information relating to Employability Strategy 2025-2028 - Equality, Diversity & Inclusion Workforce Strategy 2025-2028, being available to read in the Weekly Round-Up dated 05/12/2024."

There was some feedback received regarding how the strategy links to the other streams of work including Women's Health Plan and ADP. How we report on progress of the actions in a transparent manner, and whether any campaigns to promote anti-discrimination should be aimed at patients/public as well as workforce. We are working closely with stakeholders to avoid overlap of other workstreams and will incorporate feedback received into the individual action plans for each area.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The assurance is substantial due to the reach of the consultation, the incorporation of feedback and the governance routes followed

3 Impact Analysis

3.1 Quality/ Patient Care

A workforce which feels welcomed and listened to will deliver enhanced patient care and services. Creating an inclusive environment will strengthen NHS Highlands reputation as a quality employer.

3.2 Workforce

By focusing on recruitment, cultural competence, leadership, and staff engagement, we aim to create a workplace environment where everyone has an equal opportunity to thrive and deliver the best care possible.

3.3 Financial

The resource to support the EDI Oversight group is from existing establishments. Any activities that require funding will be sought through the

existing processes and there may be support from endowments as appropriate. This will be explored as the activities and priorities are identified.

3.4 Risk Assessment/Management

Risks will be identified for the actions contained within the strategy and documented and managed through the EDI Oversight Group.

3.5 Data Protection

No personally identifiable information was collected during the formation of the draft strategy. Personal information such as names and email addresses were provided by participants during the consultation phase. Advice has been sought from the data protection team and they consider this information to be low risk as it is employment information that has already been processed and is already available.

3.6 Equality and Diversity, including health inequalities

An EQIA on the strategy was not deemed to be necessary as all actions outlined within the strategy are considered positive action with relation to colleagues with protected characteristics.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

A consultation period ran from 9th December 2024 until January 15th 2025 for the purpose of receiving feedback on the strategy from colleagues across the organisation.

Information about the consultation was included in the weekly round-up on 5th December 2024 and 9th January 2025 and was also promoted on the EDI Intranet home page. Presentations were made online to the following groups and feedback recorded

Name/s of person or group	Date
EDI Oversight Group	26/11/24 & 07/01/25
People Portfolio Board	25/11/24 & 27/01/25
Corporate LPF	27/11/24
Medical & Dental Bargaining	03/12/24
Finance Directorate Meeting	03/12/24
NHS Scotland National EDI Leads network	05/12/24
EDG	09/12/24
Public Health SLT	12/12/24
Area Partnership Forum	13/12/24 & 14/02/25
e-Health SLT	16/12/24
Community LPF	17/12/24
Strategy & Transformation SLT	18/12/24
Acute SLT	18/12/24

Community SLT	18/12/24
Acute LPF	19/12/24
Argyll & Bute JPF	13/01/25
Staff Governance Committee	14/01/25 & 04/03/25
All Staff Survey	09/12/24 – 15/01/25

The draft strategy was also shared on the NHS Highland Engagement HQ platform as a pilot project from 9th December – 15th January. The platform allows for internal and external engagement, with enhanced monitoring and data collation to analyse reach and impact. The EDI strategy was hosted in an internal area that only colleagues can access. A total of 12 colleagues visited the page and no feedback was provided.

Feedback was received from 5 colleagues via the EDI generic mailbox.

3.9 Route to the Meeting

This strategy 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.

- Equality, Diversity and Inclusion Oversight Group 26th November 2024 & 7th January 2025
- People and Culture Portfolio Board 25th November 2024 & 27th January 2025
- Executive Directors Group 9th December 2024
- Area Partnership Forum 13th December 2024
- Staff Governance Committee 14th January 2025
- Board Development Session 21st January 2025
- Area Partnership Forum 14th February 2025
- Staff Governance Committee 4th March 2025

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Equality, Diversity & Inclusion Workforce Strategy 2025 - 2028

Equality, Diversity and Inclusion
Workforce Strategy 2025-2028

NHS
Highland
na Gàidhealtachd

Contents

Executive Foreword

We recognise that Equality, Diversity, and Inclusion (EDI) are essential values for our staff, our organisation and our working environment, where everyone is treated with dignity, respect, and compassion. This strategy sets out our ambition to foster a culture of inclusivity where all individuals can thrive, regardless of their background or personal characteristics.

The healthcare sector has one of the most diverse workforces, and NHS Highland is no exception. We serve a wide range of communities across the Highlands and Argyll and Bute, and it is essential that we harness this diversity. To deliver high-quality, person-centred care, we must value the diversity of thought, experience, and perspective that each individual brings to the table. In this regard, a truly inclusive workforce leads to better outcomes for both our staff and the populations we serve.

To guide our progress, this workforce strategy outlines five key priorities: Accessibility, Training, Engagement, Legislation and Policies, and Data. These priorities are designed to tackle existing barriers, enhance education and awareness, promote greater engagement, ensure compliance with equality legislation, and build a robust evidence base to drive decision-making. Each of these priorities will contribute to an environment where discrimination has no place, and where equality and fairness are embedded in every aspect of our operations.

Importantly, this strategy is a living, evolving plan. Over the next three years, we will implement a series of initiatives and actions, supported by measurable objectives and clear accountabilities. Our success will be evaluated through a comprehensive set of Key Performance Indicators (KPIs), ensuring that we are transparent in our progress and responsive to the feedback of our colleagues.

We know that the true measure of our success will be the experience of our people. I am confident that, by working together, we will enhance our approach to diversity, tackle inequalities, and ensure that every individual within NHS Highland feels safe, supported, and empowered to reach their full potential. Through this strategy, we reaffirm our commitment to being a leader in equality, diversity, and inclusion—not just within NHS Scotland, but in the communities we serve.

Gareth Adkins

Director of People and Culture
NHS Highland
April 2025

Introduction

Equality, Diversity and Inclusion matters greatly to NHS Highland and plays a key role in demonstrating who we are, what we do and what we stand for. Our workforce is at the heart of everything we do, and they deserve to be treated equally, with dignity and respect, and without fear of prejudice, from the organisation, colleagues and patients.

There is no place in NHS Highland for any form of discrimination and we want to be recognised as an organisation that values Equality, Diversity and Inclusion in our workforce, for the people who use our services and in the local communities we serve. We recognise the value a diverse workforce brings in offering different perspectives in how we deliver high quality, safe, effective, person-centred care and maintain a healthy, vibrant, and inclusive culture throughout our organisation.

The NHS Scotland Values are at the heart of everything we do:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility; and
- Quality and Teamwork

Our Equality, Diversity and Inclusion Strategy supports our ambition in the NHS Highland Together We Care Strategy to –

> ***"Strive to create an inclusive workplace where all colleagues can expect to be treated with compassion, dignity and respect and where difference of any kind is valued and celebrated."***

To ensure that Equality, Diversity and Inclusion is at the heart of what we do, this strategy will be supported by a workplan detailing short, medium and long term objectives, outlining how we will drive forward this important work over the next three years.

The Equality, Diversity and Inclusion Strategy forms an integral part of NHS Highlands overarching aim to promote inclusion of staff, patients and volunteers. As such, there are several crossovers and interdependencies spanning existing and future outcomes focusing specifically on the following strategies and plans:

- Health and Wellbeing Strategy 2024-2027
- Employability Strategy 2025-2028
- Together We Care Strategy 2022-2027
- Anchor Plan
- Argyll & Bute Carers Strategy 2024-2027
- NHS Highland Workforce Plan 2022-2025
- Communications and Engagement Strategy 2021-2024
- Equality Outcomes 2025-2029

To date, we have made meaningful progress in our approach to mainstreaming equalities throughout the organisation with specific reference to the following achievements:

- Disability Confident Employer
- Young Persons Guarantee
- Armed Forces Covenant Gold Award
- Carer Positive – Established status
- Promotion of the NHS Scotland Pride Badge scheme
- Development of an online Health Inequalities course
- Development of a new corporate induction with a specific section dedicated to equality, diversity and inclusion.
- Launch of an updated public facing website with improved accessibility features

In addition, we have maintained strong partnerships with public and third sector organisations including: Argyll & Bute Council, Highland Council, Police Scotland, Scottish Prison Service, British Deaf Association, Developing the Young Workforce and the Department of Work and Pensions.

We recognise that people perform best when they are encouraged and supported to be themselves and so we are dedicated to supporting our staff and volunteers across all nine protected characteristics and beyond. NHS Highland is also firmly committed to the ongoing development of the care and services we provide in a way that ensures equality of access.

We have worked in partnership with staff to set out our strategy for further developing our approach to diversity and inclusion. This includes agreeing our Equality Outcomes for 2025-2029 and establishing our ambition as being a leading equality employer.

How We Developed The Strategy

Our Equality, Diversity and Inclusion Strategy supports our organisational strategy Together We Care and the Scottish Government's Improving Wellbeing and Working Cultures, Fair Work Action Plan and National Workforce Strategy for Health and Social Care in Scotland.

This strategy was developed collaboratively, with representatives from across the organisation. We reviewed our current Equality, Diversity and Inclusion work, including our:

- Corporate objectives and Equality Outcomes
- Approach to impact assessments
- Accreditations
- Existing plans and strategies referencing Equality, Diversity and Inclusion
- Workforce demographic information

We listened to the lived experiences and views of people who work for us and use our services and considered research findings, data and reports relevant to health and employment inequalities.

Specifically, the following approaches were adopted during the development of this strategy:

a) Internal engagement across all organisational tiers and governance structures including:

- The Equality, Diversity and Inclusion Oversight Group
- Local Partnership Forums
- Area Partnership Forum
- Medical and Dental Bargaining Group
- Argyll and Bute Joint Partnership Forum
- Organisational wide staff consultation via survey
- Drop-in information sessions open to all staff
- NHS Scotland National Equality and Diversity Leads network

b) A review of organisational workforce equalities monitoring data between 2020 and 2023 to collate past and current trends. This in turn allows for the creation of meaningful outcomes to increase representation and reduce inequalities among staff who share a protected characteristic.

c) A review of best practice trends focusing on the diversity and inclusion agenda from a local, national, and international perspective. The principal resource for this data stems from the Diversity and Inclusion Leaders Community of Practice online resource; Scottish Government and Equality and Human Rights Commission publications and data from organisations such as the Chartered Institute of Personnel and Development.

How We Will Deliver The Strategy

This strategy is a long-term commitment to advancing Equality, Diversity and Inclusion. Realising the ambitions will require collaboration and effort from everyone in the organisation. We are experiencing significant staffing and financial challenges; however, we need to act now to address the potential disadvantages being faced by our current and future workforce.

The details of how we will achieve this strategy will be set out in:

- An overarching Equality, Diversity and Inclusion workplan
- Equality Outcomes
- Individual service and directorate workplans

The Equality, Diversity and Inclusion Oversight Group will support our staff and teams to:

- Ensure their strategic plans align with this strategy and they meet our legal equality and human rights obligations.
- Provide accessible equality evidence, information, and resources.
- Improve access to information, opportunities, and services.
- Build and maintain partnerships with staff and communities and the organisations representing them.
- Lead and coordinate outcome focused programmes of work across the whole organisation to achieve greater equality, diversity and inclusion.

We will measure and report on our progress using a range of information and data. We will also establish staff networks to ensure that all staff have an opportunity for their voices to be heard. We will involve staff and equality groups to understand what we are doing well, and what opportunities we have yet to explore. Wherever possible we will apply shared decision-making approaches and partnership working to deliver these priorities.

Following a range of engagement sessions held with staff, managers and subject matter experts, we have identified five strategic priorities. Each priority will help us understand and act on the experiences and needs of everyone who works for us and uses our services. We will follow the timeline as set out in Together We Care, prioritising objectives into Basic, Better, Best principles over the coming three years.

Our Strategic Equality, Diversity and Inclusion Priorities

Priority 1: Accessibility

Objective: To create a workplace that is accessible to all, removing barriers to employment, development and progression.

What We Commit To:

- We will update our approach to conducting and using equality impact assessments as a strategy development tool and to ensure policies and processes are fit for purpose for everyone.
- We will provide information in an accessible format.
- We will ensure staff have a good understanding and awareness of accessibility requirements.
- We will publish and implement the Once for Scotland workforce reasonable adjustments guidance.
- We will strive to follow best practice as set out in the Web Content Accessibility Guidelines.
- We will strive to achieve Disability Confident Leader status.
- NHS Highland will conduct Accessibility Audits across its estate and implement actions where possible to remove barriers.
- We will procure software and hardware that supports accessibility for colleagues.

Which Will Result In:

- A workforce that feels supported to realise their full potential.
- Policies and processes that are accessible to all.
- An environment where accessibility is at the fore front of everything we do.
- A workplace that supports people from all backgrounds into employment.
- All staff receive and understand information that we share in a way that is appropriate for them.

Priority 2: Training

Objective: To continually educate and train staff at all levels on Equality, Diversity and Inclusion

What We Commit To:

- We will incorporate equality, diversity and inclusion education into existing training frameworks, recognising that people change behaviour in different ways.
- We will co-design and deliver local equality, diversity and inclusion education and training with people with lived experience.
- We will design educational outcomes that tackle prejudice and promote understanding of other people's circumstances and attributes.
- Working with NHS Scotland, NHS Education for Scotland and others we will contribute to a Once for Scotland approach to equality, diversity and inclusion education and training.
- We will provide our staff with leadership and confidence to understand and actively challenge prejudice, harassment and discrimination.
- We will provide training to promote inclusive recruitment practices.

Which Will Result In:

- Increased confidence in understanding one's own biases, challenging themselves and others, and embracing inclusion.
- Improvement in NHS Highland employee experience.
- A greater awareness of equality legislation and how to successfully interpret and apply it in everyday scenarios.
- Confidence to call out poor behaviours within our organisation.
- People from all backgrounds are encouraged to work for NHS Highland.

Priority 3: Engagement

Objective: To engage with our workforce and ensure that NHS Highland is aligned with their needs.

What We Commit To:

- We will establish staff networks to foster inclusion and enable effective engagement.
- We will strengthen informal and formal reporting processes, continue to collect data about informal and formal complaints and routinely ask for feedback about our processes.
- We will listen to people with lived experience.
- We will give staff the information they need to be respectful and appreciative of diverse cultures and backgrounds and to have positive relationships with the people they work with and who use our services.
- We will develop a Diversity and Inclusion calendar that promotes significant dates and activities to celebrate them.

Which Will Result In:

- Platforms for listening and to give staff a voice on what is important to them.
- More accurate reporting of incidents which will enable interventions to be developed.
- A culture where differences are celebrated.
- Events that are important to our colleagues are celebrated and recognised.

Priority 4: Legislation and Policies

Objective: To build a work culture where all employees feel safe, supported, and valued.

What We Commit To:

- We will strengthen our implementation of the Public Sector Equality Duty, Fairer Scotland Duty, UN Convention on Rights of a Child and the Equality Act 2010.
- We will review our current process for conducting Equality Impact Assessments and improve reporting and assurance.
- Working with NHS Scotland and others, we will contribute to a Once for Scotland approach to producing equality, diversity and inclusion policies.
- We will take all possible actions in our control to reduce equal pay gaps by sex, disability and ethnicity.
- We will follow inclusive and bias free practices for recruitment, retention and promotion of staff.
- We will support international recruits who choose to join NHS Highland, including guidance and support for managers who recruit international candidates.

Which Will Result In:

- Improved awareness of legislation and policies pertaining to equality, diversity and inclusion.
- A consistent application of policies across the organisation.
- Meeting our statutory duties as set out in the Public Sector Equality Duty.
- People from all backgrounds are supported in their employment within NHS Highland.
- Any new policies and processes are developed in conjunction with an Equality Impact Assessment.

Priority 5: Data

Objective: To hold accurate workforce information to support informed and evidence-based decisions

What We Commit To:

- We will collect, analyse, share and use equality, diversity and inclusion evidence, to improve our staff experience.
- We will include our equality, diversity and inclusion performance in our corporate reports.
- We will act on our workforce equality data and take positive action to mirror the demographics of the communities we operate in.
- We will inform our colleagues about the importance of recording their equalities information to ensure we create a welcoming and inclusive environment for all.
- Where appropriate we will collaborate with others to review national data, sharing learning and good practice.

Which Will Result In:

- Robust and accurate reporting of our workforce demographics both internally and externally.
- Our priorities as an organisation are based on accurate data.
- Positive action being identified in under-represented workforce groups.
- Our colleagues trust the organisation with their data.
- Improvements to workforce systems in collaboration with other boards and National teams.

Our Approach to Eliminating Discrimination

There is evidence to suggest that discrimination is still widespread both within society and across NHS Scotland. Discrimination affects many staff members who possess one or more of the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Discrimination is unacceptable, and NHS Highland will deliver on its anti-discrimination commitments, including a firm stance against racism, through our Equality, Diversity and Inclusion strategy.

The actions detailed within this strategy provide the overall framework necessary to address all forms of discrimination in the workplace. NHS Highland maintains a zero-tolerance approach to any form of discrimination, and we will collaborate with our staff throughout the implementation of this strategy to address any concerns that may be raised.

> ***Staff networks will play a pivotal role in gaining a deeper understanding of the experiences of our staff in the workplace, identifying areas for improvement and action to combat discrimination.***

In addition, it is critical that the message conveying NHS Highland's stance against discrimination is communicated clearly and widely, ensuring all staff are aware of the part they are expected to play in relation to addressing discrimination. To support this, we will deliver an anti-discrimination campaign based on three key messages aligned with our strategy:

Everyone Is Welcome

Understanding diversity is a key part of valuing it, and we welcome and recognise the value of different perspectives and will collaborate with staff to raise awareness of and to celebrate diverse backgrounds. We will identify and promote existing Equality, Diversity and Inclusion training materials for staff and deliver awareness raising events that enhance our sense of community and belonging.

Make A Stand

We strongly encourage all staff members to actively promote and uphold the principles of Equality, Diversity, and Inclusion. To support this, we will provide relevant training to all employees, aimed at fostering and empowering positive behaviours in the workplace. Tackling inappropriate language is often a key first step, and the initiative “Make a Stand” outlines how everyone can contribute to fostering a more inclusive workplace culture.

No Place For Discrimination

Addressing unacceptable behaviours is of paramount importance, and we strongly encourage staff to raise concerns regarding any form of discrimination within the workplace. We are committed to supporting staff in taking a stand and we will take appropriate action in accordance with our workforce policies. Staff may raise concerns through our confidential contacts service, which offers advice and guidance on how to address such issues. Additionally, concerns may also be raised through trade union representatives, line managers, or the People Services department.

Key Performance Indicators (KPIs)

To measure the success and impact of the strategy, NHS Highland will track the following KPIs:

- **Workforce Diversity Metrics:** % increase in the diversity of new hires, promotions, senior leadership and exec/board roles.
- **Employee Engagement:** Results from regular staff surveys and feedback on inclusion and workplace culture.
- **Employee Relations Data:** Data on the number of cases being raised in relation to discrimination, harassment or victimisation linked to a protected characteristic.
- **Training Completion Rates:** % of staff who complete mandatory D&I training and other professional development programs.

Timeline and Review

- **Year 1:** - Focus on foundational work—develop action plans, establish first cohort of staff networks, education campaigns relating to sharing equalities data, awareness raising on current training provision and research into current practices through staff engagement.
- **Year 2:** - Expand on the foundation by launching leadership development initiatives, grow the number of staff networks in operation, reviewing inclusive recruitment practices and improving staff experience for diverse groups.
- **Year 3:** - Consolidate progress, review workforce diversity, assess the impact of staff engagement initiatives, and refine strategies based on data and feedback.
- **Annual Reviews:** Continuous monitoring and annual review of strategy progress, revising as necessary based on feedback from staff and other stakeholders.

Governance

The Equality, Diversity and Inclusion Oversight Group reports to the People and Culture Portfolio Board. It will provide regular reports to the Area Partnership Forum, Local Partnership Forums, Staff Governance Committee, and other relevant forums.

Conclusion

NHS Highland's commitment to Equality, Diversity and Inclusion is not only about meeting legal and regulatory requirements but about making a meaningful difference to the lives of our staff, patients, and communities. By focusing on recruitment, cultural competence, leadership, and staff engagement, we aim to create a workplace environment where everyone has an equal opportunity to thrive and deliver the best care possible.

This strategy, guided by principles of fairness, respect, and collaboration, will help NHS Highland lead the way in building a diverse, inclusive, and equitable workplace for all.

Mar NC25-00050 Raigmore Hospital, Inverness

Agenda Item 12

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Equal Pay Statement and Pay Gap Report 2025**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gayle Macrae, EDI Lead - Workforce**

Report Recommendation:

The Board are asked to

- **Note** – The content of the report.
- **Assurance** – Take **Substantial Assurance** the content of the report provides confidence of compliance with legislation, policy and Board objectives.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Equal Pay Statement must be published every four years and the Pay Gap Report every two years, to demonstrate that NHS Highland meets the requirement as set out in the Public Sector Equality Duty (Specific Duties) (Scotland) Regulations 2012. The information within the report considers the workforce and payroll data position as of 31st December 2024.

The Board are being asked to take substantial assurance that the publication of the report demonstrates compliance with the Public Sector Equality Duty, Specific Duties Scotland requirements.

2.2 Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27th May 2012. The Regulations included several measures to monitor how well public bodies are meeting their equality duties. The equal pay monitoring measures include:

- A requirement for public bodies to publish every two years information on any Gender Pay Gap. This information should be shown as any difference:
  - "… between the men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."
- The information published must be based on the most recent data available.
- Public bodies must publish every four years a statement on Equal Pay.
- From 2017 onwards, every second Report, i.e. every fourth year, the Equal Pay Report must be expanded to include pay information for:
  - persons who are disabled and persons who are not
  - persons who fall into a minority racial group and persons who do not
- The Report must also include information on any occupational segregation amongst its employees: "being the concentration of –
  - men and women;
  - persons who are disabled and persons who are not, and
  - persons who fall into a minority racial group and persons who do not in particular grades and in particular occupations."

Each year, Close the Gap produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the Office for National Statistics (ONS) Annual Survey of Hours and Earnings data, found the mean gender pay gap rose from 6.4% in 2023 to 8.3% in 2024, with men seeing an increase of £1 to their pay packet, while women only saw their pay go up by 74 pence. On average, a woman in Scotland earns £16.74 an hour, and a man earns £18.44 an hour. This increase has been driven by a rise in the pay gap within the public sector, while in the private sector the divide has fallen.

2.3 Assessment

This report provides pay gap information for NHS Highland, based on workforce and payroll data, as at 31st December 2024. The report provides both the mean and median pay gap data calculated as follows:

Mean pay gap data is calculated by adding together all employee basic hourly rates of pay, for a particular cohort, and dividing this amount by the total number of employees within the same grouping.

Median pay gap data is calculated by listing all employee hourly rates of pay, for a particular cohort, and finding the midpoint in the range.

The average gender pay gap for NHS Highland in December 2024 was 19.59%, males earn, on average, £4.99 per hour more than females.
Whilst the gender pay gap is small for Agenda for Change and Senior Managers (average gap of 1.78% and 1.25% respectively), the size of the overall pay gap is driven by the larger disparity between male and female pay for Medical and Dental employees. Of the 1926 males within the organisation, 15.8% work in Medical and Dental roles, whereas of the 9167 females, 3.7% work in Medical and Dental roles. The smaller proportion of females in the highest earning roles drives the gender pay gap to be wider for the overall organisation.

Of 11093 substantive employees, 175 (1.6%) have identified themselves as having a disability whilst 7819 (70.5%) have not.
The overall disability pay gap is 6.44%, persons who have a disability earn, on average, £1.39 per hour less than those who do not. However these figures need to be read with the understanding that an extremely small % of colleagues have stated they have a disability and so further work in needed to encourage completion of equalities data on eess to provide a more accurate analysis.

Considering NHSH as a whole shows a positive average and median pay gap in favour of Asian, Mixed / Other and White Other when compared to White British. This is driven by a larger proportion of these minority groups falling into the Medical and Dental category which has much higher average and median rates of pay. However persons of Black ethnicity have a lower average hourly rate (£18.57) compared to White British average hourly rate (£21.31).

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The level of assurance is substantial as this report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

3 Impact Analysis

3.1 Quality/ Patient Care

By understanding the demographics of our workforce, we can strive to create an inclusive culture which impacts positively on patient care.

3.2 Workforce

Monitoring of pay gap information will raise awareness of potential workforce implications such as barriers to recruitment and development for colleagues with a protected characteristic. We can review our internal processes to ensure they are inclusive and accessible to all, which in turn makes NHS Highland an attractive employer. We can use the information to identify areas for improvement and introduce new initiatives to reduce the pay gap.

3.3 Financial

Monitoring of pay gap information will raise awareness of potential financial implications.

3.4 Risk Assessment/Management

If the information contained within the report is not used to further the 3 needs as set out in the General Equality Duty, then the organisation risks not meeting its legal obligations in respect of Section 149 of the Equality Act 2010 (the public sector equality duty).

3.5 Data Protection

Personally identifiable information has not been included in the report. Data has not been displayed in a way that allows for identification of personal salary information.

3.6 Equality and Diversity, including health inequalities

This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the

Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.
An impact assessment has not been completed because it is not required for this report.

3.7 Other impacts

No other impacts identified.

3.8 Communication, involvement, engagement and consultation

A working group was formed, made up of representatives from payroll, analytics and workforce planning disciplines in NHS Highland. The group collaborated to produce the report and will continue to work closely together to realise the actions contained within the EDI Workforce Strategy 2025-2028 and Equality Outcomes 2025-2029.

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.

- People and Culture Portfolio Board 27th January 2025
- Equality, Diversity and Inclusion Oversight Group 31st January 2025
- Area Partnership Forum 14th February 2025
- Staff Governance Committee 4th March 2025

4.1 List of appendices

The following appendices are included with this report:

- NHS Highland Equal Pay Statement and Pay Gap Report 2025

2025

Equal Pay Statement and Pay Gap Report

NHS Highland

Content

1 Introduction

NHS Highland is committed to the principles of equality, diversity and human rights in employment. It believes that staff should receive equal pay for the same or broadly similar work, for work rated as equivalent and for work of equal value (regardless of age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation).

NHS Highland is committed to mainstreaming equality in the workplace and one way of ensuring this is to carry out a pay gap audit. Pay rates within NHS Highland are in line with national pay arrangements which are determined by the Scottish Government. Staff are appointed to Agenda for Change (AfC) bands and Executive and Senior Manager grades through a recognised national job evaluation process. Progression through the AfC pay bands is then through incremental progression, so those staff with longer service will therefore be paid at the upper end of a pay scale compared to those new into post. Appointment to a Medical and Dental grade is based on the definitions in the terms and conditions of service and then progress through the scale is again through incremental progression, with length of service influencing the rate of pay.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27th May 2012. The Regulations included several measures to monitor how well public bodies are meeting their equality duties. The equal pay monitoring measures include:

- A requirement for public bodies to publish every two years information on any Gender Pay Gap. This information should be shown as any difference:
    - "… between the men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."
- The information published must be based on the most recent data available.
- Public bodies must publish every four years a statement on Equal Pay.
- From 2017 onwards, every second Report, i.e. every fourth year, the Equal Pay Report must be expanded to include pay information for:
    - persons who are disabled and persons who are not
    - persons who fall into a minority racial group and persons who do not
- The Report must also include information on any occupational segregation amongst its employees: "being the concentration of –
    - men and women;
    - persons who are disabled and persons who are not, and
    - persons who fall into a minority racial group and persons who do not in particular grades and in particular occupations."

This report provides pay gap information for NHS Highland, based on workforce and payroll data, as at 31st December 2024.

The report provides both the mean and median pay gap data calculated as follows:

Mean pay gap data is calculated by adding together all employee basic hourly rates of pay, for a particular cohort, and dividing this amount by the total number of employees within the same grouping.

Median pay gap data is calculated by listing all employee hourly rates of pay, for a particular cohort, and finding the midpoint in the range.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates across the organisation and provides an overall indication of the size of the pay gap.
The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates across the organisation. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability. Therefore, whilst this report provides both mean and median pay gap information, the focus of the report is on the mean pay gap outcomes.

2 The NHS Highland Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS Highland Area Partnership Forum and the Staff Governance Committee.

NHS Highland is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy and maternity, religion or belief, sex or sexual orientation.

NHS Highland understands that workers have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Highland to taking the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years.

NHS Highland also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes. NHS Highland will take steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

2.1 National Context

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate. In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

Close the Gap produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the ONS's Annual Survey of Hours and Earnings (ASHE) indicates that both the median and mean gender pay gaps have decreased between 2022 and 2023 across all measures.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require listed authorities to publish information about the mean gender pay gap which is the percentage difference between men and women's average hourly pay (excluding overtime). The mean pay gaps have had a slightly larger reduction compared to median pay gaps, where falls have been more varied. The mean pay gaps have all seen significant decreases by around 4 percentage points, with the combined pay gap now sitting at 6.3%, the full-time gap at 3.5%, and the part-time at 22.1%.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not all the same, and their experiences of the work are shaped by their different identities, and this contributes to the inequalities they may face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool

- Improve staff retention
- Improve decision making and governance

2.2 National Terms and Conditions

NHS Highland employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include NHS Agenda for Change (AfC) Contract and Terms & Conditions of employment, NHS Medical and Dental (including General Practioners) and NHS Scotland Executive and Senior Manager contracts of employment.

NHS Highland recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

2.3 Legislative Framework

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men and paid on equally favourable terms where they are employed in ‘like work’, ‘work related as equivalent’ or ‘work of equal value’.

In line with the Public Sector Equality Duty of the Equality Act 2010, [NHS Board] objectives are to ensure we have due regards to the need to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

2.4 Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- Delivering equal pay is integrally linked into the aims of the staff governance standard

2.5 Equal Pay and The Gender Pay Gap

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate.

In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

2.6 Equal Pay Actions

It is good practice and reflects the values of NHS Highland that pay is awarded fairly and equitably.

We will:

- Review this statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees how pay practices work and how their own pay is determined;

- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.
- Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this statement is held by the NHS Highland Chief Executive with the Director of People and Culture having lead responsibility for the delivery of the actions.

If a member of staff wishes to raise a concern at a formal level within NHS Highland relating to equal pay, the Grievance Procedure is available for their use.

3 Current Workforce

The data contained within this report is representative of payroll/workforce data as of 31st December 2024, having been extracted following the pay run in December. NHS Highland has 11093 substantive employees and whilst a small number of employees have multiple posts, for the purposes of this analysis the post used for each employee is that which has the highest number of contracted hours against it i.e. their primary post. Bank employees are excluded.

4 Gender Pay Gap Analysis

This report provides the average and median pay gap based on basic hourly rate data. The average includes the lowest and highest rates of pay giving a good overall indication of the gender pay gap, whilst the median takes the value at the midpoint of a list of all hourly rates and provides a better representation of the 'typical' pay gap that is not skewed by the highest and lowest rates. Formulas used for each analysis are provided in the relevant sections.

4.1 Gender Pay Gap

Of 11093 substantive employees, 9167 (82.6%) are female and 1926 (17.4%) are male. The percentage pay gap is the difference in the hourly rate of pay, expressed as a percentage of the hourly rate for male employees (A = mean or median hourly rate of pay for male employees, B = mean or median rate of pay for female employees).

$$Average\ \%\ Pay\ Gap = \frac{A - B}{A} * 100$$

A positive percentage pay gap identifies that male employees have higher average or median rates of pay compared to female employees. Table 1 shows a summary of the gender pay gap analysis by staff group.

	Female			Male			Combined				
Staff Group	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Average Variance M to F (£ and %)**	**Median Variance M to F (£ and %)**	**Employee Count**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**
Agenda for Change	8785 (84.5%)	£19.27	£16.53	1607 (15.5%)	£19.62	£16.53	£0.35 (1.78%)	£0.00 (0.00%)	10392	£19.32	£16.53
Medical & Dental	336 (52.4%)	£50.92	£54.02	305 (47.6%)	£55.78	£60.84	£4.86 (8.71%)	£6.82 (11.21%)	641	£53.23	£57.14
TUPE	32 (84.2%)	£18.82	£18.27	6 (15.8%)	£14.79	£12.74	-£4.03 (-27.25%)	-£5.53 (-43.41%)	38	£18.18	£18.03
Senior Managers	14 (63.6%)	£51.31	£49.86	8 (36.4%)	£51.96	£50.31	£0.65 (1.25%)	£0.45 (0.89%)	22	£51.55	£50.31
Total	**9167 (82.6%)**	**£20.48**	**£16.53**	**1926 (17.4%)**	**£25.47**	**£20.60**	**£4.99 (19.59%)**	**£4.07 (19.76%)**	**11093**	**£21.34**	**£16.53**

Table 1 – NHSH Gender Pay Gap Analysis by Staff Group December 2024

4.2 Agenda For Change

Of 11093 substantive employees, 10392 (93.7%) are in the Agenda for Change category. Table 2 shows a summary of the average and median differences in hourly basic rate for males and females.

Agenda for Change	Female	Male	Difference	% Pay Gap
	N = 8785	N = 1607		
Average Basic Hourly Rate	£19.27	£19.62	£0.35	1.78%
Median Basic Hourly Rate	£16.53	£16.53	£0.00	0.00%

Table 2 – Summary of Agenda for Change Gender Pay Gap Analysis December 2024

Male staff within Agenda for Change receive £0.35 more on the average hourly rate but the median hourly rates are identical, suggesting 'typical' rates of pay are broadly similar. As shown in table 3 below, the average basic hourly rate is higher for males in most job families, and where it is higher for females the difference is very small (< 2% in all cases). The percentage differences are largest for Administrative Services and Support Services.

	Female			Male			Combined				
Job Family	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Average Variance M to F (£ and %)**	**Median Variance M to F (£ and %)**	**Employee Count**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**
Administrative Services	1733 (85.0%)	£17.71	£15.09	305 (15.0%)	£21.43	£20.60	£3.72 (17.36%)	£5.51 (26.75%)	2038	£18.26	£15.09
Allied Health Profession	699 (88.3%)	£22.45	£25.21	93 (11.7%)	£23.97	£25.21	£1.52 (6.34%)	£0.00 (0.00%)	792	£22.63	£25.21
Dental Support	182 (99.5%)	£17.78	£16.41	<= 10 (0.5%)	£17.66	£17.66	-£0.12 (-0.68%)	£1.25 (7.08%)	183	£17.78	£16.42
Healthcare Sciences	209 (58.5%)	£21.62	£20.69	148 (41.5%)	£21.21	£16.53	-£0.41 (-1.93%)	-£4.16 (-25.17%)	357	£21.45	£20.60
Medical Support	28 (56.0%)	£20.19	£20.60	22 (44.0%)	£21.43	£20.60	£1.24 (5.79%)	£0.00 (0.00%)	50	£20.74	£20.60
Nursing & Midwifery	3812 (91.0%)	£20.12	£20.60	377 (9.0%)	£20.10	£20.60	-£0.02 (-0.10%)	£0.00 (0.00%)	4189	£20.12	£20.60
Other Therapeutic	327 (82.4%)	£26.28	£26.25	70 (17.6%)	£26.79	£26.25	£0.51 (1.90%)	£0.00 (0.00%)	397	£26.37	£26.25
Personal and Social Care	1115 (89.4%)	£17.55	£15.03	132 (10.6%)	£18.64	£15.09	£1.09 (5.85%)	£0.06 (0.40%)	1247	£17.67	£15.03
Support Services	680 (59.7%)	£14.25	£13.87	459 (40.3%)	£15.76	£13.87	£1.51 (9.58%)	£0.00 (0.00%)	1139	£14.86	£13.87
Total	**8785 (84.5%)**	**£19.27**	**£16.53**	**1607 (15.5%)**	**£19.62**	**£16.53**	**£0.35 (1.78%)**	**£0.00 (0.00%)**	**10392**	**£19.32**	**£16.53**

Table 3 – Agenda for Change Gender Pay Gap Analysis December 2024 by Job Family

4.3 Medical and Dental

Of 11093 substantive employees, 641 (5.8%) are in the Medical and Dental category. Table 4 shows a summary of the average and median differences in hourly basic rate for males and females.

Medical & Dental	Female	Male	Difference	% Pay Gap
	N = 336	N = 305		
Average Basic Hourly Rate	£50.92	£55.78	£4.86	8.71%
Median Basic Hourly Rate	£54.02	£60.84	£6.82	11.21%

Table 4 – Summary of Medical and Dental Gender Pay Gap Analysis December 2024

Medical and Dental staff show a gender pay gap in favour of male staff for both average hourly rate and median hourly rate.

	Female			Male			Combined				
Job Role	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Average Variance M to F (£ and %)**	**Median Variance M to F (£ and %)**	**Employee Count**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**
Dental	30 (63.8%)	£42.37	£39.92	17 (36.2%)	£45.74	£48.41	£3.37 (7.37%)	£8.49 (17.54%)	47	£43.59	£39.92
GP / GP Appraiser	81 (63.3%)	£56.43	£57.50	47 (36.7%)	£57.65	£57.50	£1.22 (2.12%)	£0.00 (0.00%)	128	£56.88	£57.50
Consultant	136 (42.0%)	£60.57	£60.84	188 (58.0%)	£63.11	£64.55	£2.54 (4.02%)	£3.71 (5.75%)	324	£62.04	£60.84
Associate Specialist	<= 10 (85.7%)	£52.38	£52.38	<= 10 (14.3%)	£52.38	£52.38	£0.00 (0.00%)	£0.00 (0.00%)	<= 10	£52.38	£52.38
Specialty Dr	50 (68.5%)	£38.69	£39.40	23 (31.5%)	£39.97	£42.83	£1.28 (3.20%)	£3.43 (8.01%)	73	£39.09	£42.25
Specialty Registrar	33 (53.25)	£23.68	£21.82	29 (46.8%)	£23.71	£21.82	£0.03 (0.13%)	£0.00 (0.00%)	62	£23.69	£21.82
Total	**336 (52.4%**	**£50.92**	**£54.02**	**305 (47.6%)**	**£55.78**	**£60.84**	**£4.86 (8.71%)**	**£6.82 (11.21%)**	**641**	**£53.23**	**£57.14**

Table 5 - Medical and Dental Gender Pay Gap Analysis December 2024 by role

Table 5 shows a further breakdown by job role with the average hourly rate again favouring male staff except for the small number of associate specialists and a negligible difference for specialty registrar. The largest percentage differences are observed in Dental for both average and median hourly rates.

4.4 Senior Managers

There are 22 employees in the Senior Managers category. Table 6 shows a summary of the average and median differences in hourly basic rate for males and females.

Senior Managers	Female	Male	Difference	% Pay Gap
	N = 14	N = 8		
Average Basic Hourly Rate	£51.31	£51.96	£0.65	1.25%
Median Basic Hourly Rate	£49.86	£50.31	£0.45	0.89%

Table 6 – Summary of Senior Managers Gender Pay Gap Analysis December 2024

Senior managers show a gender pay gap in favour of male staff for both average hourly rate and median hourly rate.

4.5 Overall Gender Pay Gap

Table 7 below summarises the average and median gender pay gap for the 11093 substantive employees.

NHS Highland	Female	Male	Difference	% Pay Gap
	N = 9167 (82.6%)	N = 1926 (17.4%)		
Average Basic Hourly Rate	£20.48	£25.47	£4.99	19.59%
Median Basic Hourly Rate	£16.53	£20.60	£4.07	19.76%

Table 7 – NHSH Gender Pay Gap Analysis December 2024

The average pay gap is calculated from the hourly rates of all individual employees which includes the lowest and highest rates across the entire organisation to provide an overall indication of the size of the gender pay gap. The median uses the same rates but is not skewed by the lowest and highest rates and therefore provides a more 'typical' representation of the gap. Whilst the gender pay gap is small for Agenda for Change and Senior Managers (average gap of 1.78% and 1.25% respectively), the size of the overall pay gap is driven by the larger disparity between male and female pay for Medical and Dental employees. Of the 1926 males within the organisation, 305 (15.8%) work in Medical and Dental roles, whereas of the 9167 females, 336 (3.7%) work in Medical and Dental roles. The smaller proportion of females in the highest earning roles drives the gender pay gap to be wider for the overall organisation.

5 Disability Pay Gap Analysis

Of 11093 substantive employees, 175 (1.6%) have identified themselves as having a disability whilst 7819 (70.5%) have not. Of the remaining 3099, 1533 (13.8%) answered 'Prefer not to say' and 1566 (14.1%) have not answered. For this analysis, those employees who have answered 'Prefer not to say' or have not answered are excluded, leaving 7994 substantive employees included.

The percentage pay gap is the difference in the hourly rate of pay, expressed as a percentage of the hourly rate for non-disabled employees (A = mean or median hourly rate of pay for non-disabled employees, B = mean or median rate of pay for disabled employees).

$$Average\ \%\ Pay\ Gap = \frac{A - B}{A} * 100$$

A positive percentage pay gap identifies that non-disabled employees have higher average or median rates of pay compared to disabled employees. Table 8 shows a summary of the disability pay gap analysis by staff group.

	Yes			No			Combined				
Staff Group	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Average Variance (£ and %)**	**Median Variance (£ and %)**	**Employee Count**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**
Agenda for Change	165 (2.2%)	£18.44	£16.42	7292 (97.8%)	£19.38	£16.53	£0.94 (4.85%)	£0.11 (0.67%)	7457	£19.36	£16.53
Medical & Dental	10 (1.9%)	£49.08	£57.14	503 (98.1%)	£52.52	£57.14	£3.44 (6.55%)	£0.00 (0.00%)	513	£52.45	£57.14
TUPE	0 (0.0%)	N/A	N/A	8 (100.00%)	£18.32	£19.29	N/A	N/A	8	£18.32	£19.29
Senior Managers	0 (0.0%)	N/A	N/A	16 (100.00%)	£51.83	£50.31	N/A	N/A	16	£51.83	£50.31
Total	**175 (2.2%)**	**£20.19**	**£16.42**	**7819**	**£21.58**	**£17.66**	**£1.39 (6.44%)**	**£1.24 (7.02%)**	**7994**	**£21.54**	**£17.66**

Table 8 – NHSH Disability Pay Gap Analysis by Staff Group December 2024

5.1 Agenda for Change

Of 7994 substantive employees included, 7457 (93.3%) are in the Agenda for Change category. Table 9 shows a summary of the average and median differences in hourly basic rate for those who identify as disabled and those who do not.

Agenda for Change	Yes	No	Difference	% Pay Gap
	N = 165	N = 7292		
Average Basic Hourly Rate	£18.44	£19.38	£0.94	4.85%
Median Basic Hourly Rate	£16.42	£16.53	£0.11	0.67%

Table 9 – Summary of Agenda for Change Disability Pay Gap Analysis December 2024

Non-disabled staff within Agenda for Change receive £0.94 more on the average hourly rate but the median hourly rates show a smaller difference of £0.11. As shown in table 10 below, the average basic hourly rate is higher for non-disabled employees in most job families. However, the total median pay gap is small, and the breakdown by job family leads to small figures for comparison which can skew the average and median values.

	Yes			No			Combined				
Job Family	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Employee Count and %**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**	**Average Variance (£ and %)**	**Median Variance (£ and %)**	**Employee Count**	**Average Basic Hourly Rate**	**Median Basic Hourly Rate**
Administrative Services	49 (3.2%)	£17.44	£15.03	1482 (96.8%)	£18.18	£15.09	£0.74 (4.07%)	£0.06 (0.40%)	1531	£18.15	£15.09
Allied Health Profession	13 (2.2%)	£19.49	£16.53	590 (97.8%)	£22.30	£25.21	£2.81 (12.60%)	£8.68 (34.43%)	603	£22.24	£21.60
Dental Support	<= 10 (0.7%)	£16.42	£16.42	145 (99.3%)	£17.58	£16.42	£1.16 (6.60%)	£0.00 (0.00%)	146	£17.58	£16.42
Healthcare Sciences	<= 10 (2.4%)	£18.12	£15.09	279 (97.6%)	£21.45	£20.60	£3.33 (15.52%)	£5.51 (26.75%)	286	£21.36	£19.75
Medical Support	<= 10 (2.5%)	£31.16	£31.16	39 (97.5%)	£20.33	£20.60	-£10.83 (-53.27%)	-£10.56 (-51.26%)	40	£20.60	£20.60
Nursing & Midwifery	53 (1.7%)	£19.17	£16.53	3102 (98.3%)	£20.04	£20.60	£0.87 (4.34%)	£4.07 (19.76%)	3155	£20.03	£20.60
Other Therapeutic	<= 10 (2.2%)	£25.87	£20.60	313 (97.8%)	£26.25	£26.25	£0.38 (1.45%)	£5.65 (21.52%)	320	£25.96	£26.25
Personal and Social Care	14 (2.4%)	£20.21	£20.87	567 (97.6%)	£17.59	£15.09	-£2.62 (-14.89%)	-£5.78 (-38.30%)	581	£17.66	£15.09
Support Services	20 (2.5%)	£14.02	£13.87	775 (97.5%)	£15.02	£13.87	£1.00 (6.66%)	£0.00 (0.00%)	795	£15.00	£13.87
Total	**165 (2.2%)**	**£18.44**	**£16.42**	**7292 (97.8%)**	**£19.38**	**£16.53**	**£0.94 (4.85%)**	**£0.11 (0.67%)**	**7457**	**£19.36**	**£16.53**

Table 10 – Agenda for Change Disability Pay Gap Analysis December 2024 by Job Family

5.2 Medical and Dental

Of 7994 substantive employees included in the disability pay gap analysis, 513 (6.4%) are in the Medical and Dental category. Table 11 shows a summary of the average and median differences in hourly basic rate for those who identify as disabled and those who do not.

Medical & Dental	Yes	No	Difference	% Pay Gap
	N = 10	N = 503		
Average Basic Hourly Rate	£49.08	£52.52	£3.44	6.55%
Median Basic Hourly Rate	£57.14	£57.14	£0.00	0.00%

Table 11 – Summary of Medical and Dental Disability Pay Gap Analysis December 2024

Medical and Dental staff show a pay gap in favour of non-disabled staff for average hourly rate. However, median hourly rate is identical suggesting 'typical' hourly rates are broadly similar.

We are unable to provide occupational segregation data due to the small numbers of persons who have recorded themselves as disabled which could lead to persons being identifiable and therefore breach GDPR regulations.

5.3 Senior Managers

As there are no Senior Managers who have identified as disabled within the substantive NHSH workforce, no further analysis for disability pay gap is included on this employee group.

5.4 Overall Disability Pay Gap

Table 12 below summarises the average and median disability pay gap for the 7994 substantive employees who have identified as having a disability or not.

NHS Highland	Yes	No	Difference	% Pay Gap
	N = 175	N = 7819		
Average Basic Hourly Rate	£20.19	£21.58	£1.39	6.44%
Median Basic Hourly Rate	£16.42	£17.66	£1.24	7.02%

Table 12 – NHSH Disability Pay Gap Analysis December 2024

The average pay gap is calculated from the hourly rates of all individual employees which includes the lowest and highest rates across the entire organisation to provide an overall indication of the size of the disability pay gap. The median uses the same rates but is not skewed by the lowest and highest rates and therefore provides a more 'typical' representation of the gap.

6 Ethnic Minority Pay Gap Analysis

Of 11093 substantive employees, 8170 (73.7%) have provided data on their ethnic group whilst 2923 (26.3%) have not. For this analysis, those employees who have answered 'Prefer not to say' (1019, 9.2%) or have not answered (1904, 17.2%) are excluded, leaving 8170 substantive employees included.

The percentage pay gap is the difference in the hourly rate of pay, expressed as a percentage of the hourly rate for White British employees (A = mean or median hourly rate of pay for White British employees, B = mean or median rate of pay for minority group employees).

$$Average\ \%\ Pay\ Gap = \frac{A - B}{A} * 100$$

A positive percentage pay gap identifies that White British employees have higher average or median rates of pay compared to minority group employees. Table 13 shows the average and median pay gap for each of the minority groups when compared to the White British group. Note that the TUPE group is not included as all eight employees in this category who have identified their ethnic group fall into the White British group so there is no gap to calculate.

Ethnic Group & Staff Group	Employee Count and %	Average Basic Hourly Rate	Median Basic Hourly Rate	White British Employee Count and %	White British Average Basic Hourly Rate	White British Median Basic Hourly Rate	Average Variance to White British (£ and %)	Median Variance to White British (£ and %)
Agenda for Change								
Asian	127 (1.7%)	£18.12	£16.42	6764 (88.7%)	£19.57	£16.53	£1.45 (7.41%)	£0.11 (0.67%)
Black	122 (1.6%)	£16.67	£16.53	6764 (88.7%)	£19.57	£16.53	£2.90 (14.82%)	£0.00 (0.00%)
Mixed / Other	59 (0.8%)	£20.36	£16.53	6764 (88.7%)	£19.57	£16.53	-£0.79 (-4.04%)	£0.00 (0.00%)
White Other	556 (7.3%)	£18.48	£16.42	6764 (88.7%)	£19.57	£16.53	£1.09 (5.57%)	£0.11 (0.67%)
AfC Total	**864 (11.3%)**	**£18.30**	**£16.42**	**6764 (88.7%)**	**£19.57**	**£16.53**	**£1.27 (6.49%)**	£0.11 (0.67%)

Medical and Dental								
Asian	60 (11.6%)	£47.77	£54.02	344 (66.7%)	£54.27	£57.14	£6.50 (11.98%)	£3.12 (5.46%)
Black	11 (2.1%)	£39.64	£39.40	344 (66.7%)	£54.27	£57.14	£14.63 (26.96%)	£17.74 (31.05%)
Mixed / Other	27 (5.2%)	£50.05	£57.14	344 (66.7%)	£54.27	£57.14	£4.22 (7.78%)	£0.00 (0.00%)
White Other	74 (14.3%)	£52.43	£57.14	344 (66.7%)	£54.27	£57.14	£1.84 (3.39%)	£0.00 (0.00%)
Medical & Dental Total	**172 (33.3%)**	**£49.61**	**£55.58**	**344 (66.7%)**	**£54.27**	**£57.14**	**£4.66 (8.59%)**	**£1.56 (2.73%)**
Senior Managers								
Asian	0 (0.0%)	N/A	N/A	16 (88.9%)	£50.83	£50.31	N/A	N/A
Black	0 (0.0%)	N/A	N/A	16 (88.9%)	£50.83	£50.31	N/A	N/A
Mixed / Other	0 (0.0%)	N/A	N/A	16 (88.9%)	£50.83	£50.31	N/A	N/A
White Other	<= 10 (11.1%)	£58.28	£58.28	16 (88.9%)	£50.83	£50.31	-£7.45 (-14.66%)	-£7.97 (-15.84%)
Senior Managers Total	**<= 10 (11.1%)**	**£58.28**	**£58.28**	**16 (88.9%)**	**£50.83**	**£50.31**	**-£7.45 (-14.66%)**	**-£7.97 (-15.84%)**
NHSH								
Asian	187 (2.3%)	£27.63	£20.69	7132 (87.3%)	£21.31	£17.66	-£6.62 (-29.66%)	-£3.03 (-17.16%)
Black	133 (1.6%)	£18.57	£16.53	7132 (87.3%)	£21.31	£17.66	£2.74 (12.86%)	£1.13 (6.40%)
Mixed / Other	86 (1.1%)	£29.68	£21.60	7132 (87.3%)	£21.31	£17.66	-£8.37 (-39.28%)	-£3.94 (-22.31%)
White Other	632 (7.7%)	£22.58	£16.53	7132 (87.3%)	£21.31	£17.66	-£1.27 (-5.96%)	£1.13 (6.40%)
NHSH Total	**1038 (12.7%)**	**£23.56**	**£16.53**	**7132 (87.3%)**	**£21.31**	**£17.66**	**-£2.25 (-10.56%)**	**£1.13 (6.40%)**

Table 13 – NHSH Minority Group Pay Gap to White British group December 2024

Table 13 shows that within the Agenda for Change pay group which holds the vast majority of NHSH employees, the median pay gap for all minority groups when compared to White British is zero or very small (< 1% in all cases). Medical and Dental shows an average pay gap in favour of the White British group when compared to all other minority groups, though the median pay gap is the same for two of the four minority groups. However, looking at NHSH as a whole shows a positive average and median pay gap in favour of Asian, Mixed / Other and White Other when compared to White British. This is driven by a larger proportion of these minority groups falling into the Medical and Dental category which has much higher average and median rates of pay.

Job Family	Ethnic Group	Employee Count	Employee %	Average Hourly Rate	Median Hourly Rate
Administrative Services	Asian	22	0.3%	£17.01	£15.09
Administrative Services	Black	<= 10	0.1%	£22.74	£22.94
Administrative Services	Mixed/Other	14	0.2%	£16.37	£15.06
Administrative Services	White Other	94	1.2%	£17.63	£15.09
Administrative Services	White British	1427	18.7%	£18.28	£15.09
Administrative Services	**Total**	**1561**	**20.5%**	**£18.22**	**£15.09**
Allied Health Profession	Asian	<= 10	0.1%	£21.89	£20.69
Allied Health Profession	Black	<= 10	0.1%	£19.22	£18.61
Allied Health Profession	Mixed/Other	<= 10	0.1%	£23.50	£25.21
Allied Health Profession	White Other	40	0.5%	£22.26	£21.60
Allied Health Profession	White British	566	7.4%	£22.36	£25.21
Allied Health Profession	**Total**	**629**	**8.2%**	**£22.32**	**£25.21**
Dental Support	Asian	<= 10	< 0.1%	£15.09	£15.09
Dental Support	Black	<= 10	< 0.1%	£20.60	£20.60
Dental Support	Mixed/Other	0	0.0%	N/A	N/A
Dental Support	White Other	<=10	0.1%	£15.52	£15.09
Dental Support	White British	150	2.0%	£17.62	£16.42
Dental Support	**Total**	**159**	**2.1%**	**£17.53**	**£16.42**
Healthcare Sciences	Asian	<= 10	0.1%	£20.36	£18.55
Healthcare Sciences	Black	<= 10	0.1%	£16.98	£15.81
Healthcare Sciences	Mixed/Other	<= 10	0.1%	£27.13	£17.86
Healthcare Sciences	White Other	33	0.4%	£19.33	£16.42
Healthcare Sciences	White British	242	3.2%	£21.56	£20.60
Healthcare Sciences	**Total**	**295**	**3.9%**	**£21.30**	**£17.66**
Medical Support	Asian	<= 10	< 0.1%	£25.29	£25.29
Medical Support	Black	0	0.0%	N/A	N/A
Medical Support	Mixed/Other	0	0.0%	N/A	N/A
Medical Support	White Other	<= 10	< 0.1%	£25.03	£26.25
Medical Support	White British	34	0.4%	£20.07	£20.60

Medical Support	**Total**	**38**	**0.5%**	**£20.60**	**£20.60**
Nursing/Midwifery	Asian	47	0.6%	£17.21	£16.53
Nursing/Midwifery	Black	76	1.0%	£16.12	£16.53
Nursing/Midwifery	Mixed/Other	22	0.3%	£19.42	£20.60
Nursing/Midwifery	White Other	220	2.9%	£18.98	£16.53
Nursing/Midwifery	White British	2889	37.9%	£20.31	£20.60
Nursing/Midwifery	**Total**	**3254**	**42.7%**	**£20.07**	**£20.60**
Other Therapeutic	Asian	<= 10	0.1%	£26.65	£26.25
Other Therapeutic	Black	<= 10	< 0.1%	£36.79	£36.79
Other Therapeutic	Mixed/Other	<= 10	0.1%	£28.30	£26.38
Other Therapeutic	White Other	33	0.4%	£26.53	£25.29
Other Therapeutic	White British	277	3.6%	£25.61	£26.25
Other Therapeutic	**Total**	**326**	**4.3%**	**£25.82**	**£26.25**
Personal and Social Care	Asian	<= 10	0.1%	£17.27	£13.93
Personal and Social Care	Black	23	0.3%	£15.52	£15.03
Personal and Social Care	Mixed/Other	<= 10	< 0.1%	£13.87	£13.87
Personal and Social Care	White Other	44	0.6%	£16.68	£15.03
Personal and Social Care	White British	482	6.3%	£18.22	£15.09
Personal and Social Care	**Total**	**560**	**7.3%**	**£17.97**	**£15.09**
Support Services	Asian	18	0.2%	£14.91	£13.87
Support Services	Black	<= 10	< 0.1%	£15.80	£13.93
Support Services	Mixed/Other	<= 10	0.1%	£16.13	£13.87
Support Services	White Other	83	1.1%	£13.66	£13.87
Support Services	White British	697	9.1%	£15.11	£13.87
Support Services	**Total**	**806**	**10.6%**	**£14.97**	**£13.87**

Table 14 - Occupational Segregation Data by Ethnicity

7 Conclusion

The report on pay gap helps NHS Highland understand the size and causes in pay gaps and identify any issues that need to be addressed to reduce them. Having a pay gap doesn't necessarily mean that unlawful discrimination is happening. Monitoring pay gaps will help NHS Highland understand the reasons for any gap and consider whether there is a need to develop action plans to address the causes. By continuing to publish and monitor the gender pay gap, in line with the regulations, it will help NHS Highland monitor how effective our actions are in reducing it. The actions contained within the NHS Highland EDI Workforce Strategy 2025-2028, NHS Highland Employability Strategy 2025 – 2028 and the NHS Highland Equality Outcomes 2025-2029 should address some of the circumstances which can contribute to pay gaps.

8 Recommendations

The Gender Pay Gap Report and Equal Pay Statement is a publication that can encourage better evidence-informed decision making with increased transparency and accountability that will lead to a real change. The NHS Highland Staff Governance Committee will be asked to endorse the content of the report.

9 Publicising The Report

The Gender Pay Gap Report and Equal Pay Statement will be submitted to the NHS Highland Area Partnership Forum and the NHS Highland Staff Governance Committee for approval. The report will be available on the NHS Highland website once approved.

10 Comments and Feedback

All comments on the report will be warmly welcomed.

By email to: nhsh.EDIteam@nhs.scot

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11 Acknowledgements

Grateful thanks are expressed to the many staff who assisted in the compilation of this report –

- Chloe Cuthbertson, Workforce Systems Analyst
- Chris Madej, Payroll Manager
- Paul Maber, Workforce Systems Manager
- Kevin Colclough, Head of People Planning, Analytics and Reward

Report written by:

Gayle Macrae
Equality, Diversity and Inclusion Lead - Workforce
NHS Highland
January 2025

Agenda Item 13

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 March 2025**
Title:	**NHS Highland Equalities Outcomes & Mainstreaming Progress Report 2021-2025**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gayle Macrae, EDI Lead - Workforce**

Report Recommendation:

The Board are asked to

- **Note** – The content of the report.
- **Assurance** – Take **Moderate Assurance** the content of the report provides confidence of compliance with legislation, policy and Board objectives.
- **Approve** – The Equalities Outcomes and Mainstreaming report prior to submission and publication to meet the legal requirement.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- Legal Requirement
- 5 Year Strategy, Together We Care, with you, for you

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	X	Listen Well		Nurture Well	X	Plan Well	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

NHS Highland published its last set of equality outcomes in April 2021 for the four-year period to 2025. A progress report was published in April 2023. These reports can be found on NHS Highland's website.

The outcomes set for the four year period were –

- Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.
- Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.
- Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The progress report 2021-2025 (Appendix 1) describes the progress made against the 3 outcomes, as well as progress towards mainstreaming of equality within NHS Highland.
Mainstreaming is the incorporation of the general equality duties within the functions of an organisation. NHS Highland must take equality into account in everything that it does as an employer, provider and commissioner of services.
The report also includes initiatives undertaken to create an inclusive environment for our colleagues. Information regarding these areas was provided by members of our People and Culture Team.

2.2 Background

The Equality Act 2010 (Specific Duties) (Scotland) came into force in May 2012. These specific duties are designed to help public sector organisations meet the general equality duty effectively. The key legal duties that NHS Highland must meet include –

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress

- Assess and review policies and practices
- Gather and use employee information
- Publish gender gap pay information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

As well as meeting our obligations in regard to the Specific Duties Act, the work contained within the report also links into the Nurture Well outcome within the Together We Care Strategy and the Annual Delivery Plan 2024-25.

A short life working group was formed to gather information to compile the Highland Equality Mainstreaming and Outcomes Report for the NHS Highland Board. This group linked in with the NHS Highland Equality, Diversity and Inclusion Oversight group to collaborate on the production of the report.

2.3 Assessment

The full report is included as an appendix to this paper. Some key highlights from the report include:

- NHS Highland Working Carers Network established to support staff who undertake the role of Unpaid Carer. The network meets online, on the last Thursday of every month, providing peer support and the opportunity to access additional support and advice. It has also been a useful way to involve Unpaid Carers in the development of the Carer's Strategy and related policies.
- Launch of a new mandatory training module for all staff, "Introduction to Equality, Diversity and Human Rights". Developed by NHS Education for Scotland, this module aims to educate staff in how to Identify discrimination, harassment and inappropriate behaviour in the workplace and identify actions that can be taken to challenge and prevent it
- An Equality, Diversity and Inclusion Workforce Strategy for 2025-2028 was developed in the latter half of 2024. Its launch is anticipated for April 2025, to coincide with the launch of the next set of Equality Outcomes.
- The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Since the launch in 2021 over 800 NHS Highland staff members have signed up to the scheme.
- Launch and promotion of a new "Cultural Humility" training module in November 2023 for all staff. Developed by NHS Education for Scotland, this module aims to educate staff in the concepts that underpin cultural humility, and behaviours to develop an inclusive workplace.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

Some actions were not achieved within the 2021-2025 cycle and these have been carried forward into the 2025-2029 Equality Outcomes.

3 Impact Analysis

3.1 Quality/ Patient Care

The report provides information on the equalities progress for the population within NHS Highland. The interventions identified in the report should have positive impacts for those protected under the Equality (Scotland) Act 2010 in accessing early intervention, prevention, information and services. This report will raise awareness of NHS Highland's commitment to equalities.

3.2 Workforce

The report provides information of the progress within NHS Highland's policy and practise to improve on the equalities provision which should provide a positive impact for all the workforce, particularly those protected under the Equality (Scotland) Act 2010. This report will raise awareness of NHS Highland's commitment to equalities.

3.3 Financial

No financial impact identified.

3.4 Risk Assessment/Management

If the information contained within the report is not used to further the 3 needs as set out in the General Equality Duty, then the organisation risks not meeting its legal obligations in respect of Section 149 of the Equality Act 2010 (the public sector equality duty).

3.5 Data Protection

Personally identifiable information has not been included in the interim report.

3.6 Equality and Diversity, including health inequalities

Publishing the interim report is a legal duty of the Equality Act 2010 and states the progress made by NHS Highland against the Mainstreaming and Board's equality outcomes.

The report describes interventions that support the Fairer Scotland Duty, under Part 1 of the Equality Act 2010 that aim to reduce inequalities of outcome, caused by socioeconomic disadvantage.

An impact assessment has not been completed because it is not required for reporting for the progress report.

3.7 Other impacts

No other impacts identified.

3.8 Communication, involvement, engagement and consultation

A working group was formed, made up of representatives from various disciplines in NHS Highland. The group collaborated to produce the report and will continue to work closely together to realise the ambitions contained within the Nurture Well strategic outcome.

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.

- People and Culture Portfolio Board 27th January 2025
- Population Health Programme Board 29th January 2025
- Equality, Diversity and Inclusion Oversight Group 31st January 2025
- Area Partnership Forum 14th February 2025
- Staff Governance Committee 4th March 2025

4.1 List of appendices

The following appendices are included with this report:

- NHS Highland Equality Outcome and Mainstreaming Progress Report 2021-2025

Equality Outcomes and Mainstreaming Equalities Report 2021-2025

Progress towards outcomes – 2021-2025

NHS Highland published its last set of equality outcomes in April 2021, with a progress report published in April 2023, for the four-year period to 2025. These reports can be found on NHS Highland's website. By looking at the available evidence and in consultation with key partners, three outcomes were identified as priority areas for improvement over the four-year reporting period. The specific duties require us to review progress in meeting our equalities outcomes every two years. Following on from our progress report published in 2023, we can share a final update on progress towards mainstreaming equalities outcomes from 2021-2025 below.

The outcomes set for the four-year period were:

Outcome 1: In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

Outcome 2: In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it

Outcome 3: In Highland, people from identified groups will have more control over the care and services they receive.

In the process of reviewing previous outcomes and gathering information about our achievements towards them, we have learned some key lessons we intend to take forward in mainstreaming equalities work. Looking back, it's clear there is some great success in many areas towards mainstreaming equality. However, where we have not succeeded, themes of staffing changes, COVID redeployment and recovery, a lack of identified responsible person or lack of awareness of the outcomes have been barriers to successfully taking actions.

We would like to thank all those who contributed to the mainstreaming of equalities in their actions, and in the reporting of these actions for this document.

Outcome 1

In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

Key Achievements

Planet Youth

Highland is a part of the national pilot of Planet Youth in Scotland and NHS Highland have supported with establishing Planet Youth community groups in 5 schools. Most schools in the pilot areas have engaged with the program, and all have viewed their school reports. Work is being progressed on how to effectively use the data.

Improving the Mental Health and Resilience of Young People is one of the actions identified by each group. The Planet Youth team are working closely with local young people's support services Mikeysline, Change MH and Kooth. The team are engaging in discussions to support Mikeysline with a resilience training programme within schools, and to support Change MH with the roll out of Parent and child 4-week resilience programme, previously piloted by CAMHS.

The Planet Youth team is also working with young people who do not attend school at Airport House in Wick. The Planet Youth team have recognised that young people, in particular non-binary students, are more affected by bullying and poor mental health, and are establishing links with the Highland Educational Psychology team to see how they can support delivering training in this area.

The Planet Youth team conduct a survey every 2 years asking young people about their experiences, with their 2023 results highlighting the impact of mental health and bullying on young people. The team delivered a Bullying webinar incorporating Planet Youth bullying and Mental Health data. This was co-hosted with Safe, Strong and Free on 30th October 2024 - 101 people registered, 65 people attended on the day and the webinar has been uploaded onto Vimeo and shared in both the newsletter and on social media.

Planet Youth supported Highland Youth Parliament (HYP) conference in 2024, giving young people a chance to get together to talk about issues important to them and discuss ways they can make changes in these areas. The Health Improvement Smoking Cessation team, supported by Planet Youth, ran a session on Vaping, and Health impacts, peer pressure and choices young people make were discussed.

The Promise

In 2020, Scotland made a promise to care experienced children and young people: that they would grow up safe, loved and respected. In 2024, the UNCRC (Incorporation) (Scotland) Act came into force. NHS Highland have progressed outcome 1 through it's children's rights work and work to #keepthepromise by:

- Making a commitment to collaborative working to #keepthepromise under the Thrive Well outcome in the Together We Care Strategy (2022-2027)

- NHSH representation on the Highland Council Promise Board, which has undertaken an extensive range of work to raise awareness, support workforce development and facilitate the participation of care experienced children and young people in decision making
- Including additional considerations of children's UNCRC rights added to Impact Assessments templates in 2024
- Participation in the Northern Collaborative and NHS Promise Network facilitated by Promise Scotland to strengthen and support NHS contribution to achieving Plan 24-30
- Information on the Promise and what health staff can do to #keepthepromise circulated in Chief Executive cascade, with managers asked to convey information to staff
- New Children's Rights section added to NHSH intranet with reference to The Promise
- Work is currently being progressed to develop an NHSH Promise improvement plan that will align and compliment HSCP plans and activity.
- NHSH UNCRC improvement plan has been developed to complement HSCP's plans and will be supported by a communications plan (in development).
- Incorporation of UNCRC has been supported by promotion of the relevant TURAS module and uptake of national NES awareness raising sessions along with bespoke local sessions tailored to staff teams working in children and some adult services. Progressing a rights-based approach is central to the realisation of children's rights with all resources underpinned by a commitment to children's empowerment as a means to greater; equality, fairness, opportunities to achieve their potential and being able to live lives free from fear, harassment, violence and discrimination.

Perinatal and Infant Mental Health Service

The Infant Mental Health service has been established as part of a wider Perinatal Mental Health Team. The team consists of:

- Clinical Psychologists - x 2 WTE
- Perinatal Mental Health Nurses - x 2 WTE
- Specialist Midwife - x 1 WTE
- Parent-infant therapist - x 0.8 WTE

The team fulfils the functions of Community Perinatal Mental Health, Maternity & Neonatal Psychological Interventions, and Infant Mental Health.

Within the context of Infant Mental Health, the team is currently unable to deliver direct interventions with infants and families but has been able to enhance the capacity of other NHS, Local Authority and Third Sector colleagues to deliver this work via several different interventions including reflective practice sessions, CPD & consultation. Significant development work has been undertaken, with key projects detailed below.

- Working with Public Health to design Trauma training that includes Infant Mental Health for all public services.
- Working with The Promise Highland to deliver Infant Mental Health training across public services in one rural area (Lochaber). This will build on intensive IMH training, supported by reflective practise in groups mixed professionals of services. Services

identified will include Police, Social services (Care and Learning), Education, 2x Third Sector organisations, Health Visiting and Midwifery. Delivery is planned for February 2025.

- Beginning in January 2025, Infant Mental Health training will be delivered to Prison Officers who support prisoner family contact, with the aim of moving to reflective practice.
- Working with the Third Scots Battalion Welfare Office to collate needs for staff/Armed Forces families around gaps in the support for families with infants.
- Supported a funding bid for the Highland Children's Unit to fund an artist in residence to work with and support the well-being for Families (including those with infants) on the Highland Children's Unit, Raigmore Hospital, for six months.
- Working with Care and Protection (Social Services) to include the needs of infants into their Whole Family Well-being assessments.
- Within Argyll & Bute, a Parent-Infant Therapist offers direct Infant Mental Health interventions, and this remains operationally distinct from the Highland Health & Social Care Partnership.

Infant Mental Health Collaborative work:

• Setting up joint Infant Consultation with Early Years Educational Psychologist and Lead for Primary Mental health Worker Service.

• Working with the University of the Highlands and Islands, and Glasgow Caledonian University to deliver Infant Mental Health introductory training as part of HV courses.

• Working with Paediatric Liaison Service within Child & Adolescent Mental Health to deliver collaborative Mental Health training and support (including IMH) to paediatric nurses on Highland Children's Unit.

Training:

NHS Highland currently offers training that aligns to the NES Perinatal Mental Health Training Plan. This has been widely promoted to relevant NHS staff, other statutory partners, third sector and a schedule of training for 2025 has been developed.

	2022-23	2023-24	2024-25
Introduction to Perinatal Infant Health Service (A&B)	N/A	N/A	141
Introduction to Infant Mental Health	26	71	44
Impact of Family Violence on the Infant	N/A	N/A	17
Bonding with Baby	N/A	N/A	12 (parents)

Alcohol and Drugs Partnership work with Midwifery and Women's health

Guidance Updates: Updating the guidance on Substance use, Domestic Abuse and FGM ensures that midwives are equipped with the knowledge to identify and support women from vulnerable groups. This directly enhances access to mental health resources.

Antenatal Alcohol Brief Interventions (ABI): Delivering ABI training to all Community Midwifery Teams ensures that women receive timely support regarding substance use, which is crucial for their mental health and wellbeing.

Drug and Alcohol Awareness Sessions: Regular training sessions on the impact of drugs and alcohol use during pregnancy and breastfeeding empowers midwives with the latest evidence and information, enabling them to provide high-quality care and resources to women.

Streamlined Care Pathways: new care pathways have been developed resulting in improved communication between Obstetric/ Maternity Services and other teams, including the Perinatal & Infant Mental Health Team and the MAT Implementation Group.

Lived/ Living Experience Group: Representatives from the group are currently undertaking revision the current information leaflets and are involved in a trauma-informed walk-through of the Maternity Unit at Raigmore Hospital.

MAT Standards: The Medication Assisted Treatment Standards state that “All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery”.
We have developed an interface protocol designed to give a clear framework where all NHS Highland Substance Use Services, Mental Health Services, LD and Adult Social Care Services can operate consistently regarding the provision of comprehensive services to individuals with Co-occurring Mental Health and Substance Use Disorders.
There is a workshop planned for February 2025 where case scenarios will be discussed bringing services together.

Outcome 2:

In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it

Key Achievements

This outcome was the responsibility of the Highland Violence Against Women Partnership (HVAWP), which is a group of statutory, non-statutory and third sector partners working together to achieve equality for and prevent all forms of violence against women and girls in Highland. The HVAWP reports to the Highland Public Protection Chief Officers Group (HPPCOG) as one of five public protection areas which are:

- Child Protection
- Alcohol, Drugs, and other Substance Use
- Adult Support & Protection
- Violence Against Women including Multi-Agency Risk Assessment Conferences (MARAC)
- MAPPA (Multi Agency Public Protection Arrangements for the management of sexual and/or violent offenders)

In reviewing the achievements towards the previous equality outcomes, the work of key individuals has been the mainstay of success towards achieving a Highland where women and girls live free from violence, abuse and attitudes that perpetuate it.

For the past eight years, NHS Highland has worked towards the same equality objective focused on a long-term goal of tackling violence against women. Considering the increased violence against women and girls globally and the importance of setting effective and achievable goals, the focus for the 2024 – 2027 period will focus on Women's Health and gender equality. We are taking forward the action to achieve the Equally Safe accreditation which was not progressed in this cycle due to a lack of identified lead.

Myra Ross, Health Improvement Specialist, was recently recognised for her "outstanding contribution" to the Highland community by Emma Roddick MSP during the 25th Anniversary of the Scottish Parliament. Myra was chosen for her dedication to tackling gender-based violence and was celebrated as a Local Hero. Myra Ross has also been nominated for The National 16 Days Campaign for best campaign at the Scottish Public Service Awards. Improvement Services have said "Since the Imagine poem and resources were so impactful last year and this year, I think this is definitely a recognition of your work!"

Since 2022, a comprehensive suite of training has been developed and delivered, both face-to-face and online via TURAS. Myra Ross has created bespoke, trauma-informed training which has been recognised at a national level, including the highly regarded 'Spider in the Glass' course. This training function has now been incorporated into NHS Highland's Health Improvement Team, thus ensuring the ongoing sustainability and delivery of this function.

The HVAWP Strategic Plan for 2024-2027 draft has been finalised pending ratification, linking to the Scottish Government's Equally Safe Strategy, the Council of Europe Istanbul Convention and the Highland Outcome Improvement Plan.

- VAWP held a Development Day in September 2024 – the morning session was delivered by Sarah Griffin, Senior Public Health Intelligence Specialist, who

presented on the significant piece of work she had undertaken to scope data for the HVAWP (more detail below). This was followed by discussion on what the priorities should be, and gaps identified. The afternoon session was led by James Martin from Highlife Highland and focused on how to raise the profile of the work of the HVAWP.

- Highland Data Scoping: violence against women and girls – a report was commission by the HVAWP and NHS Highland Health Improvement Team, to scope available data on violence against women and girls (VAWG) for the Highland Council area. The aim was to enable better use of quantitative data, increasing awareness of the available information and to identify any long-term or emerging trends. The collated information will inform service planning to prevent VAWG, and to direct support to those affected by VAWG. Gaps in data availability have also been identified and highlighted.
- Implementing Equally Safe strategy locally (as directed by SG/COSLA) across Highland in partnership with The Highland Council.
- In February 2024, Emma Roddick MSP, Minister for Equalities visited Larch House, Inverness. She met with HVAWP staff, Lorna Stanger and Myra Ross, and Myra delivered a session on the training materials she had developed.
- The new Highland Violence Against Women Partnership website was launched in November 2024 and a social media campaign has been rolled out to improve awareness of Gender Based Violence (GBV), signposting to support agencies where possible.

16 Days of Activism:

- In November 2023 and 2024, HVAWP engaged in the Improvement Services '16 Days of Activism' campaign to support local events and promote national events, making use of resources to help maximise the campaign. Highlights included:
    - 'Reclaim the Night' march (Inverness) – 25th November 2023
    - 'Imagine' Campaign – based on Myra Ross' poem, this was created in collaboration between NHS Highland Communication & Engagement Team and HVAWP Learning, Development and Prevention Group. The campaign was adopted and rolled our nationally, including screenings in cinemas, displayed onto buildings and distributed by COSLA to all Local Authority Chief Executives.
    - 'Imagine' Campaign Video shown and referenced by the Minister for Justice at the national launch of the Equally Safe Strategy in Edinburgh.
    - Lorna Stanger, survivor of GBV, ran sixteen marathons in sixteen days to raise funds for RASASH and awareness of Gender-Based Violence. She wore a different verse of 'Imagine' emblazoned across her running shirt every day. On Day 13, Lorna ran to the Scottish Parliament, where she and Myra Ross visited the Parliament, speaking to MSPs and the First Minister.
    - Social Media campaign ('Do I Not Count?') and wide-spread distribution of posters across NHS Highland.

- Under the VAW Partnership, there are 5 Delivery Groups - Addressing Perpetrators; MARAC; Service Provision; Learning, Development and Prevention; Safe and Together. These were formed to achieve aims of the VAWP 2021-24 strategic plan – with membership changing throughout the year to bring in new skills and experiences

- Routine Enquiries on Domestic Abuse is regularly undertaken within priority settings, with 100% of female Community Mental Health and Substance Misuse patients being asked about Domestic Abuse.

A new Gender-Based Violence Policy (Once for Scotland) is to be launched imminently. To align with this, a Level 1 training schedule for Managers (front-line to senior management) has been developed and will be delivered throughout January and February 2025. This will be face-to-face training and will incorporate the Spider in the Glass training developed by Myra Ross.

Alcohol and Drugs Partnership work:

- Evidence suggesting women experiencing more harm from drugs and alcohol than in previous years – planning in place & national collaborative checklist against human rights will be applied.
- Drug & Alcohol specialist Midwives ran a 'Mocktails for mums' event in Sept 2024 to align with FASD awareness day
- **Conversation Tools**: The development of conversation tools using the Offer, Offer, Ask, Offer approach fosters a respectful dialogue between midwives and women. This approach helps create a safe environment for discussing sensitive issues like substance use and domestic abuse.
- **Collaboration with Mental Health Teams**: Working closely with the perinatal and infant mental health team ensures that women have access to comprehensive support services, reinforcing their safety and respect within the healthcare system.
- **Engagement**: Engaging with universal, specialist and 3rd sector services that provide support to women and families affected by substance use to raise awareness about available resources helps combat the stigma surrounding domestic abuse and substance use, promoting a culture of safety and respect.

Outcome 3:

In Highland, people from identified groups will have more control over the care and services they receive.

Key Achievements

Establishing Highland Directory of Support Services

The Highland Directory of Support Services helps people living and working in the Highlands to find out about groups, activities and organisations that support health and well-being. Development of the directory has been funded to support the Community Link Worker Service which is delivered in GP practices. The directory will support Community Link workers to offer social prescribing opportunities to patients.

There was a recognition that the Directory would be useful for anyone needing support for their health and well-being, and is available to anyone looking for information and support. The Directory includes both local and national organisations and information relating to community services that promote mental health and physical well-being. Listed within the Directory are helplines, support groups and activities to suit individual circumstances which link into protected characteristics.

Communications and Engagement

- Developing the Communications and Engagement strategy 24-27
- Setting up the Highland 100 panel and completion of first Survey. This enabled a database of groups, representatives and networks to be developed for consultation about services and for patients voices to be heard in matters affecting them.
- New software for consultation, Engagement HQ, purchased and piloted to better reach remote, rural patient populations. Collaborative platform for patient engagement and consultation.
- Conducting a health needs assessment to build trust with Highland Gypsy Traveller community. Increased understanding of barriers and discrimination faced by the Gypsy Traveller community
- Senior Health Improvement specialist Claire Derwin won the Annual Public Health conference Poster presentation for her Gypsy Traveller health service improvement work.
- The development of NHS Highlands Engagement Framework supports colleagues to develop meaningful relationships and engagement activities to inform our work and helps to ensure we meet our statutory duties. Testing the Framework, NHS Highland undertook extensive engagement on a population wide basis to develop the Together we Care strategy. The ethos of the Framework was used to support the coproduction of the Mental Health and Learning Disability Strategy, where wide ranging engagement took place from the start and led to the formation of a diverse network made up of colleagues, partners, community groups and carers, who continue to support and inform developments within these services.

Carers

- NHS Highland Working Carers Network established to support staff who undertake the role of Unpaid Carer. The network meets online, on the last Thursday of every month, providing peer support and the opportunity to access additional support and advice. It has also been a useful way to involve Unpaid Carers in the development of the Carer's Strategy and related policies.
- The Carers Strategy is under development and will be launched in early 2025. Outreach has been taking place to ensure that the voices of unpaid Adult Carers are heard and shape the development of the Strategy.
- NHS Highland has ongoing contracts with Third Sector organisations to help us implement the requirements of the Carers (Scotland) Act (2016):
    - Connecting Carers – to offer all adult Unpaid Carers the opportunity to complete an outcome-focused Carer's Support plan and to access additional advice and support when undertaking the role of an unpaid carer.
    - Partners in Advocacy – to provide unpaid carers, living in the Highland Council area, with professional, independent advocacy. Many of the issues involved in the independent advocacy role are complex and involve longer term relationships with Carers. Some Carers may also feel vulnerable and therefore require a greater degree of support from an independent advocate. All Carers are supported on an issue-by-issue basis and their relationship with the service is continually reviewed at weekly team meetings in terms of dependency and what can be done to help empower them as individuals.
    - 'Mobilise' – an online service has been commissioned which provides access to advice and information for carers.
- In addition to the above contracted services, project funding totalling £250k per annum has been awarded to Third Sector projects delivering services and support for carers in local areas including a befriending service, creative arts projects and carer support at home.
-

Highland Area	**Number of Carers with completed Adult Carer's Support Plan (May 2024)**
Badenoch & Strathspey	163
Caithness	253
Lochaber	241
Nairn & Nairnshire	233
Skye & Lochalsh	85
Sutherland	153
Inverness	1111
Ross-shire (East & West)	755
Out of area	37
TOTAL:	**3031**

- Funding for short-breaks and respite has continued, with £3.5 million awarded to carers in Highland since 2021. There have been 6,000 applications involving 2,000 carers

Medication Assisted Treatment (MAT)

The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and

organisations responsible for the delivery of care in a recovery orientated system. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

Within NHS Highland we are using the method for improvement to guide our improvements. To demonstrate if changes are really improvement, we need the ability to test changes and measure the impact successfully. This is essential for areas we want to continuously improve safety. To do this we need a few specific measures linked to clear objectives to demonstrate that changes are going in the right direction.

We conduct interviews with patients, carers and staff to gather feedback and inform areas for improvement going forward

People who use Drugs & Alcohol

The Alcohol and Drugs Partnership team have established a Lived Experience panel, who have provided essential feedback around need for reducing stigma in A&E, and supported with the development and engagement with a Health Needs Assessment which includes questions about stigma and discrimination. The results are pending Feb 2025.

Training and Resources: By providing midwives with updated training and resources, you empower them to offer personalised care that meets the specific needs of women, giving them more control over their healthcare decisions.

Feedback Mechanism: Implementing a feedback system allows women to voice their experiences and preferences regarding care, ensuring that services are tailored to their needs and enhancing their sense of control.

Interactive Workshops: The awareness training sessions include interactive elements that encourage midwives to use a trauma informed approach that supports and enables women to share their concerns and preferences, promoting involvement in their care.

Other Progress:

In doing the work to mainstream equalities across NHS Highland, there are other examples of best practice and notable work towards equalities going beyond the 2021-2025 outcomes, which we would like to acknowledge and highlight.

Workforce Equalities:

Launch of a new mandatory training module for all staff, “Introduction to Equality, Diversity and Human Rights”. Developed by NHS Education for Scotland, this module aims to educate staff in how to Identify discrimination, harassment and inappropriate behaviour in the workplace and identify actions that can be taken to challenge and prevent it. As at 31st December 2024, 68% of the organisation had completed this module.

An Equality, Diversity and Inclusion Oversight Group was established in May 2024 to progress workforce related EDI actions. This group comprises of senior managers in the organisation, persons with lived experience and staff representatives, and reports into the Area Partnership Forum.

An Equality, Diversity and Inclusion Workforce Strategy for 2025-2028 was developed in the latter half of 2024. Its launch is anticipated for April 2025, to coincide with the launch of the next set of Equality Outcomes.

Investment in a dedicated Equality, Diversity and Inclusion Workforce Lead post within the People and Culture Directorate. This is a brand new role to NHS Highland and will be key in driving forward the organisations commitment to creating an inclusive workplace.

LGBT:

All staff consultation on 'Supporting Transgender and Non-binary staff in the workplace' and revised guidance published with EQIA

Pride campaign ran throughout the month of June in 2023. This included a mixture of online and in-person events, hosted in conjunction with third party organisations including LGBT Youth Scotland and Out and About Highlands.

The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Since the launch in 2021 over 800 NHS Highland staff members have signed up to the scheme.

Disability:

NHSH contributed to national resource in Healthy Respect's easier to understand sexual health information for people with learning disabilities [https://www.healthyrespect.co.uk/etu/]

Alcohol and Drugs Partnership team have run a Language Matters campaign on Moray Forth Radio to reduce stigmatising language use. This campaign includes:

- ADP partner pledge in non-discrimination launched
- Press releases with focus on non-discrimination and stigma reduction

Race and Ethnicity:

- Launch and promotion of a new "Cultural Humility" training module in November 2023 for all staff. Developed by NHS Education for Scotland, this module aims to educate staff in the concepts that underpin cultural humility, and behaviours to develop an inclusive workplace.
- Series of Black History Month content in all-staff newsletter emails throughout October 2024 celebrating Black historical figures on the 'reclaiming the narrative' theme
- Online Black History Month Celebration event was held for staff, including key speakers from National Education For Scotland and the international nursing community.

Equalities & the environment:

Involvement in One Health Breakthrough Partnership

The Highland Green Health Partnership was established in 2018 and is one of four initiatives in Scotland stemming from Our Natural Health Service which aims to show how Scotland's natural environment is a resource that can help tackle key health issues. The partnership is chaired by NHS Highland, and also includes High Life Highland, Highland Council, the Highland Third Sector Interface, Nature Scot, Paths for All, Highland Environment Forum, Highland Adapts, Highlands and Islands Climate Hub, the University of the Highlands and Islands, and Forestry and Land Scotland.

The partnerships aims include:

- To support more people to use the outdoor environment and more regularly
- To contribute to reducing health inequalities by targeting activity at those who are most in need
- To co-ordinate partnership efforts on use of the outdoor environment for health
- To identify existing assets, make links between them, and identify gaps in provision

We are including examples below in recognition of the intersections between protected characteristics and partnership working with Highland Green Health.
Examples include:

Through the distribution of four successive small grant schemes, we have supported 80 community groups to deliver nature-based activities focused on tackling inequalities through –

- projects which provide support for refugees, mental health and disability groups, the elderly, young carers, women's groups, LGBTQ people and parents
- targeted work to address income deprivation and rural isolation, and
- consultation work with user groups to increase access to greenspace.

Collaboration with the Cairngorms National Park Authority on their National Lottery Heritage Fund 'Cairngorms 2030' programme securing funds to employ two part-time, community-based green health link workers, as well as supporting a specialist Outdoor Dementia Resource Centre by Alzheimers Scotland at Badaguish Outdoor Centre.

We have supported and enabled the appointment of a health walk coordinator for rural Highland, the development of a cycling bothy in Golspie and an Advancing Active Journeys project in Skye & Lochalsh, Arts in Nature and Velocity Active Health project. All projects are aimed at getting those that do not currently engage, or are unable to engage with nature, outside in a supported environment.

Working with GPs Mental Health Support Services, Occupational Therapists and Community Link Workers on the training and distribution of resources to help facilitate nature connection including the development of online training module and Nature Prescriptions Calendar.

We have worked with our community planning partners producing guidance on the links between inequalities, climate, nature and health and integrated principals into community action groups and place plans. Health Inequalities & Natural Solutions (youtube.com)

We have published a variety of tools and guidance to support those working in nature-based health and wellbeing initiatives to understand and address inequalities and carried out training programmes. We have worked in partnership with a number of research institutes to better understand the impacts of prescribing nature including the University of Aberdeen, University of Stirling, UHI and the Public Health Interventions Research Studies Team (PHIRST). Lastly, we have worked to integrate our green health principles into 26 Highland programmes, plans and strategies.

Alcohol and Drugs Partnership – Reducing Stigma

Highland Alcohol and Drugs Partnership (HADP) are committed to addressing stigma and discrimination experienced by people with drug and alcohol problems, and their families. One way we can all reduce stigma is by using People First language. This means we focus on the person first, rather than behaviour.

We have developed a Language Matters Guide to highlight this easy way to support people with drug and alcohol problems.

HADP try to share this message whenever we have a platform, here are some recent press examples: Drug deaths in Highlands fell in 2023, according to new figures from National Records of Scotland (inverness-courier.co.uk) and HEALTH MATTERS: We can all help in the battle against drink and drugs harm (inverness-courier.co.uk)

In addition, HADP shares messages on Moray Firth Radio (MFR) at significant points in the year; over the summer in the run up to Recovery Month in September, and over the festive period. One of the messages is about Language Matters and Stigma. During the summer 2024 campaign, over 14,500 people listened to the Language Matters message.
HADP have a People First Language Matters Partnership Pledge, an initiative to help reduce the stigma experienced by people; who have drug and alcohol problem(s), people in recovery and family members affected by problem drug and alcohol use. Details are on the main page of HADP's website.

Agenda Item 14

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Equalities Outcomes 2025-2029**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gayle Macrae, EDI Lead - Workforce**

Report Recommendation:

The Board are asked to

- **Note** – The content of the report.
- **Assurance** – Take **Substantial Assurance** the content of the report provides confidence of compliance with legislation, policy and Board objectives.
- **Approve** – The Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- Legal Requirement
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Equality Act (2010) (Specific Duties) Scotland Regulations 2012 require each listed public authority to publish a set of equality outcomes which it considers will enable the authority to better perform the needs of the General Equality Duty. These needs are –

1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The public authority must publish a fresh set of equality outcomes within four years of publishing its previous set.

2.2 Background

An equality outcome is a result which an authority aims to achieve in order to further one or more of the needs mentioned in the general equality duty. In other words, an equality outcome should further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations

NHS Highland last published Equality Outcomes for the period 2021-2025 in April 2021 which can be viewed here.

The proposed Equality Outcomes 2025-2029 are being presented to the Area Partnership Forum for approval. The outcomes are jointly workforce and population centred, and several actions span across both groups. The Commitee are being asked to approve the workforce related activities. The outcomes compliment the EDI Workforce Strategy 2025-2028, NHS Highland's Pay Gap Report and Equal Pay Statement 2025, NHS Highland's Employabiity Strategy 2025-2028 and Wellbeing Strategy 2025-2028.

2.3 Assessment

NHS Highland have identified six equality outcomes using public engagement, staff engagement, workforce data and evidence collected while developing

our Equality, Diversity and Inclusion Workforce Strategy 2025-2028, NHS Highland's Employabiity Strategy 2025-2028 and Wellbeing Strategy 2025-2028.

They are, as suggested in the Equality and Human Rights Commission guidance, intended to improve outcomes for those who experience discrimination and disadvantage. They are aligned to our Equality, Diversity and Inclusion strategic priorities and will help to achieve the vision set out in the NHS Highland Together We Care Strategy 2022-2027.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The assurance is substantial due to the reach of the consultation, the incorporation of feedback and the governance routes followed. This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

3 Impact Analysis

3.1 Quality/ Patient Care

The outcomes are intended to improve patient care by reducing health inequalities for those who experience discrimination and disadvantage. They also combine efforts to address inequalities in other areas to avoid duplication of efforts and coordinate multiple strategic aims, referring to for example the Anchors Strategic plans, anti-racism planning, women's health plan and screening inequalities plans.

3.2 Workforce

The outcomes are intended to improve the workplace by eliminating discrimination, advancing equality of opportunities and fostering good relations between people who have protected characteristics and those who do not. This should build an inclusive culture within NHS Highland where staff can be their authentic selves at work.

3.3 Financial

The resource to support the achievement of the outcomes is from existing establishments. Any activities that require funding will be sought through the

existing processes and there may be support from endowments as appropriate. This will be explored as the activities and priorities are identified.

3.4 Risk Assessment/Management

Risks will be identified for the workforce actions contained within the Equality Outcomes and documented and managed through the EDI Oversight Group.

3.5 Data Protection

No personally identifiable information was collected during the formation of the Equality Outcomes. Personal information such as names and email addresses were provided by participants during the consultation phase. Advice has been sought from the data protection team and they consider this information to be low risk.

3.6 Equality and Diversity, including health inequalities

This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

An EQIA on the Equality Outcomes is not deemed necessary as the actions contained therein are designed to improve matters for persons with protected characteristics.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The outcomes were developed in conjunction with the EDI Oversight Group and members of the Public Health team. An analysis of NHS Scotland Boards outcomes was undertaken as well as considering other Public Authorities in the area e.g. Highland Council and A&B Council. The strategic workforce and public health priorities were assessed as well as existing pieces of work captured within organisational strategies and plans to avoid duplication where possible.

A consultation period ran from 9th December 2024 until January 15th 2025 for the purpose of receiving feedback on the strategy from colleagues and members of the public. Information about the consultation was included in the weekly round-up on 19th December 2024 and was also promoted on the EDI Intranet home page. Presentations were made internally online to the following groups and feedback recorded

Name/s of person or group	Date
EDI Oversight Group	26/11/24 & 07/01/25
People Portfolio Board	25/11/24
Corporate LPF	27/11/24

Medical & Dental Bargaining	03/12/24
Finance Directorate Meeting	03/12/24
NHS Scotland National EDI Leads network	05/12/24
EDG	09/12/24
Public Health SLT	12/12/24
Area Partnership Forum	13/12/24
e-Health SLT	16/12/24
Community LPF	17/12/24
Strategy & Transformation SLT	18/12/24
Acute SLT	18/12/24
Community SLT	18/12/24
Acute LPF	19/12/24
Argyll & Bute JPF	13/01/25
Staff Governance Committee	14/01/25
All Staff Survey	09/12/24 – 15/01/25
Argyll & Bute SLT	22/01/25

35 community organisations across the board area, representing a wide variety of protected characteristics, were contacted directly about the consultation. One group, Highland Senior Citizens network, met with members of Public Health to discuss the outcomes online via Zoom on 18th January.

Public health colleagues produced posters to advertise the consultation across all hospitals in the board area. The online consultation was shared 110 times on social media. 216 people visited the consultation platform area, with 41 downloading the consultation paper and 6 individuals or representatives engaging directly to share their views either via the platform or by email.

3.9 Route to the Meeting

The Equality Outcomes have 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.

- Equality, Diversity and Inclusion Oversight Group 26th November 2024 & 7th January 2025
- People and Culture Portfolio Board 25th November 2024& 27th January 2025
- Executive Directors Group 9th December 2024
- Area Partnership Forum 13th December 2024
- Staff Governance 14th January 2025 & 3rd March 2025
- Board Development Session 21st January 2025

- Area Partnership Forum 14th February 2025

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Draft Equality Outcomes 2025-2029

NHS Highland's Equality Outcomes
2025-2029

> *"Equality means treating people fairly in a way that reflects their needs, ensuring they have equal opportunity to achieve their desired outcomes, and eliminating discrimination."*
>
> - Health & Care Professions Council

Equality, or lack of, directly affects our chances of being and staying in good health. This includes the numbers of years lived in good health and the length of time we will live. We know that inequality results in poorer health and, for many, shorter lives – inequality is a matter of life and death. For people to thrive, the right building blocks need to be in place. This means good schools and housing; stable work and a living wage; a safe and inclusive workplace; and good public services. Having the right building blocks in place helps to create better outcomes for the population we serve and our workforce.

We also know that people who share protected characteristics often face more challenges and are at greater risk of inequality. The nine protected characteristics, defined by the Equality Act 2010, are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race (including ethnic or national origins, colour, or nationality); religion or belief (including lack of belief); sex and sexual orientation. Everyone may experience one or more of the protected characteristics at some point in their life. It is our duty as an organisation to ensure that the workplace environment we create, the services we provide, and the way we provide them, do not discriminate against people, or make inequalities worse.

Every four years we set out what we are going to do to tackle inequalities faced by our staff and service users. We do this by mainstreaming equality in the work we do and setting equality outcomes. This means that we are working to ensure that equality is built into every aspect of our day-to-day work across all areas of the organisation.

We have looked at evidence to learn where we should target actions that are achievable, realistic and will have a positive impact. We now want to know what you think of these equality outcomes, especially if this may have a direct impact on you, your family or someone you care for.

If you would like this document in other formats or languages, please email nhsh.EDIteam@nhs.scot

1 Introduction

The Equality Act 2010 brings together the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation into one piece of legislation.

All health boards and Integrated Joint Boards across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

The three aims of the Act's Public Sector General Equality Duty are as follows:

- Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The specific duties require public authorities to publish equality outcomes which it considers will enable the 'authority' to better perform the general duty. NHS Highland must publish a fresh set of equality outcomes within four years of publishing its previous set. The NHS Highland Equality Outcomes 2021-2025 can be found here.

The outcomes:

- Are changes that result for individuals (staff and patients), communities and the organisation because of the action we will take
- Include short-term benefits such as improved service delivery or service uptake or changes in knowledge, skills and attitudes
- Include long-term benefits such as changes in behaviours, decision-making or social and environmental condition

The specific duties are intended to embed equality within NHS Highland's existing systems and frameworks.

2 Engagement and Involvement

NHS Highland's Equality, Diversity and Inclusion Oversight Group and Health Improvement Team have identified the equality issues based on evidence and gaps. We involved staff, patients, members of the public and partner agencies to co-produce the equality outcomes.

- Evidence – what are the most significant equality issues in NHS Highland and health care provision
- Existing long-term national or local strategic outcomes – consider relevant evidence relating to protected characteristics, identify whether and how inequalities might present challenges to achieving existing strategic outcomes
- Any gaps in existing national or local strategic outcomes

NHS Highland engaged with:

- Our staff and services
- Argyll & Bute Health and Social Care Partnership and Local Authorities
- Patients and members of the public
- Community Groups
- Other stakeholders

to produce the outcomes and will continue to engage with stakeholders to deliver the associated actions over the next four years.

3 How to comment or provide feedback and suggestions

You can send your feedback by email or post:

Email: nhsh.EDIteam@nhs.scot

Post: NHSH Equality Outcomes Feedback
EDI Team, c/o Public Health
2nd Floor
Assynt House
Beechwood Park
Inverness
IV2 3BW

BSL users can contact us via BSL Contact Scotland

4 Proposed Equality Outcomes

Through the development of a SMART action plan, NHS Highland will work towards achieving the following equality outcomes between 2025 and 2029:

Equality Outcome 1.
NHS Highland will improve accessibility for disabled people, older adults, and those from underrepresented communities.

Equality Outcome 2.
NHS Highland will enhance employment opportunities and career development for persons from underrepresented groups.

Equality Outcome 3.
NHS Highland will make progress towards becoming an anti-racist organisation.

Equality Outcome 4.
NHS Highland will advance gender equality in our workforce and patient care.

Equality Outcome 5.
NHS Highland will work to identify, understand, and address health needs of those at risk of poorer health outcomes.

Equality Outcome 6.
NHS Highland will mainstream equalities in climate-related work**.**

Equality Outcome 1

NHS Highland will improve accessibility for disabled people, older adults, and those from underrepresented groups.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Disability, Age, Religion, Gender Reassignment

Context and Evidence:

Those with additional needs can experience barriers to accessing health services or barriers in the workplace preventing them from carrying out their roles. Engagement with patients and staff has given us an understanding of the barriers some of them may face. Further details are shown in the ScotPHO report: Who is least likely to attend? An analysis of outpatient appointment 'Did Not Attend' (DNA) data in Scotland.

The Business Disability Forum published "The Great Big Workplace Adjustments Survey 2023 Summary Report" in June 2023. The survey is one of the most comprehensive pieces of research ever conducted into the workplace experiences of disabled people and people with long term conditions in the UK.

In 2024, the Scottish Government also published the results of the consultation on the Learning Disability, Autism and Neurodivergence Bill, which highlighted how strongly respondents felt about implementing a 'patient passport' system within the NHS to assist with making reasonable adjustments and reducing barriers to accessing healthcare.

Why are you setting this outcome?

Although we have been able to improve access to many of our services in partnership with patient groups and the third sector, evidence shows we need to do more.

In consulting with the Deaf community to develop The Highland Joint BSL Plan 2024-2030, we have recognised the provision of interpreters for Deaf patients isn't always adequate.

Older patients and staff have told us that digital access is a concern for them. People with learning disabilities face more barriers to accessing health information and healthcare services. Older and disabled people, and those living in a deprived area or living in social housing were at risk of exclusion from access to digital services.

From our complaints data, disabled patients have complained about accessibility of services. This is also mentioned in a recent Scottish Human Rights Commission report.

Our changing facilities for staff need to be reviewed to ensure that they are fit for purpose and meet the needs of our staff groups.

We also need to review our current provision of space for staff to practice religious or spiritual beliefs to ensure that it meets their needs.

Actions

- Exploring patient access support via 'passport' style system.
- Managers are trained in making reasonable adjustments to support staff.
- An accessibility audit is carried out in our estate, and an action plan is agreed based on the findings and recommendations.
- Staff are trained in Deaf Awareness and know what their responsibilities are with regards to providing BSL translation services.
- We will ensure that digital options are increasingly available as a choice for people accessing services as well as our staff to support them in their roles.
- Review of current spaces provided for staff to enable them to practice their religious and spiritual beliefs.

Link to Local and National Priorities

- Health and social care: improving wellbeing and working culture
- Scottish Government's Fair Work Action Plan
- NHS Highland Together We Care Strategy
- NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028

Equality Outcome 2

NHS Highland will enhance employment opportunities and career development for persons from underrepresented groups.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Age, Race, Disability

Context and Evidence:

People with certain protected characteristics face discrimination in employment and society.

The NHS Highland Workforce Monitoring Report 2024 highlighted that we have an ageing workforce and hire fewer young people than the surrounding population, even though survey data from Skills development Scotland published in November 2024, states that nearly 1 in 5 16–18-year-olds want jobs in the Medicine and Health sector when they leave school.

NHS Highland is committed to create a workplace which is positive about disability. In 2023, the number of job applications from disabled people was only 3.28% of the total number of applications received. This suggests that work must focus on improving the accessibility of the application process, to encourage more disabled people to apply for roles within NHS Highland.

Our 2023 workforce data also demonstrates that some ethnic groups are underrepresented in our workforce compared to the local population data taken from the Scotland Census 2022

In terms of career development, analysis of the Senior Manager job family within NHS Highland shows that –

- almost 69% consider themselves to be of a white ethnic background
- Just under 3% consider themselves to have a disability
- 86% are over 45 years old

Whilst these figures demonstrate a leadership group more diverse than the population we serve, there is still some work to be done, and we will work with our Protected Characteristic networks to understand the pathways and barriers to leadership.

Why are you setting this outcome?
This outcome has been set to aim to understand and address the potential barriers to employment faced by people who apply to join NHS Highland. We recognise that more needs to be done by us to increase representation from groups that may face more barriers to employment than others. NHS Highland as an employer has a duty to ensure recruitment process are accessible, fair, and transparent. NHS Highland is a Disability Confident Employer, and this Equality Outcome is an opportunity to create further change and act on how we recruit, retain, and develop disabled people.
Actions
• Achieve Disability Confident Leader status • Establish an Apprenticeship programme • Produce accessible job adverts, with clear person specifications in an easy-to-read format • Develop guidance on Access to Work • Develop an induction and peer support network for international recruits • Develop and deliver training on inclusive recruitment practices • Create pathways into employment for persons with learning disabilities
Link to Local and National Priorities
• Scottish Government's Fair Work Action Plan • NHS Highland Together We Care Strategy • NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028 • NHS Highland Employability Strategy 2025-2028

Equality Outcome 3

NHS Highland will make progress towards becoming an anti-racist organisation.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Race

Context and Evidence:

Becoming anti-racist means NHS Highland will actively work to oppose racism and pursue racial equity, so that someone's racial identity is no longer a factor in determining how they fare in life.

The BMA's 2022 report Delivering Racial Equality in Medicine provided a high-level overview of barriers to equality their members faced.

In September 2024, the Cabinet Secretary for Health and Social care's statement recognised racism as a significant public health challenge.

Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users

Becoming anti-racist will benefit everyone by supporting improvements to deliver equitable healthcare, regardless of protected characteristics. Being an anti-racist organisation will contribute to:

- Meeting our legal obligations under the Equality Act 2010 and Public Sector Equality duties
- Dismantling of structural racism and generate learning that can be applied to dismantle other forms of discrimination.
- Our role as an Anchor institution in addressing the drivers behind health inequalities within the Highlands community and workforce.

Key to delivering our public sector duty to eliminate discrimination is in considering how the organisation completes Equalities Impact Assessments (EQIAs). Over the last reporting cycle, improvements have been made to the EQIA process, but data suggests uptake across the organisation is inconsistent.

Why are you setting this outcome?

We understand that becoming an anti-racist organisation will support a better working environment and improve patient care. We recognise the first step in this journey is to forge better links with communities and staff affected by racism.

Taking steps to becoming an anti-racist organisation starts with key actions we can build upon, which will be developing our Anti-racism plan, establishing a staff network and improving the way we do EQIA's.

Actions

- Establish Staff Networks
- Develop an Anti-Racism plan for NHS Highland
- All managers to be trained on how to complete EQIAs
- A review to be undertaken on the current EQIA process and an improvement plan developed
- Deliver anti-racism training to staff

Link to Local and National Priorities

- NHS Highland Together We Care Strategy
- NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028
- Scottish Government Anti-Racism Plan Guidance

Equality Outcome 4

NHS Highland will advance gender equality in our workforce and patient care.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Sex, Gender Reassignment, Pregnancy & Maternity, Sexual Orientation, Marriage & Civil Partnership

Context and Evidence:

In both the Highland and Argyll and Bute area, the 2022 Scottish Census figures report that the population is made up of 49% males and 51 % females. NHS Highland has a much higher number of women (82.5%) than men in our staff population, with the majority being older age groups.

Data tells us many women working in healthcare professions are affected by misogyny and sexual harassment. Male survivors reported being sexually harassed and groped by female nurses, as well as receiving sexist comments including “A man has no place doing this job” (nurse).

We know women are almost twice as likely as men to have experienced partner abuse.

We remain committed to continuing the work of the Scottish Government’s 2021-2024 Women’s Health Plan ahead of further updates. NHS Highland’s targeted work to improve women’s health will include a focus on reproductive health issues such as preconception care, eating for good health in pregnancy and postpartum contraception postnatal health. In the forward planning of Women’s Health issues, we will look at key target areas such as endometriosis, poly cystic ovarian syndrome, and cardiovascular health. This work will happen together and in combination with our anti-racism planning (outcome 3) and work to address health inequalities (outcome 5) where appropriate.

Why are you setting this outcome?

We want our staff to feel safe and supported in their places of work. We want them to feel confident to speak up against gender discrimination and harassment and be supported throughout that process. We want women and people affected by sex-specific conditions to have equitable access to services for their health in Highland, which we know is an issue affecting women across highland for sexual and reproductive health services in particular.

Actions
• Achieving Equally Safe development level accreditation • Running awareness campaigns focusing on sexual harassment and gender-based violence • Ensuring all staff have training to support transgender and non-binary patients and colleagues • Develop a menopause guide for managers • Formation of a gender equality staff network • Improve access for women to postpartum contraception by a series of quality improvement projects. • Collaborate with Maternity and Dietetic services to establish pathways for pregnant people with raised BMI • Collaborate with gynaecology to ensure advise and treatment for endometriosis and poly cystic ovarian syndrome is offered to women and girls
• Link to Local and National Priorities
• Women's health plan 2021-2024 - local plan still in development • Transgender Care Knowledge and Skills Framework • Gender identity healthcare services standards – Healthcare Improvement Scotland • Equally Safe 2023 - preventing and eradicating violence against women and girls: strategy - gov.scot

Equality Outcome 5

NHS Highland will work to identify, understand, and address health needs of those at risk of poorer health outcomes.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Gender Reassignment, Race, Disability

Context and Evidence:

Evidence tells us certain groups, such as trans people, disabled people, people with learning disabilities, or gypsy travellers, find it harder to access healthcare services in the same way as other groups. We know improving our data collection on equalities information could help us understand better who is most affected, to then take positive action to reduce health inequalities

Why are you setting this outcome?

We are taking this action to focus the public health work we are doing to identify, understand, and address health needs of groups both previously neglected or most severely impacted by health inequalities in the Highland area. We want to address health needs in groups we have not previously considered who are experiencing or at risk of adverse health outcomes.

We have also recognised the need to improve how we collect equalities data to understand populations who need to use our services. This will help us better understand who we should target action to support.

Actions

- Addressing health inequalities
- Delivering Screening inequalities plan
- Improving equalities data capture
- Assessing health needs for identified groups, such as trans people and Gypsy Traveller communities
- Embedding realistic medicine principles

Link to Local and National Priorities

- Racialised Health Inequalities in Health and Social Care Scotland
- Monitoring racialised health inequalities in Scotland 30 May 2023 - Monitoring racialised health inequalities in Scotland - Publications - Public Health Scotland
- Scotland's public health priorities - gov.scot

Equality Outcome 6

NHS Highland will mainstream equalities in climate related work**.**

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Disability, Race, Sex, Age

Context and Evidence:

Inequalities are being worsened by the climate crisis, and we know that not thinking about equalities in climate work such as active travel or resilience planning can adversely affect people from protected groups, increasing inequalities.

The climate emergency is a threat to human rights and equalities of key groups such as women, disabled people, older people, and people who have to move because of severe weather.

Why are you setting this outcome?

NHS Highland are leaders in partnership working towards sustainable health and social care and have demonstrated commitments to green health through the Highland Green Health Partnership work.

Setting this outcome will help us better consider people with protected characteristics in our climate work, and how we can consider the climate as a factor that might affect enjoyment of human rights for these people when making decisions as a public authority. In mainstreaming equalities in our climate work, we will take steps to support climate action, to promote health and build climate-resilient and more environmentally sustainable healthcare systems.

Actions

- Incorporating environment impact considerations into EQIA's, in partnership with improvement work to EQIA processes more widely
- Encouraging green investment and delivery of green infrastructure projects to tackle health inequalities
- Delivering all aspects of the NHS Scotland Climate Emergency Strategy, and ensuring equalities is considered in local Environment and Sustainability strategy planning
- Delivering NHS Highland's Anchors Plan 2023-2027
- Reducing waste and impact in line with the NHS Scotland Climate Emergency strategy and realistic medicine principles

Link to Local and National Priorities

- NHS Scotland climate emergency and sustainability strategy: 2022-2026
- Anchors Strategic Plan (see appendix)
- Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation

Agenda Item 15

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Health and Care Staffing Act Implementation**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Brydie J Thatcher, Workforce Lead, HCSA Programme Manager**

Report Recommendation:

The Board is asked to

- **Note** the requirements placed on the board by the act.
- Take **Moderate Assurance, Review** and **Scrutinise** the information provided in the report/appendices and **Approve** the report.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- **Annual Operation Plan:**
  Right Workforce to Deliver Care – Commence implementation of the Health and care (Staffing) (Scotland) Act across relevant areas of the workforce
- **Government policy/directive:**
  Health and Care (Staffing) (Scotland) Act 2019
- **Legal Requirement**
  Health and Care (Staffing) (Scotland) Act 2019

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	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

Health and Care (Staffing) (Scotland) Act 2019

Year End Report
Year of Enactment
2024-2025

Covering Quarters 1/2/3
01 April – 30 December 2024

legislative submission and publication timelines necessitate compilation of end of year report at Q3 to allow ratification through NHSH governance structure.
A subsequent Q4 update will be reported to the board in May 2025

Health & Care (Staffing) (Scotland) Act 2019 End of Year Report 2024/25

The provisions set out in the Health & Care (Staffing) (Scotland) Act 2019 (hereafter referred to as "the Act") came into force on 1 April 2024.

The Annual Report reflects on the work undertaken and progress made during the Act's inaugural year, while also outlining key high-level priorities for the 2025/26 period. Given our internal governance timelines, this document focuses on progress up to the end of Quarter 3, with a separate Quarter 4 addendum to be submitted to the Board in Spring 2025.

This report is presented to the Board for approval.

Methodology for Assessing Compliance and Assurance

A combination of board-wide quantitative and qualitative methods has been used to evaluate compliance levels, gather staff perspectives, and gauge implementation progress of the Act.

Our 2024/2025 Year-End Survey was distributed to managers and professional leads in December 2024 and promoted at various professional and senior leadership

team meetings. Information was also gathered by our Programme Lead through a series of one-to-one engagement sessions and from HCSA Implementation Group updates provided to NHSH HCSA Programme Board meetings.

This report serves as a comprehensive review of the first year of implementation, reinforcing our commitment to delivering high-quality care and adherence to the statutory requirements of the Act.

2.2 Background

The Health & Care (Staffing) (Scotland) Act 2019 came into force on 1st April 2024. It aims to provide a statutory basis for the provision of appropriate staffing in Health and Social Care services to support the delivery of safe and effective high-quality care. This will be achieved by having the right people with the right skills in the right place at the right time to improve outcomes for people using our services and improve staff wellbeing.

The Act does not prescribe health care staffing levels or planning and instead supports the development of suitable approaches in various health and social care settings.

Implementation of the Act is intended to:

- Assure that staffing is sufficient to support the delivery of high-quality care
- Support a culture of honesty and transparency that engages health and social care staff in the relevant process and ensures they are informed regarding healthcare staffing decisions
- Support further improvements to enhance and strengthen current arrangements in healthcare staffing planning and employment practices
- Risk escalation and mitigation processes to enable health and social care staff to be heard at all levels to inform evidence-based healthcare staffing decision-making
- Ensure professional clinical advice is available when healthcare staffing risks are highlighted

Duties of Healthcare Improvement Scotland (HIS)

HIS have several duties within the Act including, and are described fully within the HIS Healthcare Staffing: Operational Framework:

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS in their functions, NHSH will share this report to inform further quarterly Board engagement calls. The Q3 Board engagement call is scheduled for March 2025.

Once ratified by the Board, this report will be submitted to Scottish Government, Health Improvement Scotland and published for public information and update, by 30 April 2025.

Legislative Overview

Key Objective	Description
Sufficient Staffing	Ensuring staffing levels support the delivery of high-quality care.
Transparency & Engagement	Encouraging open dialogue and staff involvement in staffing decisions.
Workforce Planning	Strengthening arrangements for effective staffing and employment practices.
Risk Escalation	Implementing processes to identify and mitigate staffing risks.
Clinical Advice	Ensuring professional clinical input in staffing decisions.

The Act does not mandate specific staffing levels but instead supports the development of suitable staffing methodologies tailored to different health and social care settings.

Key Duties Under the Act

Duty	Requirement
12IA: Appropriate Staffing	Ensure suitable staff numbers and competencies for safe, high-quality care.
12IB: High-Cost Agency Staffing	Report agency staff costs exceeding 150% of equivalent NHS staffing costs.
12IC & 12ID: Real-Time Staffing & Risk Escalation	Implement real-time staffing assessments and risk escalation protocols.
12IE: Severe & Recurrent Staffing Risks	Define and manage significant staffing risks at the Board level.
12IF: Clinical Advice on Staffing	Seek and document clinical input in staffing decisions.
12IH: Clinical Leadership	Allocate sufficient time and resources to clinical leaders.
12II: Staff Training	Provide staff with necessary training to implement the Act’s requirements.
12IJ & 12IL: Common Staffing Method	Conduct annual assessments based on validated staffing level tools.

Guiding Principles of the Act

Principle	Description
Safe & High-Quality Services	Ensure the best possible care outcomes for service users.
Service Standards & Outcomes	Improve standards while considering diverse user needs.

Respect & Dignity	Uphold service users' rights and involve staff in decision-making.
Transparency	Be open with staff and service users about staffing decisions.
Efficiency & Effectiveness	Allocate staff resources optimally.
Multidisciplinary Collaboration	Encourage teamwork across disciplines where appropriate.

All these principles must be considered holistically when determining staffing levels.

Further details on the Act's statutory duties and guiding principles can be found in the **Health & Care (Staffing) (Scotland) Act 2019: Statutory Guidance Document**

Health and Care (Staffing) (Scotland) Act 2019: overview – gov.scot (www.gov.scot)

2.3 Assessment

The checklist below demonstrates an overall 'moderate' level of assurance regarding compliance with the Act and the progress of HCSA Programme deliverables across the organisation, as referenced by the HCSA annual report RAG status (Appendix 1). Whilst we acknowledge that certain areas of practice exhibit higher levels of assurance, variances persist and, in the meantime, we will continue to adopt a conservative approach to our self-assessment. Concurrently, best practices will be disseminated organisation-wide to support ongoing improvements and learning

	Q1 FY 23/24	Q2 FY 23/24	Q3 FY 23/24	Q4 FY 23/24	Q1 FY 24/25	Q2 FY 24/25
12IA: Duty to ensure appropriate staffing (Ref to 2IC,12IE,121F,12IL,12IJ)						
Section 12IB: Duty to ensure appropriate staffing: agency workers.						
12IC: Duty to have real-time staffing assessment in place						
12ID: Duty to have risk escalation process in place						
12IE: Duty to have arrangements to address severe and recurrent risks.						
12IF: Duty to seek clinical advice on staffing.						

12IH: Duty to ensure adequate time given to leaders						
12II: Duty to ensure appropriate staffing: training of staff.						
12IJ & 12IK relating to the common staffing method						
12IL: Training and Consultation of Staff-Common Staffing Method						
12IM: Reporting on Staffing						
Planning & Securing Services						

Progress Overview

2. Progress Across Quarters 1–3 (2024–2025)

The following section details progress made against each key duty outlined in the Act.

2.1 Guiding Principles: Staffing for Health Care (12IA)

- **Quarter 1:** The Program Board was fully established, and governance structures were put in place.
- Implementation groups for Acute, Health and Social Care Partnership, and Child Health were established with formal reporting structures. Self-assessment returns were used to engage with a range of professional groups, achieving a multifaceted understanding of compliance needs allowing for prioritisation of workstream and areas for targeted improvement.
- **Quarter 2:** These principles became further embedded within workforce planning processes, with governance mechanisms and establishment review processes enhanced to support and drive consistent application.
- **Quarter 3:** Focus has shifted to adopting a revised approach to the establishment review process and further integrating the guiding principles across the organisation into strategic workforce and service planning, thereby ensuring alignment with overall organisational objectives. In addition, we have

collaborated with workforce leads from other boards to operationalise the legislation into manageable components, facilitating incremental progress.

2.2 Guiding Principles: Planning and Securing Health Care from Others (12IA)

- **Quarter 1:** Gaps were identified in existing service agreements with third-party providers.
- **Quarter 2:** Governance in contracting processes was improved, aligning agreements with the Act's requirements.
- **Quarter 3:** Standardised procedures for securing third-party services further explored including developed understanding of the legislative requirements. This included direct links with NHSGGC for shared learning and support to progress towards full compliance with the guiding principles.

2.3 Duty to Ensure Appropriate Staffing in Healthcare (12IA)

- **Quarter 1:** Throughout Quarters 1 to 3, our efforts to ensure appropriate staffing have been multifaceted and strategic. In Quarter 1, initial compliance assessments identified significant areas for improvement. An extensive review of the existing E-Rostering system revealed critical issues that have prompted the initiation of a comprehensive rebuild and refresh programme across all e-rostered areas.
- **Quarter 2:** e-Roster 'Review and Rebuild' work carried out across Mental Health
- **Quarter 3: Enhanced Efficiency in Rostering:** The implementation of effective rostering practices across Mental Health services has led to streamlined processes, reducing administrative burdens and minimising the risk of manual errors. The improvements achieved, as outlined below, will provide valuable insights to inform the continued rollout of our 'Review and Rebuild' initiative.

    i **Fair Distribution:** Ensuring equitable allocation of shifts by considering factors such as experience, skills, and availability, thereby promoting a balanced workload.
    ii **Compliance Management:** Maintaining adherence to regulatory guidelines by ensuring the appropriate number of staff are available for each shift.
    iii **Improved Communication:** Facilitating communication between staff, enabling real-time shift swaps, leave requests, and updates.
    iv **Data-Driven Insights:** Providing valuable data and analytics to support informed decision-making regarding staffing requirements
    v **SafeCare** 'Go Live'

- Governance structures strengthened, reporting mechanisms were refined, with increased compliance monitoring was implemented to ensure appropriate staffing levels across Mental Health.

2.4 Duty to Ensure Appropriate Staffing: Agency Workers (12IB)

- **Quarter 1:** A manual tracking system was implemented to monitor and collate data on the usage of agency staff, focus drawn to high costs associated with accommodation and travel.
- **Quarter 2:** Policy revisions were introduced to limit reliance on agency staff and manage associated costs more effectively by ceasing payments for accommodation and travel.
- **Quarter 3:** Enhanced scrutiny processes were established following changes to reporting criteria.

2.5 Duty to Have Real-Time Staffing Assessment in Place (12IC)

- **Quarter 1:** Gaps were identified in real-time staffing assessment processes and recording of data. Many services already had elements of real-time staffing escalation processes, some were not formalised or documented in a way that allowed for easy auditing. Where areas have a strong system in place they were supported in their continued use. The TURAS based RTS tool has been promoted as an interim solution until the implementation of Safe Care. A root cause analysis was conducted to address issues with the quality of information in e-rostering and assessment of the potential impact this sub optimal data would have on the future use of Safe Care.
- **Quarter 2:** Following the completion of the Root Cause Analysis, we agreed to implement a 'Rebuild and Refresh' initiative across all roster locations within Mental Health. This initiative has been highly successful, attributable to the diligent efforts of the e-Rostering Team and robust professional support and leadership. By reconstructing the underlying shift pattern and staffing infrastructure, we have established a roster that effectively supports the use of Safe Care.
- **Quarter 3:** NHSH reached a significant milestone when the Mental Health directorate became the first areas in NHSH to implement Safe Care. A rollout plan for the further 'Rebuild and Refresh' of the remaining 150 roster locations has been agreed. Work in Acute Services commenced in December 2024. On completion of the 'Refresh and Rebuild' the Raigmore Acute site will follow on as our second area to implement Safe Care. The **roll-out of Safe Care** will further standardise real-time staffing data recording and trend analysis, bridging gaps in the current system.
- The **Turas Real-Time Staffing Tool** continues to be utilised across available areas, supported by local tools in others, with further improvements scheduled for Q4.

Please see Appendix 4 for the corresponding SOP Action Card

2.6 Duty to Have a Risk Escalation Process in Place (12ID)

- **Quarter 1:** Initial evaluations revealed variability in risk escalation processes across different services.
- **Quarter 2:** Efforts were focused on developing Standard Operating Procedures (SOPs) to standardise escalation pathways.

Quarter 3: Formalised SOPs circulated for consultation and consideration for local level interpretation and operationalising to ensure timely escalation and recording of staffing-related risks.

Please see Appendix 5 for the corresponding SOP Action Card

2.7 Duty to Have Arrangements to Address Severe and Recurrent Risks (12IE)

- **Quarter 1:** Scoping identified systems were established to track recurrent risks; however, inconsistent reporting in some areas limited effectiveness.
- **Quarter 2:** Improvements in data collection and thematic risk analysis were promoted as part of the HCSA education and engagement work.
- **Quarter 3:** Formalised SOP circulated for consultation and consideration for local level interpretation and operationalising setting out proactive monitoring mechanisms enhancing the identification and management of severe and recurrent risks.

Please see Appendix 4 for the corresponding SOP Action Card

Duty to Seek Clinical Advice on Staffing (12IF)

- **Quarter 1:** Teams reported generally having access to appropriate clinical advice, with very few exceptions. However, a critical gap was identified: the absence of formalised processes for escalation and regular exception recording (except in cases of significant incidents), which undermines the consistent integration of expert clinical guidance into staffing decisions.
- **Quarter 2:** Efforts focused on developing supporting SOPs and reviewing existing workflows to streamline the process for obtaining and recording clinical advice. These initiatives aimed to enhance access, reduce response times, and generate auditable data.
- **Quarter 3:** The supporting SOP was circulated for consultation, with further local-level reviews underway to assess its impact. It should be noted, the utilisation of SafeCare will enable real-time tracking of clinical decisions, thereby improving communication and the overall quality and timeliness of clinical advice. However, further refinement of interim feedback mechanisms is required. The priority for Quarter 4 is to develop robust systems for gathering, recording, and acting on clinical advice, ensuring that staff at all levels can contribute effectively to real-time workforce planning discussions.

2.9 Duty to Ensure Adequate Time Given to Clinical Leaders (12IH)

- **Quarter 1:** Self-assessments highlighted challenges in balancing clinical responsibilities with leadership duties, underscoring the need for protected leadership time.
- **Quarter 2:** Leadership development programmes were identified as required.
- **Quarter 3:** Refined job planning approaches to ensure that clinical leaders have sufficient time for non-clinical responsibilities, with clear escalation procedures in place for when protected time is compromised have been agreed as a priority area for improvement.

2.10 Duty to Ensure Appropriate Staffing: Training of Staff (12II)

- **Quarter 1:** Baseline training needs assessments were completed alongside initial staff engagement activities, which raised awareness of consultation

processes and ensured staff were fully informed of their roles and responsibilities.
- **Quarter 2:** Comprehensive training materials and national framework resources were developed and promoted to support consistent training efforts across all departments.
- **Quarter 3:** Ongoing training and engagement initiatives continued, building on the efforts of the previous quarters.

2.11 Duty to Follow the Common Staffing Method (12IJ)

- **Quarter 1:** Initial planning for the implementation of the Common Staffing Method (CSM) was undertaken.
- **Quarter 2:** CSM preparatory work, education sessions, revision of supporting documents to aid tool runs were scheduled, initiated and shared.
- **Quarter 3:** Tool runs have been conducted with extensive input from individuals and teams responsible for reviewing and collating output data and recommendations. This process included a pilot for five AHAP teams; although these teams are not currently mandated by legislation to conduct tool runs, their inclusion is regarded as a significant development. Workshops are scheduled for Q4 to review outcomes, and the resulting recommendations will be integrated into broader workforce planning strategies to enhance staffing level decision-making processes.

2.12 Training and Consultation of Staff (12IL)

- **Quarter 1:** Initial staff engagement activities were conducted to raise awareness of consultation processes.
- **Quarter 2:** Training materials and additional SOPs were developed.
- **Quarter 3:** Targeted consultation sessions were held to gather feedback and refine development of SOPs based on practical application of the legislation, while ongoing training and engagement sessions were delivered to further enhance staff competencies and ensure a thorough understanding of the Act's requirements.

3. Challenges Identified Across Quarters 1–3

Overall Risk Consideration

The combined effect of these challenges poses a risk to full compliance with the Act's general principles and duties. Addressing these issues will require a concerted effort to standardise processes, enhance data management, improve training and staff engagement, and secure the necessary resources. These targeted actions are essential for mitigating risks and ensuring the effective implementation of the Act across the organisation.

Key Risk/Challenge	Description
Inconsistent Application of Guiding Principles and Policies	Variability exists in how guiding principles and risk escalation processes are applied—particularly in remote areas. Although Nursing and Midwifery have demonstrated strong progress, other services continue to show inconsistency in documenting staffing requirements and escalating risks.

Key Risk/Challenge	Description
Gaps in Service Agreements and Third-Party Processes	The standardisation of service agreements for securing third-party services remains incomplete, necessitating further work to harmonise these processes.
Workforce Shortages and Recruitment Challenges	Staffing shortages, especially in remote areas, present significant challenges in meeting required staffing levels without the use of supplementary staffing
High Reliance on Agency Staff	Despite some improvements, reliance on high-cost agency workers persists in certain areas, leading to elevated expenditure for agency staff.
Variability in OPEL Framework Implementation	The implementation of the Operational Pressures Escalation Levels (OPEL) framework is not uniform across the system, resulting in inconsistent risk escalation processes.
Data Management and Integrity Issues	There is a need for enhanced methods and improved data housekeeping to support accurate data collection and analysis, which are critical for evidence-based decision-making.
Training and Engagement Challenges	Inconsistent delivery and uptake of training programmes, combined with limited staff engagement, have hindered the effective implementation of staffing processes across some groups.
Complexity of E-Rostering Redevelopment	The ongoing e-rostering rebuild is a complex process expected to extend into 2025. Continuous evaluation and validation are essential to ensure the successful implementation of the new system.
Resource Constraints	Limited protected time for clinical leaders and difficulties in balancing clinical and administrative duties have constrained leadership capacity, while overall team engagement in programme initiatives remains limited.
Digital Solution Gaps	The absence or incompleteness of digital solutions hampers the ability to evidence established practices and capture thematic trends. Additionally, the current requirement for SSTS double entry—due to a lack of a payroll interface—prevents rollout to new areas.

4. Planned Work for Quarter 4 (2024–2025)

Key Area	Planned Actions
Embedding Guiding Principles	- Ensure the consistent application of guiding principles across all service and workforce planning activities. - Conduct regular review sessions to monitor adherence.
Standardising Contracting Processes	- Review and standardise third-party contracting processes to achieve full compliance with the Act’s requirements.
Strengthening Governance	- Conduct audits and enhance reporting structures to support effective governance and decision-making. - Revise the HCSA Programme Board and supporting Implementation Groups as we transition into a 'business as usual' phase.
Improving Data Management	- Expand the SafeCare system to further enhance real-time staffing assessments. - Refine data collection methods, including enhanced incident reporting via Quality & Patient Safety Dashboards.

Key Area	Planned Actions
Enhancing Risk Management	- Finalise and implement Standard Operating Procedures (SOPs) for risk escalation and the management of recurrent risks. - Deliver comprehensive staff training to support these processes.- Review the effectiveness of the Operational Pressures Escalation Levels (OPEL) framework and supporting clinical structures.
Leadership Development	- Support leadership development programmes. - Refine job planning processes to secure protected non-clinical time for clinical leaders.- Finalise and implement the SOP on “Clinical Time to Lead,” accompanied by engagement sessions.
Comprehensive Training and Staff Engagement	- Deliver targeted training programmes to address identified skills gaps and ensure staff are fully equipped to meet the Act’s requirements. - Conduct focused consultation sessions to gather feedback and refine training and workforce planning strategies.- Compile and disseminate training materials and videos to support the utilisation of SafeCare.
Common Staffing Method (CSM) Implementation	- Complete the annual run of the CSM tool, analyse outcomes, and integrate findings into workforce and budget planning for the next fiscal year.- Conduct workshops to review outcomes and incorporate learnings into strategic planning.- Collate learnings from the current cycle (24/24) to inform planning for 24/25.
Additional Key Milestones and Actions	- Engage in targeted Medical Staffing Engagement initiatives.- Deliver on the e-Roster ‘Rebuild and Refresh’ milestone plan for the 24/25 rollout across the remaining rostered areas.- ‘Switch on’ SafeCare following roster rebuild work.- Initiate the ‘switch on’ of SafeCare at a test site in non-rostered areas and develop a step-by-step guide based on shared learning from NHSG.- Review and update the Roster Policy and governance structure.- Review Bank/Locum Engagement processes to ensure robust scrutiny and governance.

Key Workforce Planning Work Streams

Work Stream	Description
Workforce Systems Review and Realignment	A systematic review and realignment of workforce systems are underway to create synergy, support real-time data, and enhance decision-making for both operational and strategic workforce planning.
Annual Service Planning	The 2025/26 Annual Service Planning cycle will include budget setting, establishment agreements, and data-driven assessments covering demand, capacity, activity, and quality (DCAQ). Scenario planning will help navigate future complexities and risks.
Service-Based Medical Planning	From April 2025, inclusive service-based medical planning will involve medical staff in workforce decisions, influencing job planning through full engagement with service needs.
Common Staffing Methodology (CSM) and Staffing Level Tools	NHS Highland continues to review and update workforce establishments, informed by CSM tool runs and data from SafeCare. The focus is on ensuring compliance while aligning workforce plans with budgetary considerations.
Workforce Planning for 2025/26	Efforts will focus on evidence-based planning, capacity building, and competency development, while aligning with national strategies. This

Work Stream	Description
	includes reducing reliance on agency locums through improved recruitment, retention strategies, international recruitment, and enhanced rostering practices.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

This report presents a high-level overview of our progress towards compliance with the statutory duties under the Act, outlining systems and processes and work streams which have been established. The HCSA Programme Board continues to maintain a 'moderate' level of assurance.

For the purpose of report submission we apply the Scottish Government's assurance rating system, our current rating is 'reasonable', indicating there are generally sound systems of governance, risk management and controls in place. Some issues, non-compliance or scope for improvement identified which may put at risk the achievement of implementation objectives.

This assessment highlights the need for ongoing, targeted improvements in the formalisation and standardisation of our processes, procedures, governance, risk management, and control frameworks. By strengthening these areas, we will enhance our capacity to mitigate risks and fully discharge the statutory duties and responsibilities mandated by the Act. The HCSA Programme Board is committed to providing robust leadership and strategic direction to address these challenges, and we recognise the continued dedication and collaborative efforts of our teams in advancing this crucial work.

Broadly speaking we have the appropriate mechanisms and governance in place to assess and report on staffing requirements across our organisation needed to deliver care to our population.
We have the appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:

a. how well we meet the staffing requirements
b. that risks associated with staffing challenges are managed, mitigated and escalated appropriately
c. professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery

We are able to use the information from assessing staffing requirements and routine assessment of staffing risks and issues 'in practice' to develop short-, medium- and long-term plans to provide appropriate staffing

3 Impact Analysis

3.1 Quality/ Patient Care

The HCSA is intended to support delivery of safe, high-quality services.

3.2 Workforce

The HCSA is fundamentally about providing appropriate staffing to deliver services.

3.3 Financial

There are potential financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

3.4 Risk Assessment/Management

This links to board level risk in relation to workforce availability and ensuring we have appropriate mechanisms to manage and mitigate risks associated with staffing issues.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

This report has been ratified for internal reporting purposes to our Board of Directors by both our Medical Director, Boyd Peters and Executive Nurse Director, Louise Bussell.
NHSH HCSA Programme Board is now well established with professional and staff side involvement for all professional and operational leads across all Board functions.
The programme continues to be supported by a range of, feedback, engagement and briefing sessions.

3.9 Route to the Meeting

N/A

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: HCSA RAG status key

Declaration and level of assurance

When asked to provide declaration of the level of assurance, please use this key.

Level of assurance	System adequacy	Controls
Substantial assurance 	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited assurance 	Significant gaps, weaknesses or non- compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No assurance 	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

- Appendix 2 HCSA: End of Year SG Mandated Completed Report Template
- Appendix 3: HCSA Quarter 3 External High-Cost Agency Report
- Appendix 4: Real-Time Staffing and Risk Escalation Action Card
- Appendix 5: Duty to Ensure Adequate Time Given to Clinical Leaders Action Card

Action Card: Real-Time Staffing and Risk Escalation

Purpose:

Action Card: Real-Time Staffing and Risk Escalation

🔵 Purpose:

This Action Card outlines the responsibilities and processes to ensure **NHSH** meets its obligations under the **Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).** The key duties include:

- **12IC:** Real-time staffing assessment
- **12ID:** Risk escalation process
- **12IE:** Addressing severe and recurrent risks
- **12IF:** Seeking clinical advice on staffing

These duties support **safe, high-quality care and staff wellbeing.**

🟡 Scope:

Applies to all named professions under the **Act. Clinical leaders and management teams** must implement and maintain these processes.

🔴 Immediate Actions Required:

- **Conduct real-time staffing assessments**
- **Escalate and mitigate staffing risks promptly**
- **Maintain records of staffing decisions and mitigations**
- **Seek clinical advice when required**
- **Report quarterly to NHSH Board and annually to Scottish Ministers**

🟡 Roles and Responsibilities:

- **All staff covered by the Act:** Escalate staffing concerns to a **Lead Professional (LP)** immediately.
- **Lead Professionals (LPs):** Responsible for **identifying, escalating, and mitigating risks.**
- **Senior Decision-Makers:** Receive risk escalations and determine actions required.

- **Management Teams:** Ensure **SOPs** align with this **Action Card** and oversee local implementation.

🔴 **Risk Escalation and Mitigation:**

- **Follow local SOPs** to escalate risks up the **chain of command.**
- **Seek appropriate clinical advice** when needed.
- **Notify all relevant staff** of decisions and actions taken.
- **Record severe and recurrent risks** for monitoring and reporting.

🔵 **Incident Reporting & Documentation:**

- **Use Datix Incident Module** for reporting all staffing-related **incidents and near misses.**
- **Maintain local records covering:**
  - **National RAGG status**
  - **Escalations & mitigations**
  - **Clinical advice sought**
  - **Staff notifications**
  - **Disagreements and resolutions**

🟡 **Staffing Meetings:**

- **Daily huddles:** Assess real-time staffing, escalate risks, and discuss mitigations.
- **Monthly senior reviews:** Evaluate severe/recurrent risks based on **Datix reports and staffing records.**
- **Quarterly reporting: Senior Leadership Teams** submit reports on staffing risks and mitigations.

🔴 **Severe and Recurrent Risk Management:**

- **Identify trends** using **Datix and local records.**
- **Manage risks within Division/HSCP,** ensuring visibility across **NHSH.**
- **Escalate where further management is needed,** ensuring documented action plans.
- **Quarterly corporate review of Safe Staffing Risks** to ensure **system-wide oversight.**

🟢 **Compliance & Training:**

- **Complete essential TURAS learning modules.**
- **Management teams must ensure local training on RTS and Risk Escalation.**

📌 **Reference:** NHSH Risk Management Strategy & Policy
📖 **For full procedural guidance, refer to the NHSH Standard Operating Procedure on Real-Time Staffing and Risk Escalation.**

NHS Highland

Health and Care (Staffing) (Scotland) Act 2019 – Medical FAQs

Q1: Does the Act prescribe minimum staffing levels?
No. The Act does not prescribe minimum staffing levels. It is the responsibility of NHS Highland to establish processes that ensure appropriate staffing levels based on the needs of patients within each clinical area. This may involve multi-disciplinary or multi-professional teams, depending on the service.

Q2: Does this mean there is additional funding for staffing?
No. The Act does not come with specific or additional funding. However, it aims to improve the visibility of staffing issues, enabling senior decision-makers to make informed decisions regarding workforce requirements across all areas.

Q3: What are my responsibilities under the Act?
As a doctor, you already have a professional duty to ensure the delivery of safe, high-quality care to your patients. If a staffing issue arises that impacts patient care and it is within your control to address, you are required to take appropriate action. If you are unable to resolve the issue, you must escalate it through the appropriate management channels.

- **Clinical Leaders** have a real-time view of staffing, with authority to mitigate risks, escalate issues, and communicate decisions to staff.
- **Senior Medical Staff in Management Roles** are responsible for overseeing mitigation efforts, escalating unresolved issues, and ensuring clear communication with teams.
- **Senior Management** holds accountability for accepting and managing risks when mitigation is not possible.
  All incidents related to staffing concerns must be recorded through formal reporting systems such as Datix to ensure accountability and compliance with the Act.

Q4: Who is considered a 'Clinical Leader'?
The definition of a Clinical Leader may vary depending on the service. Generally, this role is held by an individual responsible for rota management, duty allocations, and staffing decisions. They have the authority to redeploy staff or secure additional resources when necessary. Clinical Leaders should have dedicated time in their job plans to fulfil this role and are responsible for ensuring staff awareness of the Act and appropriate training.
Responsibilities may be shared within teams—for example, a registrar may manage rotas, while a Clinical Director oversees staff training and authorises agency use.

Q5: What is meant by 'mitigation'?
Mitigation refers to actions taken to reduce the impact of staffing shortages on patient care. For example, if a doctor calls in sick, the Clinical Leader might:

- Redeploy staff from another well-covered area
- Cancel non-essential activities to prioritise emergency cover
- Engage bank staff or agency staff
- Utilise other members of the multidisciplinary team (MDT)
  The goal is to maintain safe, effective care with minimal disruption to services.

Q6: What if I disagree with the mitigation plans?
If you are directly involved in a staffing issue, the Clinical Leader is required to discuss the proposed mitigation strategies with you. If you believe the mitigation is inappropriate, the Act ensures there is a mechanism to formally record your concerns, with a process for reviewing and reassessing the mitigation plan. Work is ongoing to standardise how such concerns are documented.

Q7: Why are bank/agency costs generally restricted to 150% of the normal rate?
One of the objectives of the Act is to promote cost-effective staffing solutions and reduce reliance on high-cost agency staff. Typically, the cost of additional hours, bank shifts, or agency staff should not exceed 150% of the standard hourly rate for an equivalent employee. However, this is not an absolute limit. If exceeding this threshold is necessary, the circumstances must be clearly documented, and the details included in routine reports submitted to the Scottish Government.

Q8: What should I do if my unit is consistently short-staffed?
You have a duty to mitigate staffing risks where possible and escalate concerns through the appropriate channels. Senior decision-makers are responsible for reviewing data from Datix and other reporting systems to identify persistent or high-risk staffing issues. NHS Highland is then obligated to consider mitigation strategies, which may include service redesign to address ongoing workforce challenges.

Q9: Can non-clinical managers make staffing decisions?
No. The Act mandates that clinical advice must be sought before any staffing-related decisions are made. Non-clinical managers cannot make decisions regarding staffing without appropriate clinical input to ensure patient safety and the delivery of high-quality care.

This FAQ aims to support medical staff in understanding their responsibilities under the Health and Care Staffing (Scotland) Act 2019. Ongoing training, engagement sessions, and operational guidance will continue to support implementation across NHS Highland.

Action Card: Duty 12IH - Ensuring Time for Clinical Leaders

🔵 **Background:**

Duty **12IH** ensures that **Lead Professionals** have the **time and resources** necessary to manage staffing alongside other professional duties. Within this **Standard Operating Procedure (SOP),** these professionals are referred to as **Clinical Leaders.**

🟡 **Purpose:**

This SOP supports **NHS Highland (NHSH) Health Care Teams** in fulfilling the requirements of the **Health and Care Staffing (Scotland) Act 2019 (HCSSA).**

🔵 **Key Leadership Roles:**

Clinical Leaders must ensure:

- **Supervision of patient care**
- **Management and development of staff**
- **Delivery of safe, high-quality, person-centred care**

NHSH must allocate sufficient **time and resources** for **Clinical Leaders** to fulfil these duties, ensuring alignment with sector-specific **SOPs.**

🟡 **Scope:**

This SOP applies to **Clinical Leaders in NHSH** and **Health & Social Care Partnerships (HSCPs)** covered by the **HCSSA.** It includes **regulated professionals** (e.g., **GMC, NMC, HCPC**) and some **healthcare support workers.**

🔵 **Definition of a Clinical Leader:**

A **Clinical Leader** is an individual with **lead clinical responsibility** for a team. The **HCSSA Leadership Considerations List (Appendix 1)** must be used to determine this role. The term **"clinical"** is broadly applied to all **in-scope professions.**

🔴 **Time and Resource Allocation:**

NHSH has a duty to provide **adequate time and resources** for **Clinical Leaders.** While the Act does not define **"adequate time,"** it advises using existing **governance** to determine sufficient allocation. Support staff, such as **administrative assistance,** should be available as needed.
Clinical Leaders should also have knowledge of the **Act,** e.g., completing the **TURAS Skilled Level training module.**

🔴 **Protecting and Evidencing Time to Lead:**

Time to lead must be **protected and recorded.** Short-term evidence includes:

- **Nursing staff:** SSTS
- **Other professionals:** E-job planning, work diaries, TURAS appraisals
- **Additional sources:** iMatter surveys, reflective practice, appraisals, and job plan completion rates

🔴 **Escalation procedures must be in place if time to lead is not protected, ensuring senior management intervention and review** (as per **RTS and Risk Escalation SOP**).

🔴 **Severe and Recurrent Risks:**

Severe and **recurrent staffing risks** are defined as **repeated incidents** (severity level **3-5**) or **near misses** due to **staffing issues. Senior Managers** must review **staffing risk reports monthly** and update **Division/HSCP Risk Registers** accordingly.

🟢 **Assurance and Reporting:**

- **Senior Management teams** must submit **quarterly Staffing Risk reports,** detailing **current risk scores and mitigation actions.**
- **Safe Staffing Risks** will be reviewed **quarterly** at the **NHSH senior management and corporate level.**

🟡 **Job Descriptions:**

Any necessary **role adjustments** will follow existing **job planning and evaluation processes. Clinical Leader** roles should explicitly reference **HCSSA responsibilities** in **job descriptions and advertisements.**

✅ **Conclusion:**

This **Action Card** ensures that **Clinical Leaders** are supported with the **necessary time and resources** to uphold **safe staffing standards,** fostering **high-quality patient care** across **NHSH.**

Agenda Item 16

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th March 2025**
Title:	**Employability Strategy**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Megan Glass, Employability Lead**

Report Recommendation:

The Board is asked to

- **Approve** the strategy document for publication.

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Employability Strategy is now at final stage (appendix 1) following an organisational wide consultation. It is being presented to Board for approval prior to launch.

The Strategy commits to widening access and delivering employability support to enhance social mobility and life chances of our local communities while addressing workforce gaps and needs.

Our Employability & Widening Access Strategy sets out our ambition: "We aspire to be an exemplar employer that increases community wealth by creating opportunities for all and especially those experiencing barriers to entering into the labour market"

2.2 Background

This strategy was developed collaboratively with representatives from across the organisation. We also engaged with colleagues nationally to develop the strategy taking account of Government strategic initiatives including our role as an anchor institution to help reduce inequalities for the population we serve.

We engaged with a wide range of external stakeholders and internal colleagues in order to develop the strategy and consider our three year plan. Examples were sourced from other Boards across Scotland. We also referred to Government initiatives such as Tackling Child Poverty and No-one Left Behind, workforce and labour market data and reports relevant to health and employment inequalities.

2.3 Assessment

At present there is no specific Employability Strategy outlining NHS Highland's aims, commitments and activities.

This strategy is a long-term commitment to delivering on our obligations as an Anchor institution and to support the development of our workforce so it is representative of the communities we serve. Realising the ambitions will require collaboration and effort from everyone in the organisation and our external partners. We are experiencing significant staffing and financial challenges, however, we need to act now to address the inequalities facing our population and support our future workforce.

The consultation period opened on 2nd December 2024 and closed on 16th January 2025 and feedback has been incorporated into the revised strategy document. Some of the positive comments received:

"I found it both inspiring and forward-thinking. I particularly appreciate seeing the third sector integrated into the plans—it's a fantastic recognition of the vital role they play".

"This is an excellent commitment to supporting Employability within our region and an excellent platform to allow staff, partners and public the opportunity to share ideas and solutions on how we attract people to an NHS career and the range of training opportunities on offer".

We have set out our ambition to create pathways and employment opportunities for all with a focus on supporting key groups who experience barriers to employment; and young people are part of that. We have agreed one of our key aims in year 1 is school engagement, promoting pathways, develop apprenticeship strategy and review delivery of work experience.

The aim of this work is to harness the potential of individuals and help them to build brighter futures while strengthening our workforce of the future. Currently 3.6% of our workforce is under 25 and 45% of our workforce are over 50, therefore we need to work with schools and further education providers to raise awareness on the varying careers in NHS Highland and the pathways available.

We recognise our role as an anchor organisation and through engagement with young people from low socioeconomic backgrounds who may have limited opportunities we can have a role in providing accessible work experiences to inspire their future choices.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The assurance is substantial due to the reach of the consultation, the incorporation of feedback and the governance routes followed

3 Impact Analysis

3.1 Quality/ Patient Care

Having a pipeline of opportunities into roles will support workforce planning to secure our future workforce to care for our patients/service users, whilst creating an inclusive environment that will strengthen NHS Highland's reputation as an employer of choice.

3.2 Workforce

The Strategy will support development of our workforce and succession planning. It will create more opportunities for people to earn while they learn and may support younger people to remain in the area and reduce depopulation.

3.3 Financial

If we can create employability opportunities and address some of our difficult to recruit to areas, this may result in less supplementary staffing costs. We will also work with local employability partnerships and 3rd sector organisations to support the development of placements and employability support so funding bids will be progressed as plans develop.

3.4 Risk Assessment/Management

We have had the risk of an ageing workforce for some time and with the focus on employability and developing a strategy around this we can start to encourage the younger generation into roles available in NHS Highland in a variety of ways. Due to some of the current staffing pressures there is also a risk that some areas will struggle to support employability initiatives. Risks will be identified for the actions contained within the strategy and documented and managed through the Employability Oversight Group

3.5 Data Protection

No personally identifiable information was collected during the formation of the draft strategy. Personal information such as names and email addresses may be captured during the consultation phase. Advice has been sought from the data protection team and they consider this information to be low risk as it is employment information that has already been processed and is already available.

3.6 Equality and Diversity, including health inequalities

An EQIA on the strategy has been developed by the Employability Oversight Group, the final EQIA has also included all feedback from the consultation to ensure that potential impacts and mitigations have been considered.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

A consultation period ran from 9th December 2024 until January 15th 2025 for the purpose of receiving feedback on the strategy from colleagues across the organisation. Information about the consultation was included in the weekly round-up on 5th December 2024 and 9th January 2025 and was also promoted on the Employability Intranet home page and through HEP and LEPs and through the Youth Academy Huddle. Presentations were made online to the following groups and feedback recorded as below.

Name/s of person or group	Date
Employability Oversight Group	26/11/24 & 07/01/25
People Portfolio Board	25/11/24
Corporate LPF	27/11/24
Medical & Dental Bargaining	03/12/24
Finance Directorate Meeting	03/12/24
EDG	09/12/24
Public Health SLT	12/12/24
Area Partnership Forum	13/12/24
e-Health SLT	16/12/24
Community LPF	17/12/24
Strategy & Transformation SLT	18/12/24
Acute SLT	18/12/24
Community SLT	18/12/24
Acute LPF	19/12/24
Argyll & Bute JPF	13/01/25
Staff Governance Committee	14/01/25
Highland Employability Partnership	22/01/25
Youth Academy Huddle	21/01/25
Argyll & Bute LEP	04/12/25

The draft strategy was also shared on the NHS Highland Engagement HQ platform as a pilot project from 9th December – 15th January. The platform allows for internal and external engagement, with enhanced monitoring and data collation to analyse reach and impact. There were a total of 185 visits to the page and 3 people left feedback/comments.

3.9 Route to the Meeting

This strategy 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.

- Employability Oversight Group 26th November 2024 & 28th January 2025
- People and Culture Portfolio Board 25th November 2024 & 27th January 2025
- Executive Directors Group 9th December 2024
- Area Partnership Forum 13th December 2024
- Staff Governance 14th January 2025
- Area Partnership Forum 14th February 2025
- Staff Governance Committee 4th March 2025

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Equality, Diversity & Inclusion Workforce Strategy 2025 - 2028

> *We aspire to be an exemplar employer that increases community wealth by creating opportunities for all and especially those experiencing barriers to entering into the labour market*

Employability & Widening Access Strategy 2025-2028

TOGETHER WE CARE - WITH YOU, FOR YOU

Plan Attract Train Employ Nurture

Argyll Bute Council

The Highland Council
Comhairle na Gàidhealtachd

NHS Highland
na Gàidhealtachd

Contents

Foreword

We recognise the importance of developing our current workforce and the workforce for the future. To sustain and enhance our vital services, we must widen access to employability opportunities and programmes to our communities.

As the largest employer across Highland and Argyll & Bute we hold a unique position of influence. By leveraging our role as an anchor organisation, we can contribute to the health of our communities and their economic resilience and social mobility. This will be achieved by working with partners and targeted initiatives such as apprenticeships, employability programmes and enhanced activity with schools.

This Strategy sets out our ambition and commitment to create employment opportunities for all with a focus on supporting key groups who experience barriers to employment; young people, lone parents, those currently in the benefit system and others.

Our commitment is to create pathways for individuals to develop skills, secure meaningful employment and build sustainable careers, irrespective of background and circumstances. This is built on the core principles of equity, inclusion and opportunity. This strategy has been developed alongside our Equality, Diversity and Inclusion Strategy to ensure we are aligned.

This reflects our commitment to reduce barriers to employment and create opportunities to harness the potential of individuals and help them to build brighter futures while strengthening our workforce of the future

This is a collective endeavour; collaboration with education providers, local authorities, community organisations and other partners is essential in realising the vision.

We look forward to working with our partners and communities in supporting this work and creating employment opportunities within our Board area and reducing health inequalities for our communities.

Gareth Adkins
Director of People and Culture
NHS Highland
April 2025

1.0 Introduction

NHS Highland recognises, as an anchor organisation and exemplar employer, the reciprocal link between health and work, and by widening access and employability programmes, we can enhance social mobility and life chances of our local communities, while addressing workforce gaps and needs. The right career with fair pay and conditions can improve people's overall physical and mental health, support their quality of life leading to a reduction in health inequalities. A fair income from employment can also prevent and reduce child poverty which can underpin poorer health outcomes throughout the life course.

NHS Highland is committed to having a health and social care workforce that is representative of the communities we serve, with particular focus on widening access for those who are underrepresented within our existing workforce. We want the reputation of being an exemplar employer that attracts people who share our ambitions and values and gain their commitment to working with us by ensuring that their experience is a positive one.

2.0 Context

This requires us to provide additional opportunities, targeted at disadvantaged individuals to gain access to roles within health and social care, to affirm their interest in working within our organisation and give them confidence to apply for jobs. This will be provided as a mixture of work experience, volunteering, paid work placements and apprenticeship opportunities, working alongside partner agencies to support these programmes.

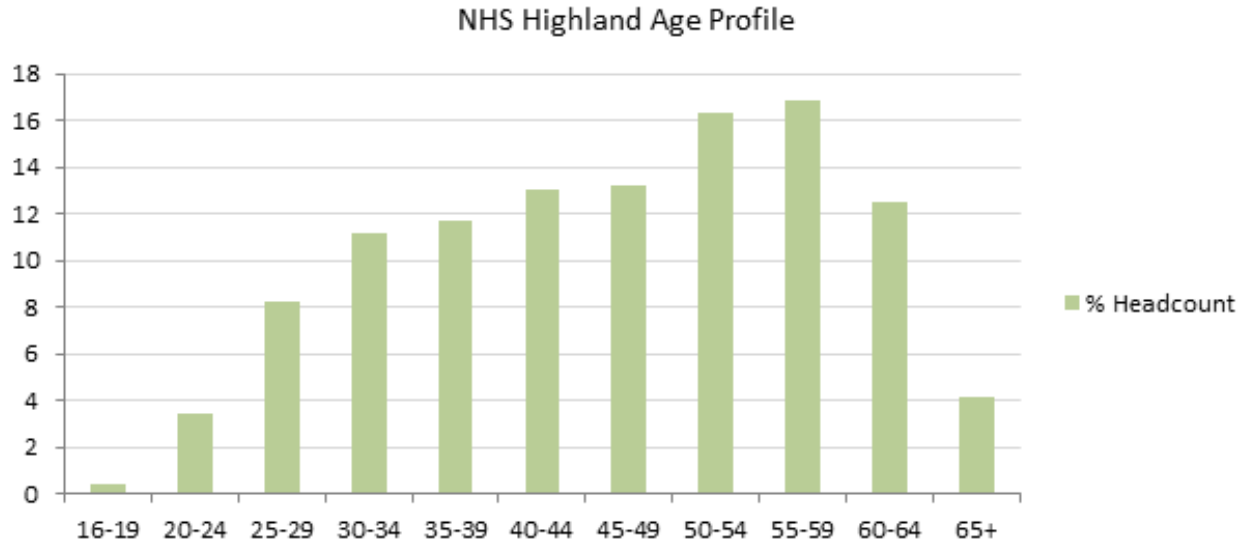
- Long term unemployed
- Unemployed/low income parents
- 16-19 year olds without a positive destination
- Care experienced individuals
- Veterans
- Those involved in the criminal justice system
- Ethnic minorities/refugees
- People with additional support needs

> ***We will support those from disadvantaged backgrounds or those from underrepresented groups to create more pathways into employment and reduce the barriers they currently face. We aim to create inclusive employability support which will result in a wider and more diverse talent pool within our organisation.***

This work links with our Health and Wellbeing Strategy and Equality, Diversity & Inclusion Strategy in order to deliver our strategic objectives from the Together we Care Strategy and the annual delivery plan (ADP). Ensuring we have inclusive job opportunities with a focus on reducing barriers for groups underrepresented in healthcare, such as young people, those with disabilities and those from disadvantaged backgrounds. There will also be a focus on mental health support, flexible working arrangements, and a safe working environment to enhance retention and job satisfaction.

3.0 Labour and Workforce data

NHS Highland has an ageing workforce and we are currently facing challenges in recruiting to key posts within our workforce. Currently 3.6% of our workforce is under 25 and 45% of our workforce are over 50 which is higher than the national average (NHS Scotland data).



> ***The Highland population is growing below the national average and we have less younger people (16%) and the proportion of people aged 65 and above (23.7%) in Highland was higher than the national average.***

Table 3.1: Population by age and local authority in 2021

Age	Highland	Highland %	Scotland %
0-15	38,130	16%	17%
16-64	144,706	61%	64%
65+	55,224	23%	20%
All ages	**238,060**	**100%**	**100%**

Source: NRS Small Area Population Estimates

Over the period 2018 to 2028, Highland's percentage change in population aged 75 and over is forecast to increase by 34%. This highlights an ageing population and potentially indicates that more young people are forecast to leave Highland whilst older people are staying. (ref: Supporting Evidence for the Inverness and Cromarty Firth Green Freeport Skills Plan May 2024).

Depopulation is a significant challenge for the Highlands & Islands region. The decline in the numbers of working age has decreased more rapidly between 2011 and 2022 in the area (-5.3%) than Scotland (-1.1%) and almost a quarter (24.2%) of the population in the region were of retirement age (65+), (20.1% in Scotland).

There is an overriding need to improve the issue of depopulation and increase access to labour to make the region a more attractive place to live alongside a regional effort to support talent attraction, upskilling and reskilling, and reducing economic inactivity.

4.0 Our Key Drivers

NHS Highland wants to ensure we enhance visibility of careers by increasing visibility amongst all areas of our community of the variety of roles and career pathways within our organisation and routes into employment. NHS is the largest single employer in Scotland and NHS Highland is the largest employer in the Highlands with over 300 different types of job roles available.

We also want to widen access to NHS Highland job opportunities for those experiencing actual, or perceived, barriers to employment.

Our drivers are derived from Scottish and UK Government priorities and our responsibilities as an Anchor organisation (outlined below). We have also outlined our commitment in our Together we Care Strategy in terms of being an employer of choice and Tackling Child Poverty Action Plan.

Scottish and UK Government priorities	Anchor Organisation Ambitions
• No-one left behind (NOLB) • Fair Start Scotland • Parental Employment Support • Tackling Child Poverty Delivery Plan • Developing the Young Workforce • Young Persons Guarantee • Shared Prosperity Fund • Keeping The Promise • Corporate Parent • Disability Confident • Improving Scotland's Health - Drugs & Alcohol Workforce Action Plan 2023-2026	• Creating supply in our labour market - enabling access and reducing gaps and barriers to employment • Targeting young people, career changers and inward migration • Contributing to inclusive growth

We recognise some of the best talent comes from some of the most overlooked and socially excluded groups, and this is something we are passionate about changing. We value the lived experience of people that may have used our services and recognise that this can be harnessed through employability programmes to improve our responsiveness and the experience of others.

Employability support provides the opportunity to learn new skills and gain valuable work experience. They aim to support people into jobs within the NHS through the delivery of structured programmes that support barriers to employment and often include education awards.

Our programmes will be more than just about clinical skills or getting a job, they are about quality personalised learning experiences, equipping individuals for lifelong employability and learning.

5.0 Routes into NHS

[Routes into NHS Highland careers | NHS Highland (scot.nhs.uk)]

Apprenticeships offer an exciting career path and offer the opportunity to earn while you learn and can be a stepping stone into a future career whilst gaining practical experience.

Volunteering or doing a work placement can provide valuable healthcare experience that could help when applying to college, university, or a new job in the NHS. Or to help build confidence or get an insight into working in the NHS.

Qualified healthcare professionals, including nurses and allied health professionals, can use the return to practice process to update their skills through placement-based learning and study. It leads to readmission to a professional register.

> ***NHS Highland was among almost 200 organisations awarded the Defence Employer Recognition Scheme (ERS) Gold Award for 2023***

The Scottish Credit and Qualifications Framework (SCQF) can help veterans understand their qualifications, and map qualifications and experience to NHS pathways and roles.

6.0 Working with Key Stakeholders

We will be working collaboratively with our key stakeholders across Highland and Argyll & Bute Council areas. We will maintain and build on our already good relationships with our external providers, as well as our local service leads and managers to widen the scope of Apprenticeships, work experience and other employability support within the organisation. Through robust engagement with our key stakeholders we will form a powerful alliance to deliver a shared vision in support of employability. **Our key external partners are noted in the table below:**

• Skills Development Scotland (SDS)	• Job Centres (DWP)
• Developing the Young Workforce (DYW)	• Education Establishments (Schools, UHI, independent learning providers)
• National Education Scotland (NES)	• Highland Council
• Argyll & Bute Council	• Armed Forces & Veterans
• Highland Third Sector Interface	• Highland Youth Academy

7.0 Our Commitments

Our commitment is to deliver a suite of options to support employability and widening access opportunities within NHS Highland.

7.1 We Commit to - Working with Stakeholders:

- To identify, develop, and deliver employability support working with providers
- To identify training availability and gaps for development
- Identify and gain access to key groups most in need of support to enter the labour market
- Continue to link with national and regional employability networks
- To deliver a careers awareness programme across schools
- Develop infrastructure to support placements within NHS Highland including mentorship for those placed and training for local placement supervisors

Which will result in:

- Coordinated approach to working with partners to increase community wealth and increase employment and skills in the labour market
- Development of employability support that meet the need of those from underrepresented groups
- Work together to plan national and local events, sharing best practice

7.2 We Commit to - Improving Our Data

- Tracking all employability schemes across the organisation
- Analyse and utilise data from schools on pupil aspirations
- Developing KPIs to measure progress on employability programmes and inform future focus
- Utilise workforce and local labour market data to develop employability plans

Which will result in:

- The ability to forecast future needs by using trends to predict workforce demands
- Monitoring progress – regular analysis of data will help track progress against our goals

7.3 We Commit to - Providing placements and Widening Access

- Paid public sector placements
- Senior phase school work experience programme
- Junior Phase school NHS careers awareness programme
- Support the curriculum for My World of Work
- Broaden volunteering approach to align with employability
- Work Experience
- Working with 3rd sector organisations to develop placement opportunities
- Creating networks to support those on placements
- Providing support for applications and navigating our recruitment systems

Which will result in:

- Create opportunities for those with little or no experience and/or skills to gain some experience and skills to enable access to the labour market
- The opportunity to gain insights and skills into health and social care careers

7.4 We Commit to - Developing Career pathways

- Expand “grow your own” opportunities
- Develop Apprenticeships using full range of available frameworks at Foundation, Modern and Graduate levels as entry routes to the organisation
- Work with training providers to develop associated learning pathways
- Working with partners to ensure we are targeting groups who may not be attending school so they are aware of opportunities available

Which will result in:

- Increased number of entry routes for young people #nowrongpath
- Creating a more inclusive environment and increased representation of diverse groups in NHS Highland
- Increased opportunities for development and career change within NHS Highland

8.0 Monitoring and Reviewing the Strategy

It is proposed that an Employability group will plan and co-ordinate delivery of the strategy and report into the People & Culture portfolio board. In addition, we will be working with and reporting progress through the Highland Employability Partnership and Argyll & Bute Employability Partnership.

Progress on the work will be provided to the Area Partnership Forum, Local Partnership Forum, Staff Governance Committee, and other relevant forums. To succeed this Strategy requires senior leadership sponsorship and buy-in and commitment from local service leads.

9.0 Implementing the Plan

This strategy sets out the plans for the next 3 years (2024-2027), mirroring the Together we Care plans.

The tables below illustrates the implementation plan for the next 3 years This will be supported by a more detailed action plan with short medium and long term priorities:

Year	Theme	Actions
1.	Establish foundation	Employability Group and team creation, develop programmes & protocols, raise awareness across the organisation and with partners. Focus for year 1 will be around school engagement, promoting pathways, develop apprenticeship strategy and review delivery of work experience. School engagement - Capture the views of children and young people to inform future developments.
2.	Expand initiatives	Develop and build upon employability and widening access programmes, create NHS Highland career events, create employability networks to support individuals e.g. Apprenticeship network.
3.	Evaluate and review	Consolidate employability programmes, Review strategy effectiveness, make necessary adjustments, and reinforce successful initiatives, apply for relevant accreditation e.g. Investors in Young People

Mar NC25-00050 Raigmore Hospital, Inverness

Agenda Item 17

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
Title:	**Review of Argyll and Bute HSCP Integration Scheme 2025**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Ruth Daly, Board Secretary**

Report Recommendation:

The Board is invited to note:

a) the requirement for a review of the current Argyll and Bute Health and Social Care Partnership Integration Scheme to be carried out by 23rd March 2026.
b) the steps being proposed by the Argyll and Bute Integration Joint Board in respect of carrying out the review, including the formation of a working group, and
c) that further updates in respect of the review will be prepared for future meetings of Argyll and Bute Council, IJB and NHS Highland Board.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns 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 purpose of this report is to advise the Board of the requirement to review the Argyll and Bute Health and Social Care Integration Scheme (the Scheme) and the proposed steps to achieve this.

2.2 Background

In line with the provisions of section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 a review of the Integration Scheme between Argyll and Bute Council and NHS Highland requires to be completed and ready for submission to Scottish Ministers no later than 23rd March 2026, or a decision taken by the partner bodies that no changes are necessary to the current scheme by that date.

2.3 Assessment

The legal requirement to complete a review of an Integration Scheme is set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The Scheme must be reviewed each subsequent period of 5 years beginning with the day on which the Scheme was approved, in this case 23rd March 2021.

On this basis a review of the Scheme is required by law to be completed by 23rd March 2026. The statutory responsibility to review the Scheme sits with the Board of NHS Highland and Argyll and Bute Council.

Drawing on the approach adopted for the previous review of the Scheme, which was undertaken in 2019/20, a Working Group has been established to determine and agree any revisions required to the Scheme. The Working Group includes Senior Officer representation from across the Council, Argyll and Bute HSCP, and NHS Highland. An initial meeting was held on 11 March 2025 and the Group have begun the process of identifying potential areas for change.

Once the Working Group have completed their review of the Scheme over the coming months, a further report will be prepared for the Council, IJB and NHS Highland Board to seek agreement on any proposed changes put forward. If both parent bodies are agreeable to any proposed amendments, there is then a requirement to undertake a formal consultation exercise in accordance with Section 46(4) of the Public Bodies (Joint Working) (Scotland) Act 2014. The Council and the Health Board must jointly consult with groups and individuals, to include prescribed stakeholders, and any others deemed appropriate.

In the event that a formal consultation exercise is required, the Working Group will develop, as part of their remit, a draft consultation and engagement strategy, for consideration and approval by the parent bodies at future meetings of the Council and NHS Highland Board. This will include details of the proposed consultation period/timetable, key consultees and methods of consultation/engagement.

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** none arising from this report

3.2 **Workforce** none arising from this report

3.3 **Financial** none arising from this report

3.4 **Risk Assessment/Management**

If the review of the Integration is not completed within the designated timescales, there is the risk of non-compliance with statutory measures under the Public Bodies (Joint Working) (Scotland) Act 2014.

3.5 **Data Protection**

Activity is undertaken in line with GDPR regulations

3.6 **Equality and Diversity, including health inequalities** none arising from this report

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3.7 **Other impacts**

No other impacts

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

If both partner bodies are agreeable to any proposed amendments, there is then a requirement to undertake a formal consultation exercise in accordance with Section 46(4) of the Public Bodies (Joint Working) (Scotland) Act 2014. The Council and the Health Board must jointly consult with groups and individuals, to include prescribed stakeholders, and any others deemed appropriate.

3.9 **Route to the Meeting**

The subject of this report is being considered by the Argyll and Bute Integration Joint Board and Argyll and Bute Council.

4. List of appendices

There are no appendices included with this report.

Agenda Item 17

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
Title:	**Annual Review of Code of Corporate Governance**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Ruth Daly, Board Secretary**

Report Recommendation:

The Board is asked to:

(a) **Approve and take assurance from** the recommendation of the Audit Committee in agreeing revisions to the Code of Corporate Governance, as set out in the appendices to this report, and

(b) **Note** that the full suite of control documents will be revised and re-uploaded to the web once approved by the Board.

Board members can access the complete online 2024 Code of Corporate Governance which incorporates all control documents. Only the sections of the Code that will be revised are circulated to this meeting.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement
- Local policy

This aligns 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	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 asks the Board to approve the recommendation of the Audit Committee in agreeing the 2025 revisions to sections of the Board's Code of Corporate Governance. The report has been prepared by the Board Secretary, with input from Finance colleagues, to take account of developments and changes that require to be reflected in the Code.

2.2 Background

The Board agreed the current Code of Corporate Governance in March 2024 as part of its annual update. The Code incorporates the following sections:

(a) How Business is organised:
- NHS Highland Board Committee Structure
- Standing Orders for NHS Highland Board
- Governance Committee Terms of Reference

(b) Code of Conduct for Board Members
(c) Standing Financial Instructions
(d) Reservation of Powers and Scheme of Delegation
(e) Counter Fraud Policy and Action Plan
(f) Standards of Business Conduct for Staff

2.3 Assessment

In March 2025, the Audit Committee considered several revisions to different sections of the Code and has agreed to recommend them for formal approval at this Board meeting.

The following provides a brief overview of sections of the code that have been revised since March 2024. The revised documents are appended for Committee's agreement.

The full Code of Corporate Governance can be accessed on NHS Highland's website: Code of Corporate Governance. This document includes all the sections referred to in paragraph 2.2 above and will be refreshed to incorporate the revisions recommended for Board approval at this meeting.

Review of Governance Committee Remits

Governance Committee Terms of Reference have been considered and reviewed within the last quarter and are appended to this report for Audit Committee's consideration and agreement. The full suite of ToRs is appended for information, and there are minor revisions only to the following two:

- Clinical Governance Committee – clarification and update to list of regular attendees to meetings
- Staff Governance Committee – revision to avoid misinterpretation of the reporting route for the People and Culture Portfolio Board, and clarification of the basis for the Employee Director's membership.

Revisions to Fraud Policy

There are revisions proposed to the Fraud Policy and response plan as highlighted in the attached document. The revisions aim to clarify the approach to be taken by members of staff relating to contact with the media if they suspect fraud/theft. There are also some updates to the contact details for relevant individuals.

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

The contents of this report have been considered by individual governance committees and recommended for Board approval by the Audit Committee on 11 March 2025.

4 List of appendices

The following appendices are included with this report:

- Appendix 1 ToR Clinical Governance Committee – changes highlighted
- Appendix 2 ToR Staff Governance Committee – changes highlighted
- Appendix 3 Revised Fraud Policy and Response Plan.

Sections added	~~Sections deleted~~
Sections moved	

NHS Highland

CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Clinical Governance Committee confirmation – 9 January 2025 ✓
Audit Committee endorsement for Board approval 11 March 2025
For approval at NHS Highland Board 25 March 2025

1. PURPOSE

1.1 To carry out the statutory duties as outlined in NHS MEL(1998~)75, NHS MEL (2000)29 and NHS MEL (2001)74.

1.2 To give the Board assurance that clinical and care governance systems are in place and working throughout the organisation.

1.3 To provide assurance that decision making about the planning, provision, organisation and management of services which are the responsibility of the Board takes due cognisance of the quality and safety of care and treatment.

1.4 To oversee the clinical governance and risk management activities in relation to the development and delivery of the NHS Highland Strategy, ensuring it fits with national strategies, takes into account local population needs and demographics, and is geared towards quality, sustainable community and acute services.

1.5 To assure the Board that clinical and care governance arrangements in both Health and Social Care Partnerships are working effectively.

2. COMPOSITION

2.1 The membership of the Clinical Governance Committee will be:

- 4 Non Executive Board members, one of whom would Chair the committee
- Chair of the Area Clinical Forum
- Staff side Representative
- 2 Independent Public Members
- Medical Director
- Director of Public Health
- Nurse Director

2.2 Ex Officio

Board Chair
Chief Executive

2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Deputy Medical Directors
- Chief Officer Highland HSCP
- Chief Officer A&B HSCP
- Chief Officer Acute Services
- Clinical Director of e-Health (Head of e-Health as substitute)
- Director of Pharmacy
- Board Clinical Governance Manager
- Clinical Governance Manager Argyll & Bute
- Contracted Services Representative, The Highland Council
- ~~***Associate***~~ Director of Allied Health Professionals
- Deputy Nurse Director
- Associate Nurse Directors
- ~~***Head***~~ **Director** of Midwifery
- Director of Adult Social Care
- Consultant Community Paediatrician
- Lead for Realistic Medicine

2.4 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due, to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Clinical Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. The Chair may convene ad-hoc meetings to consider business requiring urgent attention.

4.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee and a Vice Chair who will chair in their absence.

4.3 If the Chair is absent from any meeting of the Committee, the Vice Chair shall chair the meeting.

4.4 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.5 Items will be added to the agenda with the agreement of the Chair and/or Medical Director.

4.6 An action plan will be produced after each meeting within 5 working days to ensure business of the Committee is progressed and implementation of agreed actions takes place as soon as possible where appropriate.

4.7 All papers received by the Committee will be presented in person, unless otherwise agreed by the Chair.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- interrogate the clinical and care governance systems to ensure that the principles and standards for clinical governance are being implemented;
- challenge evidence gathered across the organisation to raise areas of concern, ensure that these are properly addressed, and to monitor and review the effect of actions taken and report outcomes to the Board;
- review outcomes against local and national standards and to ensure compliance with national regulatory and performance requirements;
- select and agree a range of clinical targets and outcomes in conjunction with clinicians and other relevant personnel and ensure an appropriate audit and reporting framework is adhered to across the organisation
- receive exception reports from its reporting committees on relevant areas of concern and the submission of action plans of amended practice;
- receive reports from its reporting committees;
- receive regular reports from the Quality and Patient Safety Groups on the implementation of the quality & patient safety framework and on an agreed range of quality targets and outcomes;
- receive the Committee's risk register at every meeting
- receive the Strategic Risk Register at alternate meetings for consideration by the Committee;
- review regularly the sections of the NHS Highland Integrated Performance and Quality Report relevant to the Committee's responsibility; and
- receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance

reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.

5.2 The Committee will undertake an annual self-assessment of the its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

5.5 The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

6. AUTHORITY

6.1 The Committee is authorised to investigate any activity within its remit. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Furthermore, independent external advice may be accessed in respect of matters within the Committee's remit.

6.2 The Committee is accountable to the Board and will report to the Board through the issue of Assurance Reports. The Committee will raise specific issues with the Board as it considers necessary.

6.3 The Committee will present an annual account to the Board in execution of its duty to provide assurance that NHS Highland's statutory duties with regard to clinical governance are being fulfilled.

6.4 A number of committees and groups are accountable to the Clinical Governance Committee and will provide assurance to the Committee. Such assurance is given by the submission of exception reports of activity and areas of good practice, exception reports on areas of concern, and work plans. Areas of concern identified by these committees will be addressed specifically on the agenda of the Clinical Governance Committee. In addition, the Lead Executives for the reporting Committees will be asked to give a written exception report when

appropriate together with an annual presentation to the Clinical Governance Committee.

6.5 Assurance regarding Adult Social Care Services is within the remit of the Argyll & Bute Integrated Joint Board and the Highland Health and Social Care Partnership.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to NHS Highland Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The following Committees will report to the Clinical Governance Committee:

- NHSH Quality and Patient Safety Groups – Exception Reports and all Minutes to every meeting
- Argyll and Bute Clinical & Care Governance Committee – Exception report and all Minutes to every meeting
- Control of Infection Committee Assurance Report
- 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
- Research, Development & Innovation Committee – Annual report

7.3 . The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an update on all changes being submitted to the Audit Committee

Sections added	~~***Sections deleted***~~
Sections moved	

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Committee agreement – 14 January 2025
Intended date of Audit Committee agreement – 11 March 2025
Intended date of Board approval – 25 March 2025

1. PURPOSE

1.1 The purpose of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.

1.2 To assure the Board that the staff governance arrangements across NHS Highland are working effectively.

1.3 As a Committee of the Board, escalate any issues if serious concerns are identified regarding staff governance issues within NHS Highland.

2. COMPOSITION

2.1 The membership of the Staff Governance Committee will be:

- Four non-executive members, one of whom will be the Chair of the Committee.
- Employee Director as Chair of joint staffside
- Three Area Partnership Forum (Staffside) representatives
- Chief Executive

2.2 Ex Officio

Board Chair

2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of People and Culture
- Deputy Chief Executive
- Nurse Director Medical Director
- Director of Public Health
- Chief Officer, Acute
- Chief Officer, Argyll and Bute IJB
- Chief Officer, Highland HSCP
- Director of Estates, Facilities and Capital Planning
- Director of Finance
- Director of Adult Social Care
- Deputy Director of People
- Staffside Co-Chair of Health & Safety sub committee

2.4 The Director of People and Culture will act as Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three non-executive members are present. Non- Executive Directors who are unable to attend a meeting should find a substitute to attend in their place.

4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. Where possible, these meetings should be held to fall between two and four weeks before the NHS Highland Board meeting.

4.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee and a Vice Chair who will chair in their absence.

4.3 If the Chair is absent from any meeting of the Committee, the Vice Chair shall chair the meeting.

4.4 The agenda and supporting papers will be sent out at least five working days before the meeting.

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Highland's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard and reporting on progress to Scottish Government.

- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements.

- Give 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.

- Oversee the commissioning of structures and processes which ensure that the delivery against the standard is being achieved.

- Monitor and evaluate strategies and implementation plans relating to people and culture, through the Together We Care Strategy, Argyll & Bute HSCP Strategic Plan, the Annual Delivery Plan and the Workforce Plans for NHS Highland and Argyll & Bute HSCP.

- Provide support for any policy amendment, funding or resource submission to achieve the Staff Governance Standard.

- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters.

- Provide assurance and oversight to the Board for the operation of the Area Partnership Forum and the Health & Safety Committee. ~~*and the groups reporting to the People and Culture Portfolio Board (namely: Culture Oversight Group; Health and Wellbeing Group; Diversity and Inclusion Group and Health and Care Staffing Act Programme Board) and escalate any matters as required.*~~

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this.

- Provide oversight for the delivery of Medical Education within the Board, including provision of an annual report to the Committee.

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year and shall review this at each meeting.

5.5 The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this

assurance will be included as an explicit statement in the Committee's Annual Report.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it needs and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to NHS Highland Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Area Partnership Forum will report to the Committee and act as the main implementation body for the Staff Governance agenda.

7.3 The Health and Safety Committee will report to the Committee to ensure that the appropriate processes and resources are in place to facilitate the achievement of Health and Safety Policy Aims and Strategic Objectives and for assurance of and escalation for matters relating to Health & Safety. This will include receiving an annual report on progress with the Health and Safety agenda.

7.4 The People and Culture Portfolio Board will report to the Committee on progress with and assurance of the People and Culture elements of the Strategy and Annual Delivery Plan, including the Argyll and Bute Strategic Plan, as well as compliance with the Health and Care Staffing Act and delivery of the Workforce plans for both NHS Highland and Argyll & Bute HSCP. This will include a dashboard of metrics and insights and oversight of key risks and issues.

FRAUD POLICY AND RESPONSE PLAN

Finance Department

Warning – Document uncontrolled when printed

Policy Reference:	Fin 98.0	**Date of Issue:**	~~November 2023~~
Prepared by:	Technical Accountant	**Date of Review:**	January
Lead Reviewer:	Fraud Champion	**Version:**	1.98
Authorised by:	Director of Finance	**Date:**	January 2025~~November~~
Planning For Fairness:	No		

Distribution:

- Executive Directors
- Non-Executive Members
- All Managers
- All Staff

Method
Intranet ✓

Fraud Policy

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2. The Bribery Act 2010 – Key Points
3. The Bribery Act 2010 – NHS Highland's Aims & Objectives
4. National Fraud Initiative
5. Guidance to Staff on Fraud/Bribery/Corruption/Theft
6 Collaborating to Combat Fraud
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Annex 1: Misappropriation of Medicines

Annex 2 Flow Chart – Where misappropriation of medicines is suspected

Annex 3: Flow Chart - Procedures for Dealing with Allegations of Fraud/Bribery/Corruption/Other Irregularities

FRAUD POLICY

1 Introduction

1.1 NHS Highland is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Highland staff and individuals acting on NHS Highland's behalf are responsible for conducting NHS Highland's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.

1.2 One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk of and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty or damage to property.

2 The Bribery Act 2010 – Key Points

2.1 The Bribery Act 2010 ("The Act") came into effect on 1 July 2011, aiming to tackle bribery and corruption in both the private and public sectors.

2.2 The Act is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Highland, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 & 6 offences) and this can be punishable for an individual by imprisonment of up to ten years.

2.3 In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Highland can be exposed to criminal liability, punishable by an unlimited fee, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up to date and effective. The corporate offence is not a standalone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Highland, in the course of their work. NHS Highland therefore takes its legal responsibilities very seriously.

2.4 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Highland, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

3 The Bribery Act 2010 – NHS Highland's Aims & Objective's

3.1 NHS Highland welcomes the Act and is keen to ensure compliance with the Act's standards.

3.2 NHS Highland does not tolerate any form of bribery, whether direct or indirect, by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.

3.3 NHS Highland will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for or on behalf of NHS Highland with immediate effect, where there is evidence that they have committed acts of bribery.

3.4 The success of NHS Highland's anti-bribery measures depends on all employees, and those acting for NHS Highland, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Highland are encouraged to report any suspected bribery.

4 National Fraud Initiative (NFI)

4.1 NHS Highland is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

5 Guidance to Staff on Fraud/Bribery/Corruption/Theft

5.1 This guidance is not intended solely for staff. It is also intended for anyone acting on the Board's behalf including Non-Executive Directors, the Board's contractors, agents etc. Reference to 'staff' in this section will also mean all of these.

5.2 The Fraud Policy relates to all forms of fraud, bribery, corruption or theft and is intended to provide guidance to employees on the action, which should be taken when any of these are suspected. Such occurrences may involve employees of NHS Highland, suppliers/contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud, bribery, corruption or theft. It is not the purpose of this document to provide direction on the prevention of fraud.

5.3 Whilst the exact definition of fraud, bribery, corruption or theft is a statutory matter, the following working definitions are given for guidance:

- Fraud broadly covers deliberate material misstatement, falsifying records, making or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.
- Bribery is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.
- Corruption relates to a lack of integrity or honesty, including the use of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, payments or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly, however they may be unreasonably using their position to give some advantage to another.
- Theft is removing property belonging to NHS Highland, its staff or patients with the intention of permanently depriving the owner of its use, without their consent.

For simplicity this document will refer to all such offences as "fraud", except where the context indicates otherwise.

5.4 NHS Highland already has procedures in place, which reduce the likelihood of fraud occurring. These are included within the Code of Corporate Governance (i.e. Standards of Business Conduct, Standing Orders, Standing Financial Instructions), financial procedures, systems of internal control and risk assessment. The Board takes part in post payment verification system which covers all Family Health Service expenditure.

5.5 It is the responsibility of NHS Highland and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

6 Collaborating to Combat Fraud

6.1 NHS Highland will work closely with other organisations, including Counter Fraud Services, the Central Legal Office, Audit Scotland, the Cabinet Office, Department for Work and Pensions, the Home Office, Councils, the Police and the Procurator Fiscal/Crown Office to combat fraud.

6.2 NHS Highland will agree formal partnership agreements with other investigative bodies e.g. Counter Fraud Services (CFS) and, where appropriate, engage in joint investigations and prosecutions.

6.3 The Cabinet Office on behalf of Audit Scotland assists appointed auditors by conducting a National Fraud Initiative which is a data matching exercise. Data matching involves comparing computer records held by one body against other computer records held by the same or another body. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there may be an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out. The exercise can also help bodies to ensure that their records are up to date.

6.4 Audit Scotland currently requires NHS Highland to participate in a statutory data matching exercise under its powers in Part 2A of the Public Finance and Accountability (Scotland) Act 2000 to assist in the prevention and detection of fraud. We are required to provide particular sets of data to the Cabinet Office on behalf of Audit Scotland for matching in each exercise, and these are set out in Audit Scotland's instructions for Participants. It does not require the consent of the individuals concerned under the Data Protection Act 2018.

6.5 Data matching in Scotland is subject to a Code of Data Matching Practice, and information on Audit Scotland's legal powers and the reasons why it matches particular information, is provided in the full text Privacy Notice.

7 Public service values

7.1 The expectation of high standards of corporate and personal conduct, based on the recognition that patients come first, has been a requirement throughout the NHS since its inception. MEL (1994) 80, "Corporate Governance in the NHS", issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

7.2 All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Highland will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

8 NHS Highland policy & public interest disclosure act

8.1 NHS Highland is committed to maintaining an honest, open and well-intentioned atmosphere within the service. It is committed to the deterrence, detection and investigation of any fraud within NHS Highland.

8.2 NHS Highland encourages anyone having reasonable suspicion of fraud to report the incident. It is NHS Highland's policy that no staff member will suffer in any way as a result of reporting any reasonably held suspicions. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are groundless and/or raised maliciously.

8.3 In addition, the Public Interest Disclosure Act protects workers who legitimately report wrongdoing by employers or colleagues. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

9 Instructions to staff

9.1 Staff who suspect improper practices or criminal offences are occurring relating to fraud, theft, bribery or corruption, should normally report these to the Fraud Liaison Officer (FLO) via their line manager, but may report directly where the line manager or Head of Department is unavailable or where this would delay reporting. If the suspected improper practice involves the Head of Department, the report should be made to a more senior officer or the nominated officer as described in 13.1 below. Managers receiving notice of such offences must report them to the nominated officer.

9.2 It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions, where fraud, theft, bribery or corruption are not suspected, should do so by following the guidance contained in the NHS Highland's Whistleblowing Policy. Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer, to the FLO. Any further action taken will follow the guidance contained within this policy.

9.3 Confidentiality must be maintained relating to the source of such reports.

9.4 Further choices for staff are:

You may use the Counter Fraud Service (CFS) Fraud Hot Line which is 0800 151628 or report your suspicions (anonymously, if desired) through the CFS Website on www.cfs.scot.nhs.uk

9.5 It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, ~~other third parties or use blogs or twitter to publicise details~~ about a suspected fraud/theft. ~~Care needs to be taken that nothing is done which could give rise to an action for slander or libel.~~

9.6 Please be aware that time may be of the utmost importance to ensure that NHS Highland does not continue to suffer a loss.

10 Roles & responsibilities

10.1 Responsibility for receiving information relating to suspected frauds and for co-ordinating NHS Highland's response to the NFI exercises has been delegated to the FLO. This individual is responsible for informing third parties such as CFS, the Cabinet Office on behalf of Audit Scotland, Internal and External Audit or the Police when appropriate. The FLO shall inform and consult the Chief Executive, Director of Finance, the Board Chairman and the Chairman of the Audit Committee in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The contact name and address of the FLO, is as follows:

Sarah Macaulay
Technical Accountant & Fraud Liaison officer
Assynt House
Beechwood Park
Inverness IV2 3BW
01463 704836
Email: sarah.macaulay@nhs.scot

10.2 Where a fraud is suspected within the service, including the Family Health Services i.e. independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise CFS at the NHS National Services Scotland.

10.3 The Director of Human Resources or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.

10.4 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health Directorates should be notified before the information is subjected to publicity.

10.5 It is the responsibility of NHS Highland's senior officers to ensure that their staff are aware of the above requirements and that appropriate reporting arrangements are implemented.

10.6 It is the responsibility of all staff to protect the assets of NHS Highland. Assets include information and goodwill as well as property.

10.7 It shall be necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:

- Theft, burglary and isolated opportunist offences; and
- Fraud, bribery, corruption and other financial irregularities.

The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHSCD NHS Circular No. CEL (2013)11 – Strategy to Combat Financial Crime in NHS Scotland.

10.8 Responsibility for ensuring that recommendations from CFS investigation reports and from data matching exercises conducted under NFI have been implemented and steps taken to ensure full compliance has been delegated to the CFC, name and address below.

11 Contact Points

Relevant contact points are as follows:

Counter Fraud Champion:	~~Gaener Rodger~~Emily Austin Non Executive Director Assynt House, Beechwood Park Inverness IV2 3BW
Fraud Liaison Officer:	Sarah.Macaulay Assynt House, Beechwood Park Inverness IV2 3BW 01463 704836 E mail: sarah.macaulay@nhs.scot
Deputy Fraud Liaison Officer:	Jacqui Fraser Assynt House, Beechwood Park Inverness IV2 3BW 01463 704884 Email: jacqui.fraser1@nhs.scot
Director of Finance:	Heledd Cooper Assynt House, Beechwood Park Inverness IV2 3BW 01463 704924 Email: heledd.cooper@nhs.scot

Board Secretary:	Ruth Daly Assynt House, Beechwood Park Inverness IV2 3BW 01463 704868 Email: ruth.daly2@nhs.scot
Accountable Officer for Controlled Drugs:	Sarah Buchan~~Dr Boyd Peters~~ Assynt House, Beechwood Park Inverness IV2 3BW 01463 706895 Email: Sarah.buchan3~~boyd.peters2~~@nhs.scot
Associate Director of Pharmacy, (Community Pharmacy Services and CD Governance	Fiona.Macfarlane Assynt House, Beechwood Park Inverness IV2 3BW 01463 706830 Email: Fiona.macfarlane4@nhs.scot
Associate Director of Pharmacy (Acute Services):	Rhona Gunn Raigmore Hospital Inverness 01463 705582 Email: rhona.gunn2@nhs.scot
Lead Nurse for Medicines Governance:	Claire Henderson-Hughes Assynt House Inverness 01463 705168 Email: Claire.henderson-hughes@nhs.scot
Associate Director of Pharmacy: (Primary Care))	Thomas Ross Assynt House Beechwood Park Inverness IV2 3BW 01463 706980 Email: thomas.ross2@nhs.scot
Lead Pharmacist: (Mental Health)	Karen MacAskill New Craigs Hospital Leachkin Road Inverness 01463 704663 Email: karen.macaskill@nhs.scot
Associate Director of Pharmacy: (Argyll & Bute)	Fiona Thomson Lorn & Islands Hospital Glengallan Road Oban PA34 4HH 01631 788942 Email: fiona.thomson5@nhs.scot
Internal Auditor:	Azets Tel: 0131 473 3500

Counter Fraud Services: CFS
National Fraud Initiative: Audit Scotland

RESPONSE PLAN

12 Introduction

The following sections describe NHS Highland's intended response to a reported suspicion of fraud/bribery/corruption or theft. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different therefore, the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

13 Reporting fraud

13.1 A "nominated officer" will be appointed as the main point of contact for the reporting of any suspicion of fraud, corruption, bribery or theft. For NHS Highland, this officer is the FLO (see 11). In the absence of the FLO, the Deputy will deal with the issue. For incidents involving any Executive Directors, the nominated officer shall be the Board's Chairman, contacted through the FLO.

13.2 The FLO shall be trained in the handling of concerns raised by staff. Any requests for anonymity shall be accepted and should not prejudice the investigation of any allegations. Confidentiality should be observed at all times.

13.3 All reported suspicions must be investigated as a matter of priority to prevent any further potential loss to NHS Highland.

13.4 The FLO shall maintain a log of any reported suspicions. The log will document with reasons the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be maintained and will be made available for review by Internal Audit.

13.5 The FLO should consider the need to inform the Highland NHS Board, the Chief Internal Auditor, External Audit, the Police and CFS, of the reported incident. In doing so, they should take cognisance of the following guidance:

- inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Highland may determine) or where the incident may lead to adverse publicity.
- it is the duty of the Director of Finance to notify the Chief Executive and Chairman immediately of all losses where fraud/theft is suspected.
- CFS should normally be informed immediately in all but the most trivial cases.
- If fraud, bribery or corruption is suspected, it is essential that there is the earliest possible consultation with CFS. In any event, CFS should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
- if a criminal act of fraud, bribery or corruption is suspected it is essential that there is the earliest possible consultation with the Police. In any event the Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
- at the stage of contacting the Police, the FLO should contact the Director of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry.

13.6 All such contact should be formally recorded in the Log.

14 Managing the investigation

14.1 The Director of Finance will appoint a manager to oversee the investigation. Normally, the manager will be an employee from CFS. The circumstances of each case will dictate who will be involved and when.

14.2 The manager overseeing the investigation (referred to hereafter as the "investigation manager") should initially:

- initiate a Diary of Events to record the progress of the investigation.
- if possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

14.3 If after initial CFS enquiries it is determined that there are to be no criminal proceedings then a NHS Highland internal investigation may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Highland. The internal investigation will then be taken forward in line with Employment law, PIN guidelines and relevant Workforce policies such as the Management of Employee Conduct, as appropriate.

14.4 The formal internal investigation to determine and report upon the facts, should establish:

- the extent and scope of any potential loss.
- if any disciplinary action is needed.
- the criminal or non-criminal nature of the offence, if not yet established.
- what can be done to recover losses; and
- what may need to be done to improve internal controls to prevent recurrence.

14.5 This report will normally take the form of a report to NHS Highland's Audit Committee.

14.6 Where the report confirms a criminal act and notification to the Police has not yet been made, it should now be made.

14.7 Where recovery of a loss to NHS Highland is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office, which provides legal advice and services to NHS Scotland.

14.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.

15 Disciplinary/dismissal procedures

15.1 Consideration should be made in conjunction with CFS/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Highland's Employee Conduct Policy.

15.2 The disciplinary procedures of NHS Highland must be followed in any disciplinary action taken by NHS Highland toward an employee (including dismissal). This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee's line manager

Where the fraud involves a Family Health Services Practitioner, the Board should pass the matter over to the relevant professional body for action.

16 Gathering evidence

16.1 This policy cannot cover all the complexities of gathering evidence. Each case must be treated according to the circumstances of the case taking professional advice as necessary.

16.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the Human Resources Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of their own words.

16.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.

16.4 Physical evidence should be identified and gathered together (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.

16.5 CFS staff acting on behalf of the Director of Finance require and are to receive access to;

- All records, documents and correspondence relating to relevant transactions
- At all reasonable times to any premises or land of NHS Highland
- The production or identification by any employee of any Board, cash, stores or other property under the employee's control

17 Interview procedures

17.1 Interviews with suspects should be avoided until the formal disciplinary hearing. The investigating officer should, wherever possible, gather documentary and third party evidence for the purposes of their report. If, however, an employee insists on making a statement it must be signed and dated and should include the following:

"I make this statement of my own free will; I understand that I need not say anything unless I wish to do so and that what I say may be given in evidence".

17.2 Informal contact with the Police should be made at an early stage in the investigation to ensure that no actions are taken which could prejudice any future criminal case through the admissibility of evidence, etc.

18 Disclosure of loss from fraud

18.1 Guidance on the referring of losses and special payments is provided in CEL10 (2010). External Audit should be notified of any loss as part of their statutory duties. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit Committee and will include all losses with appropriate description within the standard categories specified by the SGHSCD.

18.2 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in circular CEL (2010).

19 Police Involvement

19.1 It shall normally be the policy of NHS Highland that, wherever a criminal act is suspected, the matter will be notified **to the Police, as** follows:

- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the FLO.

- Out with normal working hours, the manager on duty in the area where a criminal act is suspected, may contact the Police and is duty bound to report the matter to the Director of Finance at the earliest possible time.

19.2 The FLO and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

19.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

20 Media Coverage~~Press Release~~

20.1 **Under no circumstances** should a member of staff speak or write to representatives of the press, TV or radio, about a suspected fraud without the express authority of the Chief Executive. ~~To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Highland should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g. suspension. The Central Legal Office and the Police should agree the release where applicable.~~

20.2 The Officer in Charge of the criminal case, whether from CFS or Police Scotland, will be responsible for collaborating with the Board's communications department in relation to preparing and agreeing the timing and content of an appropriate press release

21 Resourcing the investigation

21.1 The Director of Finance will determine the type and level of resource to be used in investigating suspected fraud. The choices available will include:

- Internal staff from within NHS Highland
- Human Resources
- Internal Audit
- External Audit
- CFS
- Specialist Consultant
- Police

21.2 In making a decision, the Director Finance, should consider independence, knowledge of the organisation, cost, availability and the need for a speedy investigation. Any decision must be shown in the Log held by the FLO. A decision to take "No action" will not normally be an acceptable option unless exceptional circumstances apply.

21.3 In any case involving a suspected criminal act, it is anticipated that CFS involvement will be in addition to NHS Highland resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Highland resources.

22 The law and its remedies

22.1 **Criminal Law**

The Board shall refer all incidences of suspected fraud/criminal acts to Counter Fraud Services or the Police for decision by the Procurator Fiscal as to any prosecution.

22.2 **Civil Law**

The Board shall refer all incidences of loss through proven fraud/criminal act to the Central Legal Office for opinion, as to potential recovery of loss via Civil Law action.

Annex 1 to this policy gives guidance to staff on the action which should be taken in all cases where misappropriation of medicines is suspected.

1 2

Annex 1

SAFE AND SECURE HANDLING OF MEDICINES

Suspected or actual theft of medicines

Theft of medicines is a serious criminal offence under the Medicines Act 1968, the Misuse of Drugs Act 1971 and other legislation and will be dealt with accordingly by NHS Highland, professional regulatory bodies and the police.

1.1 Any member of staff who has reason to believe that medicines have been taken without authority has a duty to report their concerns to the Nurse in Charge of the clinical area/ Line Manager.

1.2 All concerns will be treated in the strictest confidence subject to procedural requirements associated with any formal escalation. All investigations must be carried out in a discreet manner.

1.3 The Nurse in Charge/ Line Manager must take reasonable steps to ensure that medicines are in fact missing, for example check administration records, cupboards not normally used for storage of medicines and pharmacy delivery records. Any evidence must be retained pending further investigation.

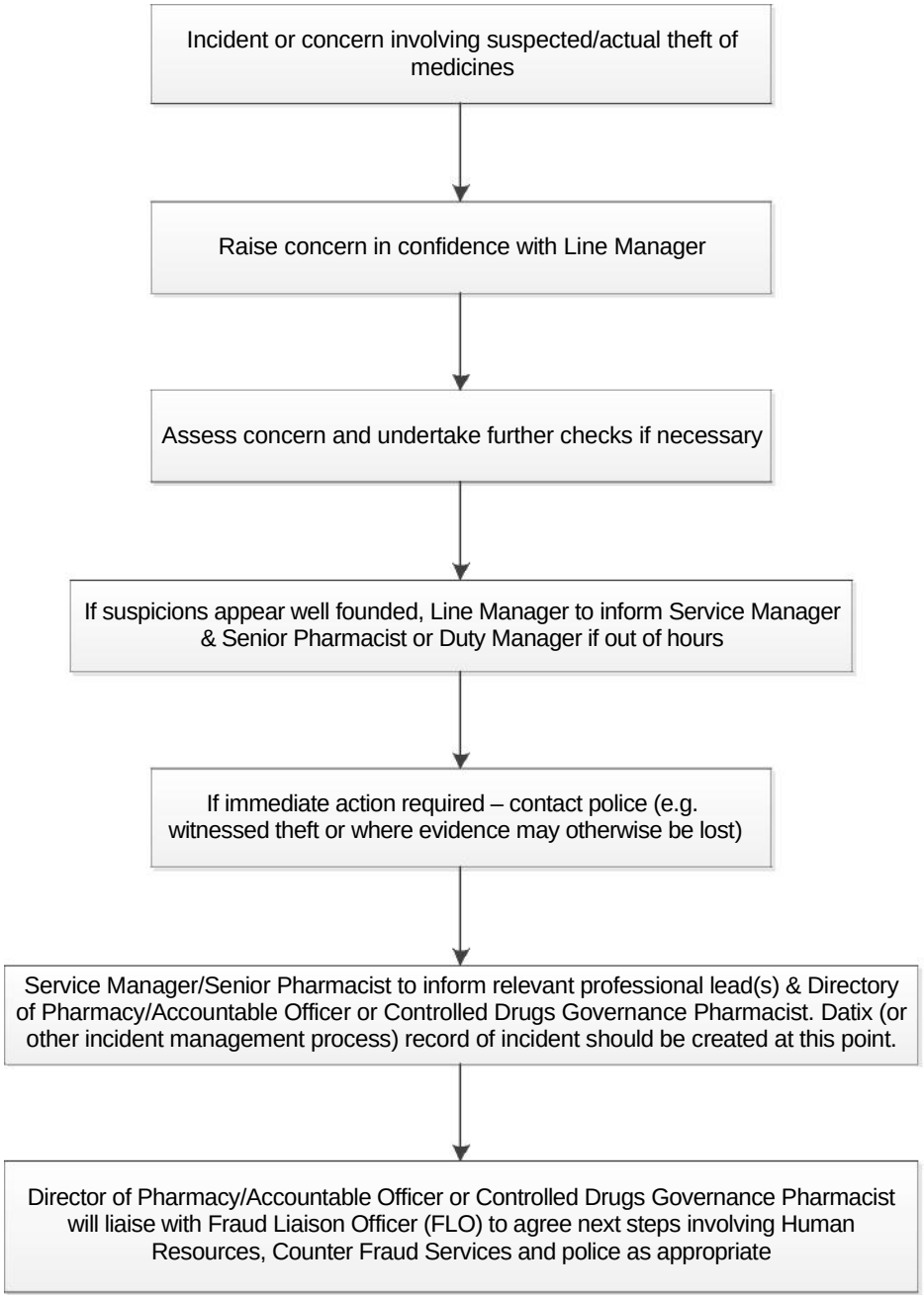
1.4 If the Nurse in Charge/ Line Manager is unable to satisfy him or herself that all medicines can be accounted for, they must report their suspicions to the Senior Clinical Pharmacist and the relevant Service Manager (or Duty Manager out of hours) at the earliest opportunity. If immediate action is required (e.g. witnessed theft or where key evidence may otherwise be lost) the police must be contacted.

1.5 Where a Service Manager/Senior Clinical Pharmacist has been informed of suspected/ actual theft of medicines, they must inform the relevant professional lead(s) and the Head of Pharmacy/Accountable Officer for CDs who will liaise with the FLO and agree a course of action commensurate with the circumstances presented, which may include referring the matter to CFS or the Police.

1.6 The flowchart which follows this page must be followed in all cases of suspected/actual theft of medicines.

1.7 Note that the Incident Management Policy for Significant Events must also be followed in the event of any such incident. link here

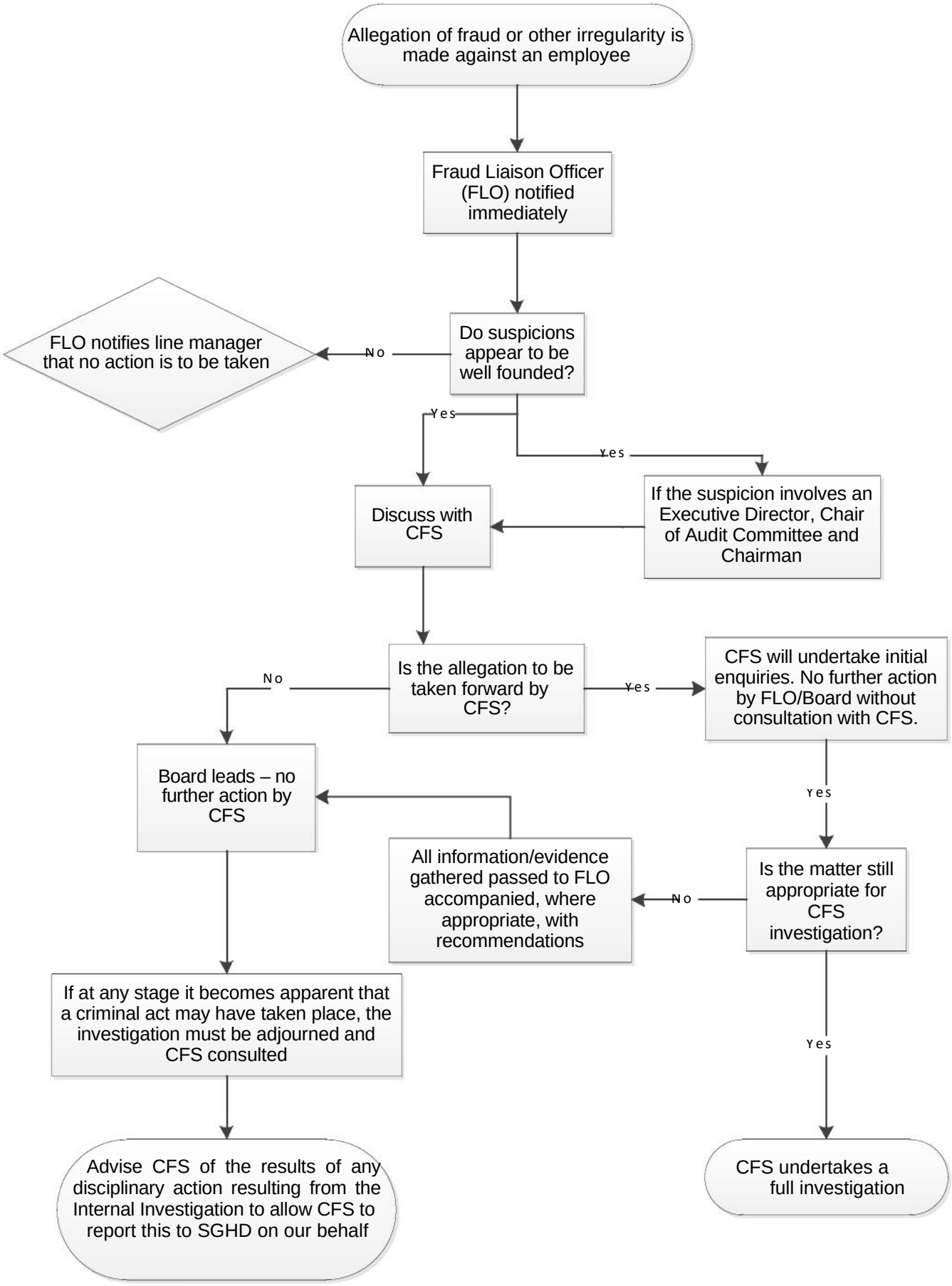
SUSPECTED OR ACTUAL THEFT OF MEDICINES - FLOWCHART Annex 2



Note: All actions must be undertaken as discreetly as possible and in confidence

PROCEDURES FOR DEALING WITH ALLEGATIONS FRAUD/OTHER IREGULARITIES

ANNEX 3



Agenda Item 19

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
Title:	**Board and Governance Committees' Annual Work Plans**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

Report Recommendation:

The Board is asked Approve and take assurance from the Board and Committee workplans for 2025-26.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- 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

This report seeks the Board's approval of Board and Governance Committee Work Plans for the 2025/26 financial year.

2.2 Background

This Board and Committee Workplans are compiled with specific reference to the individual group roles, responsibilities and functions as defined in the Code of Corporate Governance. Workplans cover a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support the Board and Committees' remits.

2.3 Assessment

The contents of the individual Board and Committee workplans for 2025-26 have been agreed at the March cycle of Governance Committee meetings and discussed with Chairs and Lead Executives.

The concept of 'Frugal Governance' which supports the reduction of duplication and efficient use of committee time is currently being actively pursued. Further consideration is being given to identify how frugal governance can be applied to uphold the standards as described in the Blueprint for Good Governance and deliver the programme of work set out in Committee workplans. Should the workplans require to change because of this work they will be revised accordingly.

The full suite of Workplans for 2025-26 are circulated separately in an Excel file and are presented for the Board's endorsement.

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

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

Board and Committee Chairs and Lead Executives have discussed the proposed draft workplans for 2025-26.3.9 Route to the Meeting

The appendices to this report have been considered and agreed at the respective governance Committee meetings as follows:

- Finance, Resources and Performance Committee 14 March 2025.
- Highland Health and Social Care Committee of 5 March 2025
- Clinical Governance Committee of 6 March 2025

- Audit Committee of 11 March 2025
- Staff Governance Committee of 4 March 2025
- Remuneration Committee of 25 February 2025.

4 List of appendices

A separate Excel spreadsheet forms the Appendix to this report and details the full suite of Board and Committee Workplans for 2025-26.

Agenda Item 20

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
Title:	**Review of Committee Memberships**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

Report Recommendation:

The Board is asked to **approve** changes to Committee membership as set out in the appendix to this report to take effect from 1 April 2025.

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 January 2025, agreement was given to a series of revised Governance Committee memberships. This report addresses further changes to Governance Committee memberships to take into account imminent changes in Non Executive Board membership.

2.3 Assessment

The term of office of the current Board Vice Chair will lapse at the end of March and Ministerial appointment has been received for a new Non-Executive Director to join the Board from 1 April 2025. This now brings about the need for further review of Committee memberships.

Appendix 1 highlights the proposed changes for the Board's approval and which will take effect from 1 April 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

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 List of appendices

The following appendices are included with this report:

- Appendix 1 Committee membership changes shown highlighted
- Appendix 2 Non-Executive Committee membership chart as at 1 April 2025

Appendix 1

Names added	Names removed

Changes to Memberships

	Membership
Argyll and Bute Integration Joint Board **4 Board members**	Graham Bell Karen Leach Emily Austin Janice Preston

Committee	***Membership***
Audit Committee **Five non-Executives**	• Emily Austin Chair • Alasdair Christie • Alex Anderson • Bert Donald • **Vacancy**
Clinical Governance Committee **Four non-Executives** ***And*** **Chair ACF**	• Karen Leach - Chair • Joanne McCoy – V Chair • Alasdair Christie • Muriel Cockburn • Catriona Sinclair, ACF Chair
Finance, Performance and Resources Committee **Five non-Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Gerry O'Brien • Garrett Corner • Steve Walsh
Staff Governance Committee **Four non-Executives** ***And*** **Employee Director**	• ~~*Ann Clark – Chair from 1 April 2025*~~ • Philip MacRae **(Chair from 1 April 2025)** • Bert Donald • Steve Walsh • Elspeth Caithness (Employee Director) • **Janice Preston from 1 April 2025**
Remuneration Committee **Five non-Executives *including* Board Chair, Vice Chair and Employee Director**	• ~~*Ann Clark – Chair from 1 April 2025*~~ • Gerry O'Brien **(Chair from 1 April 2025)** • Bert Donald - V Chair • Sarah Compton Bishop • Elspeth Caithness (Employee Director) • **Steve Walsh** from 1 April 2025
HHSCC **Five non-Executives** ***including*** **The Highland Council nominated appointee to the Board**	• Gerry O'Brien - Chair • Philip MacRae - V Chair • ~~*Ann Clark*~~ **from 1 April 2025** • **Dr Neil Wright from 1 April 2025** • Joanne McCoy • Muriel Cockburn
Pharmacy Practices Committee **At least two trained Non-Executives**	• ~~*Ann Clark (Chair)*~~ **from 1 April 2025** • Karen Leach **(Chair from 1 April 2025)** • Joanne McCoy

	• Garret Corner • **Muriel Cockburn from 1 April 2025** • **Dr Neil Wright from 1 April 2025**

ENDOWMENT TRUSTEES

All Ministerially appointed Board Members are Trustees of the Highland Health Board Endowment Fund and are responsible for the general control and management of the charity. Trustees appoint five members to form an Endowment Fund Committee to be responsible for reviewing proposals and making recommendations to the Trustees.

Endowment Fund Committee **Five Trustees**	• Philip MacRae - Chair • Elspeth Caithness (Employee Director) • Joanne McCoy • Alasdair Christie • Garret Corner

Highland Health and Social Care Partnership Joint Monitoring Committee

• Four Non-Executive Directors	• Sarah Compton Bishop (Co-Chair) • ~~***Ann Clark***~~ ***from 1 April 2025*** • Gerry O'Brien • Alex Anderson • **Dr Neil Wright from 1 April 2025**
• **Director of Finance** • **A registered medical practitioner** whose name is included in the list of primary medical services performers prepared by the Health Board**;** • **A registered nurse** who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; • **A registered medical practitioner** employed by the Health Board **and not providing primary medical services;** • **Staff representative** • **Chief Executive** • **Chief Officer**	• Heledd Cooper • Tim Allison • Louise Bussell • Tim Allison • Elspeth Caithness • Fiona Davies • Pam Stott

Community Planning Partnership Board

Highland Community Planning Board	Sarah Compton Bishop

Non-Executive Champions

Whistle Blowing Champion (nationally appointed) **Environment Champion** **Counter Fraud Champion**	Bert Donald Gerry O'Brien Emily Austin

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	 • Sarah Compton Bishop • 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 from 1 April 2025***~~ • **Vacancy**
Lochaber Redesign Project Board	• Gerry O'Brien • Graham Bell

The Board has previously agreed the following additional payments:

Position	**Additional payment**
Board Vice Chair	4 extra days per month
Chair Highland Health & Social Care Committee Chair/Vice Chair of Argyll and Bute IJB	3 extra days per month 3 extra days per month
Chairs of the following Governance Committees: • Audit • Clinical Governance • Staff Governance • Finance, Resources and Performance	1 extra day per month each

Where a Non-Executive Director undertakes more than one role, only one additional payment would be made, however the payment would be at the higher rate if there was any discrepancy.

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB.

The Argyll and Bute IJB holds development sessions on alternate months to their formal business meetings, and Board Non-Executives hold the following positions on IJB Committees:

	Audit and Risk Committee	**Strategic Planning Group**	**Clinical & Care Governance Committee**	**Finance and Policy Committee**	**Argyll and Bute Community Planning Partnership**
Graham Bell			Chair	Member	Representative of the IJB
Karen Leach		Member	Member	Member	
Emily Austin	Member				
Janice Preston	Member				

Appendix 2

NHS Highland Non Executive Committee Membership Chart from 1 April 2025

	HHSCC	HHSCP JMC	ARGYLL AND BUTE IJB	AUDIT	FINANCE RESOURCES PERFORMANCE	CLINICAL GOV	STAFF GOV	REM COMM	PHARMACY PRACTICES	ENDOWMENTS COMMITTEE
Alex Anderson		✓		✓	✓ Chair					
Emily Austin			✓	✓Chair						
Graham Bell			✓ Chair from April 2025		✓ V Chair					
Elspeth Caithness							✓	✓		✓
Alasdair Christie				✓		✓				✓
Muriel Cockburn	✓					✓			✓	
Sarah Compton-Bishop		✓ Co-Chair						✓		
Garret Corner					✓				✓	✓
Bert Donald				✓			✓	✓ V Chair		
Karen Leach			✓			✓ Chair			✓ Chair	
Philip MacRae	✓ V Chair						✓ Chair			✓ Chair
Joanne McCoy	✓					✓ V Chair			✓	✓
Gerry O'Brien	✓ Chair	✓			✓			✓ Chair		
Janice Preston			✓				✓			
Catriona Sinclair						✓				
Steve Walsh					✓		✓	✓		
Dr Neil Wright	✓	✓							✓	

NHS Highland Chief Executive's Update

March 2025

Fiona Davies,
Chief Executive NHS Highland

National reform and collaboration

At today's Board meeting we will consider a report which draws our attention to the national renewal and reform agenda and, in particular, the need for us to serve the whole population of Scotland, working across Board boundaries. Cross-board collaboration is not new, and indeed we already have existing agreements and pathways in place with NHS Grampian, NHS Western Isles and NHS Greater Glasgow and Clyde, among other partners. However, the scale and pace of change will be increasing significantly, as we work to ensure the best outcomes for people nationally.

In some cases, this will be driven by the availability of key infrastructure. For example, we have capacity in our National Treatment Centre to offer elective surgery to people from other areas. In other services, increasing clinical specialisation and shortages in some areas of clinical expertise mean that people are more likely to have successful treatments if they attend a centre of excellence, where specialists are able to hone their skills because they are serving a larger population. We are seeing this play out in our own vascular services, where we are grateful for the temporary support of other boards and locums to keep our patients safe while a national solution is developed.

While acute hospitals will start to be thought of as part of a Scotland-wide network of centres for secondary care, it is important to see collaboration in the context of an equivalent shift to provide more services in the community. We know that people prefer to be cared for at home, or in a homely environment. We will need to use new technology and plan our workforce differently to deliver more treatments in people's homes or community locations, such as community hospitals, care homes or GP surgeries. We also need to make it easier for people to access services, such as at our successful MSK event, when we invited people awaiting physio to attend a leisure centre where a range of partners could offer support, advice and appointments on the spot.

It is no secret that NHS boards across Scotland, in common with other public bodies, need to find savings and efficiencies. But these changes are focused first and foremost on providing the best care for people, in the most appropriate setting. It may be helpful to think of the financial implications as a transfer of budgets, from acute to community, and from reactive treatments to prevention.

Vaccination

Having heard in January from Scottish Government that we could progress with some local flexibility to deliver vaccinations in the Highland Council area, we are now working on plans to implement this. An outline plan will be finalised at the end of this month, with a detailed roll-out to follow, including engagement with GPs and other stakeholders.

As the 2024-25 winter vaccination programme concludes, our vaccination teams are already planning for the spring 2025 covid vaccination programme, which will shortly begin.

Congratulations

Last year we had to pause 24/7 maternity cover at Broadford Hospital in Skye, due to a lack of staffing. With the support of a new Lead Midwife for the area, we have now successfully recruited two full time midwives, allowing the service to recommence and I am delighted that baby Jasper Latton was born in Broadford on 11 March. We are very proud of our community midwifery teams who enable women and families expecting a low-risk birth to experience a less clinical environment, often closer to home, and are working to improve population health and wellbeing so that more births can be classified as low risk.

Another success story is the Wade Centre in Kingussie. This care home recently received a very positive report from the Care Inspectorate, being rated as 'very good' at supporting people's wellbeing and for its staff team. I was struck by how the warm and friendly atnosphere of the home ran as a theme in the report, supporting both top-class, people-centered care and a motivated team.

Congratulations also go to the team at Lochardil Pharmacy who have been shortlisted for the Community Pharmacy Team of the Year Award at the Scottish Pharmacist Awards. This team were hugely resilient and dedicated to their customers and patients when a car ploughed into the front of the pharmacy in January. Luckily no one was hurt and despite significant damage the team was up and running using the car park and back door the very next day. Best of luck to them at the Awards next month.

Fiona Davies, Chief Executive NHS Highland

Agenda Item 5

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 March 2025**
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 System Transformation Manager**

Report Recommendation:

The Board is asked to:

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

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Quality Performance across NHS Highland

This aligns 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 Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance 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 and Staff Governance Committee a bi-monthly update on performance and quality based on the latest information available.

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 indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on level of assurance: The level of assurance has been proposed as Limited due to the current pressures faced across the health and care services in NHS Highland. 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

Sections through the relevant Governance Committees;

- Staff Governance Committee – 4th March 2025
- Clinical Governance Committee – 6th March 2025
- Finance Resource Performance Committee – 14th March 2025

4. List of appendices

- Integrated Performance and Quality Report – March 2025

Integrated Performance and Quality Report

25 March 2025

NHS Highland
na Gàidhealtachd

Assuring NHS Highland Board on the delivery of the Board's 2 strategic objectives (Our Population and In Partnership) through our Well outcome themes.

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Executive Summary of Performance Indicators: March 2025

		NATIONAL TARGETS			PERFORMANCE AGAINST TARGETS	
Well Theme (Slide #)	Area	Average 23/24 Performance	Current Performance	National Target	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	70.2%	90%	No	
Thrive Well (5)	NDAS	n/a	1892 waiting list	n/a	No	
Stay Well (6)	Screening	Various	Various	90%	No	
Stay Well (7)	Vaccinations (Children & COVID)	n/a	n/a	n/a	No	
Stay Well (8)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	
Respond Well (9)	Emergency Access	78.5%	76.1%	95%	No	
Care Well (10)	Delayed Discharges	195	220	30% reduction (interim)	Yes	
Treat Well (11-12)	Outpatients	39.2%	36.1%	95%	Yes	
Treat Well (13-14)	Treatment Time Guarantee	56.5%	55.3%	100%	Yes	
Treat Well (15)	Diagnostics - Radiology	70.3%	54.0%	100%	Yes	
Treat Well (16)	Diagnostics – Endoscopy		68.9%	100%		
Treat Well (17)	Diagnostics Wait List – Other	n/a	n/a	n/a	No	
Journey Well (18)	31 Day Cancer Target	93.6%	87.9%	95%	No	
Journey Well (19-20)	62 Day Cancer Target	68.8%	64.5%	95%	No	
Live Well (21)	Psychological Therapies	83.1%	86.9%	90%	No	

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 Executive 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.

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 3 (31st December 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

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Exec Lead
Katherine Sutton
Chief Officer, Acute

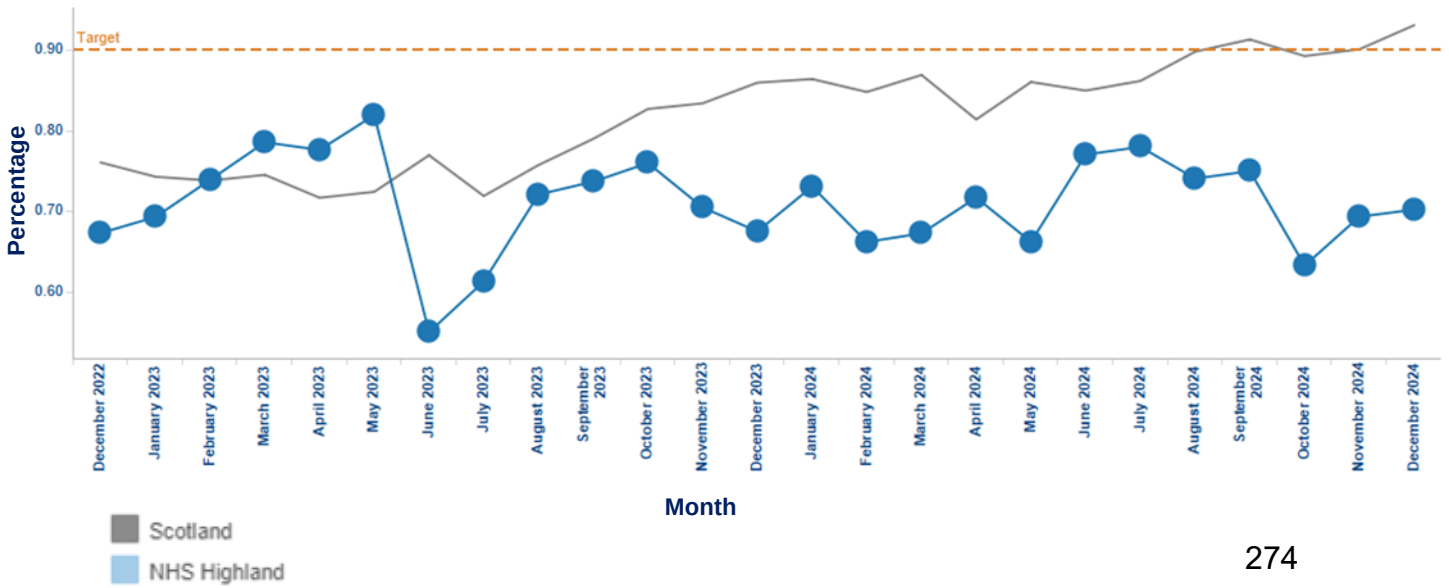
CAMHS (Child and Adolescent Mental Health Service)

ADP Deliverables Progress as at End of Q3 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. Dec 2024, performance continues to decrease.	• 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 • Working closely with SG on the most effective service model to support delivery across A&B and the Higland HSCPs

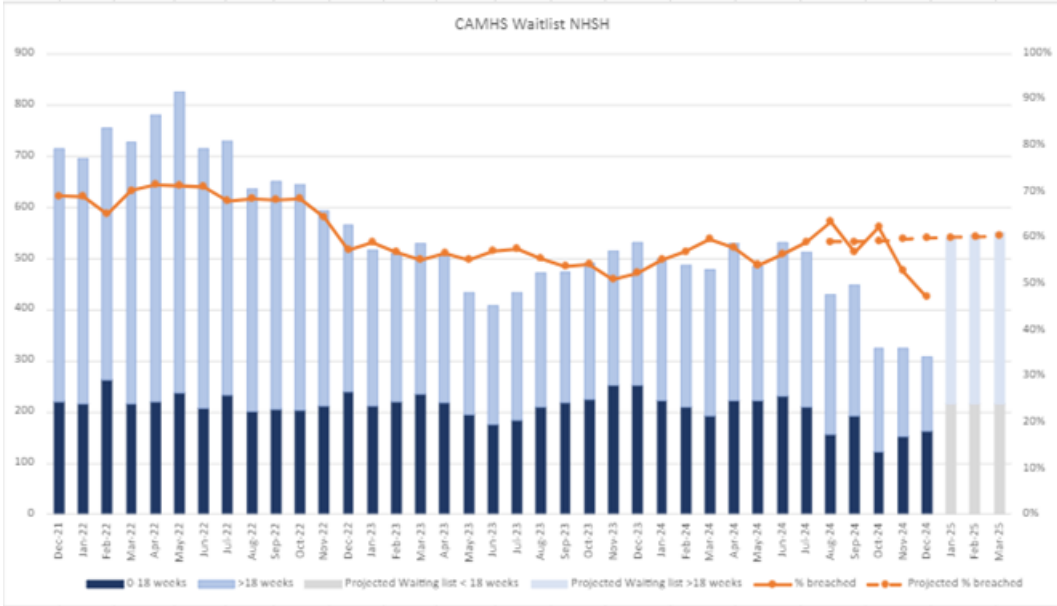
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	70.2%
National Average	93.1%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	14th out of 14 Boards

CAMHS Waiting Time < 18 Weeks (P)



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



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service (NDAS)

ADP Deliverables Progress as at End of Q3 2024/25	
Waiting list validation to offer 1st appointment <4 weeks	June 2024
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

Insights to Current Performance

The NDAS North Highland / Highland Council position was presented to the Joint Monitoring Committee in November 2024.

- Interim Clinical Director in post
- Authority Framework is in place
- Targeted waiting list interventions using current resource / private assessment options investigated
- Comms delivered to all on waiting list. Comms strategy established to update colleagues / partners / public
- ICSP ND Programme Board is established and has been meeting monthly
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

Plans and Mitigations

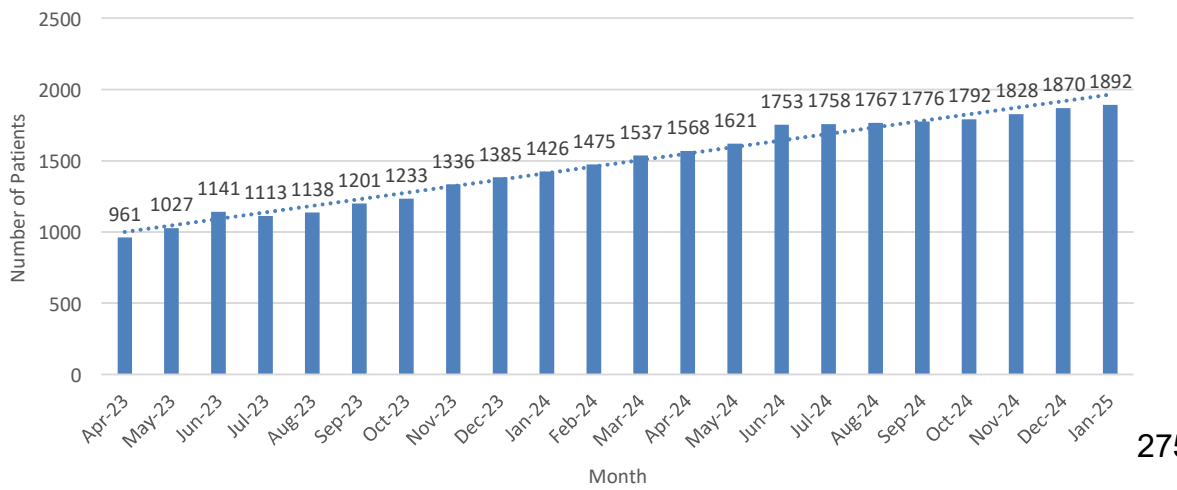
Actions agreed at NDAS programme board being progressed:

- Progression of joint leadership to improve NDAS position across NHSH North/ HC Co-chaired Programme Board
- 1 year interim workforce plan to be developed
- Alignment with Integrated childrens services
- Additionality planning 2025/26
- Communication with service users and professionals

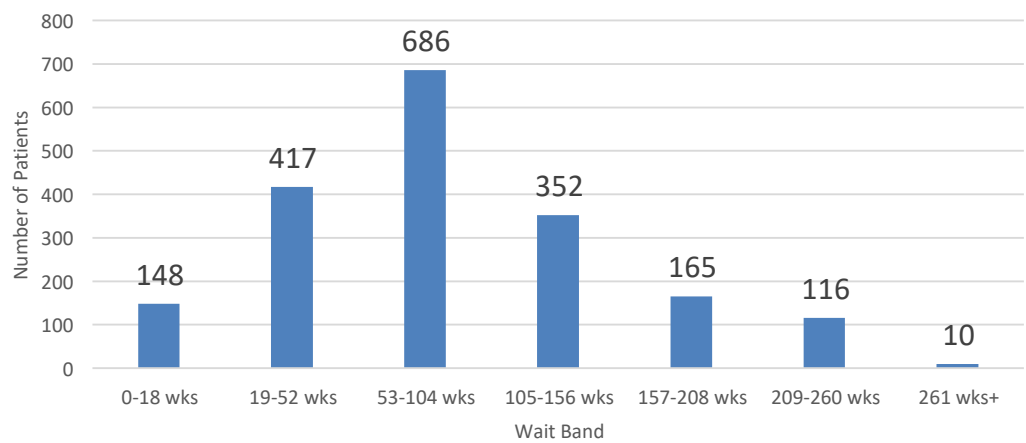
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	
Latest Performance	1892 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the National 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



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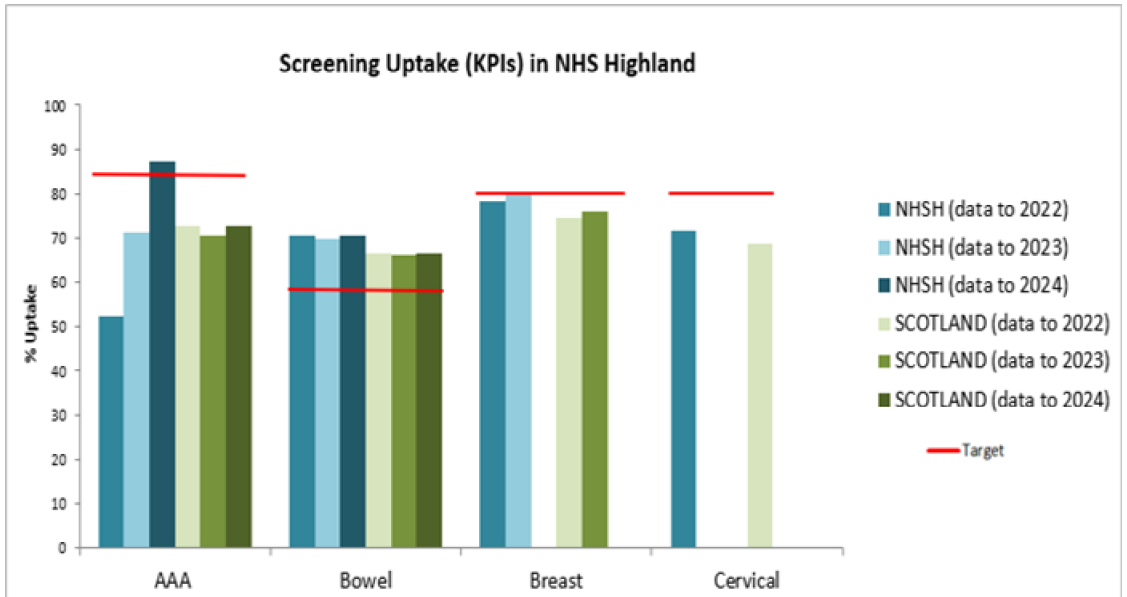
Exec Lead
Dr. Tim Allison, Director of Public Health

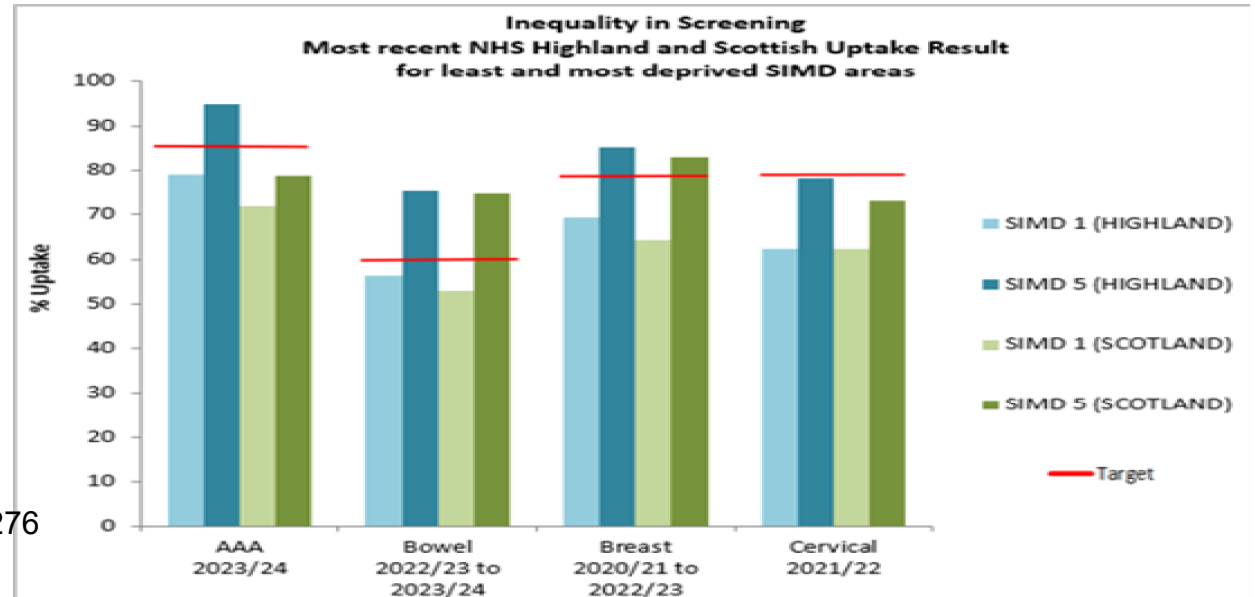
Screening

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance (Updated 4 March 2025)	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 NHSH continues to be higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes (based on latest information arising from locally sourced management data). • For internal performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet was completed at end of 2024. • The backlog in reporting on the UNHS (Universal Newborn Hearing Screening) has been almost filled by the newly established team in Raigmore at the beginning of 2024. • 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. Only the data for two programmes has been published in March 2025 (for data up to 2024 reporting period). • Provision of Diabetic Eye Screening (DES) and Pregnancy & Newborn KPI monitoring from Public Health Scotland is pending, so it is not possible to officially report on the performance of these programmes. However non verified management data indicates comparable performance with Scottish levels.	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	2 of 4 cancer screening uptakes meeting target
National Target Achievement	See charts
Benchmarking	See charts





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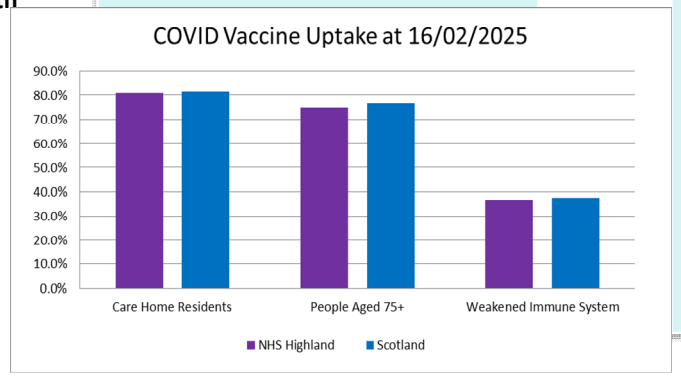
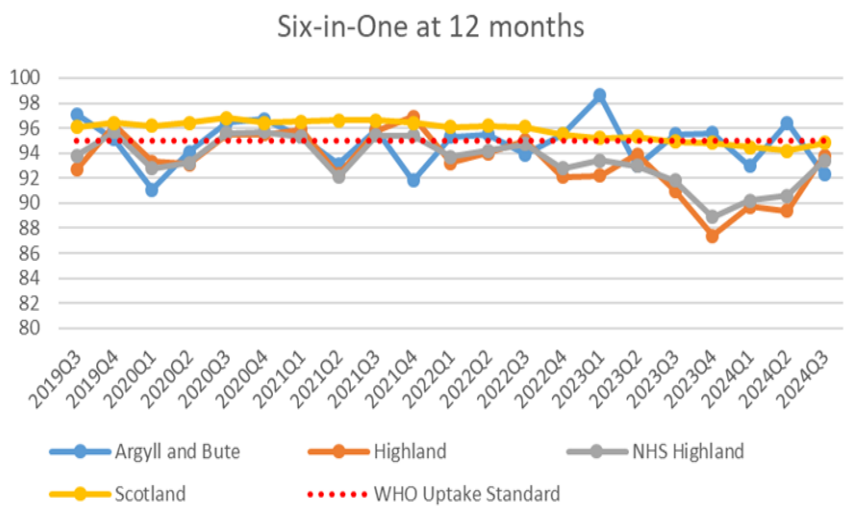
Exec Lead
Dr. Tim Allison, Director of Public Health

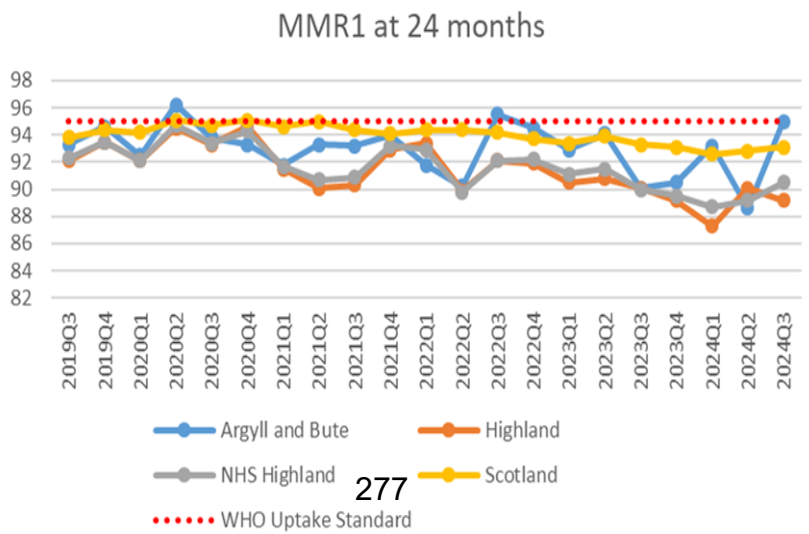
Vaccinations (Children's and COVID)

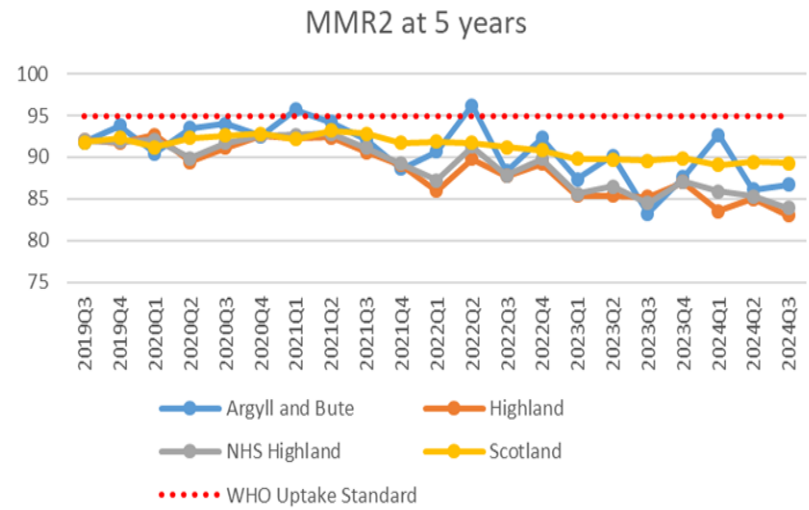
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance (updated Feb 2025)	Plans and Mitigations
Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.	October 2024	Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination. The Winter COVID vaccination programme has been undertaken for people aged 65+ and those more vulnerable. Other adult and child programmes also continue. Vaccine uptake comparable at 49% with other Boards. There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.	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. The Vaccination Improvement Group has a detailed action plan for service improvement
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	MMR Below national averages
Latest Performance	MMR Range of 84-94%, Q2 data
National Benchmarking	MMR and COVID below national average
National Target	MMR 95%
National Target Achievement	See charts
Position	See charts







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Exec Lead
Dr. Tim Allison, Director of Public Health

Alcohol Brief Interventions (ABIs)

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance (Updated 3 March 25)	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	•Fig. 1: ABI delivery is at or above target trajectory in each month of Q3 for NHS Highland. •Fig. 2: Almost 92% of NHSH ABI's comes from in GP settings in the Highland H&SCP. Wider Settings account for all most 8% and the large majority of these are recorded from Argyll and Bute. •Fig. 3: Show monthly ABI's from April 2022-Dec 2024. Last 3 months have seen a marked increase in NHSH ABI's. This is due to increase to implementation of Primary Care LES in Oct 24.	• ABI training – Training dates organised for period April- July 2025. • Target ABI work to begin supporting Whole family Wellbeing approach in Highland HSCP. Health visitors to be trained Exploring training opportunities for 3rd sector organisations working in early years settings. • Argyll and Bute continue to see increases in wider settings due to community link worker ABI recording. The 'We are With You' service are also going to start recording ABI's using the wider setting form to support increasing numbers in Argyll and Bute.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

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

Performance Rating	Above trajectory
Latest Performance	2941 actual vs. 2750 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

Fig.1

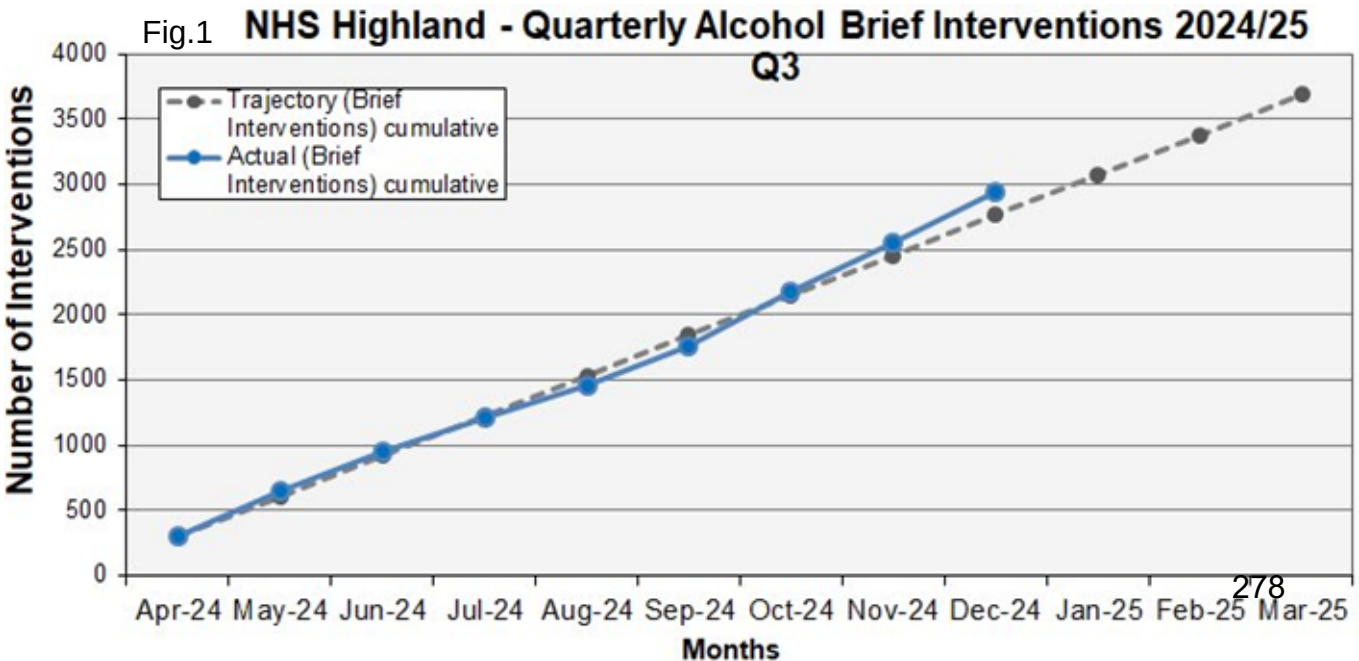
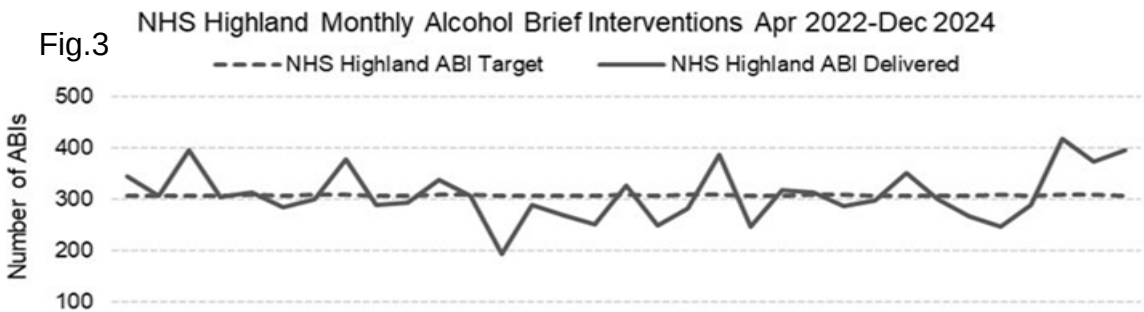


Fig.2

Setting Contribution in 2024/25 Q1 to Q3

Primary Care	2699	91.8%
Antenatal	11	0.4%
Wider Settings	231	7.9%
	2941	100%

Fig.3



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

ADP Deliverables Progress as at End of Q2 2024/25	
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024
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

Insights to Current Performance

From the most recent PHS figure, the NHS Highland 4-hour performance is 72.9%, against the Scotland figure of 62.1%.

Scottish Ambulance Service performance for patients conveyed within 60 mins is currently 73.8% (aim = 100%). The median turn-around time is just over 33 mins (33:12).

The percentage of patients waiting over 12 hours in ED has remained steady at around 3.0%, for all attendance types, since a high of 3.9% at the end of Dec-24. This equates to an average of 38 patients waiting over 12-hours.

Please note the data reported here is board-wide and significant pressures remain at Raigmore Hospital.

Plans and Mitigations

Second 90 Day Urgent & Unscheduled Care planning cycle has ended. The plan up to March 2026 has been developed through STAG and is reflected within our annual delivery plan. Our focuses will be:

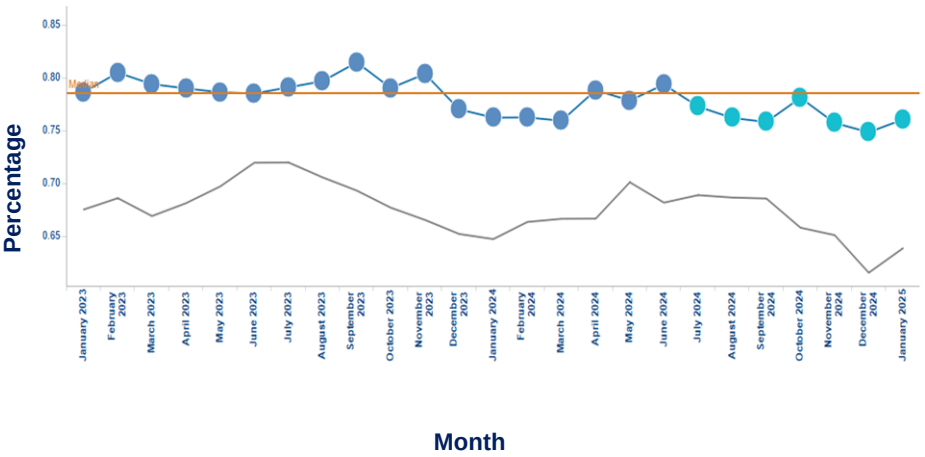
- Frailty
- Community Urgent Response
- ED Improvement plans
- Targeted pathway redesign
- Discharge without delay

Progress will continue to be reported regularly to EDG/STAG

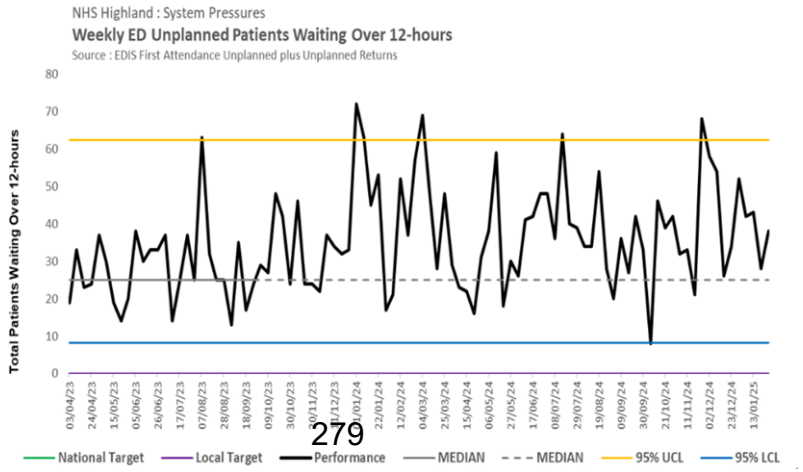
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Performance Rating	Decreasing performance
Latest Performance	76.1%
National Benchmarking	63.9% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	5th out of 14 Boards

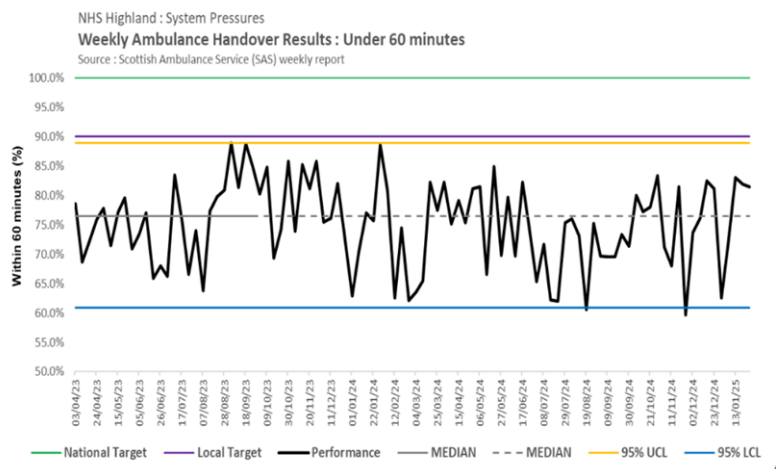
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)



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Exec Lead
Pamela Stott
Chief Officer, HHSCP

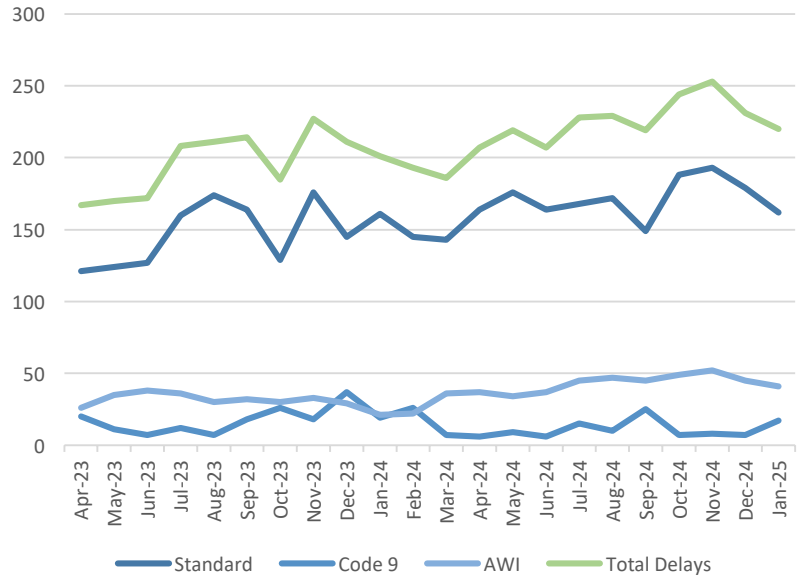
Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables underpinned by Urgent & Unscheduled Care 90-plan, incorporating ADP discovery work and delivery of ADP actions	Oct 2024	There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid February 2025 in Highland. There has been a reduction in "standard delays" and for "other" delay reasons. The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s) Standard reasons have reduced across waits for nursing and residential homes and care at home services.	The Urgent and Unscheduled Care Programme, as agreed by STAG will focus on the following areas from now until March 2026: • Community Urgent Care Model • Emergency Department Improvement Plans • Discharge without Delay • Targeted pathway redesign A key metric for the programme is the reduction of delayed hospital discharges. In addition, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan..

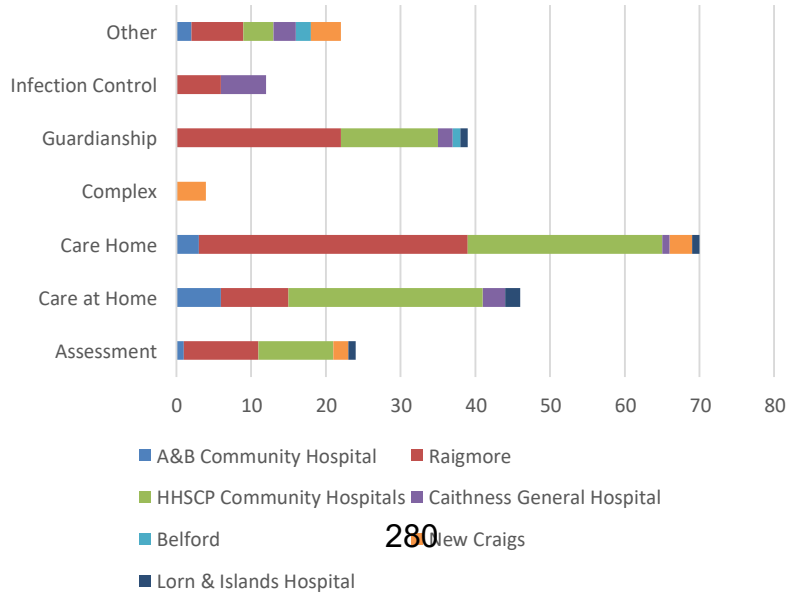
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	220 at Census Point 6,948 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14th out of 14 Boards

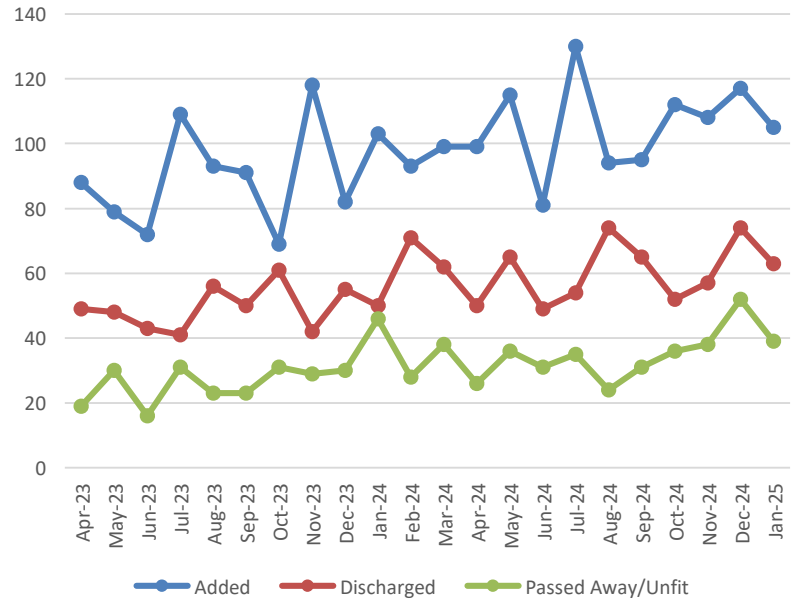
Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)



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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 Q3 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 36.1% which is below the Scottish average.

Reasons for level of performance include:

- Inconsistencies in the application of clinic booking processes and Patient Access Policy
- Approach to adherence to principles of WTG at service level.
- Approach to list management for long waits at service level
- 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

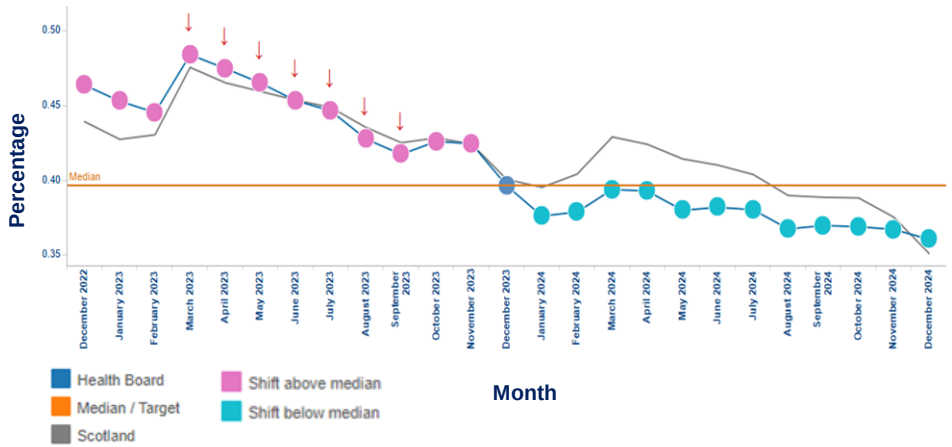
Plans and Mitigations

Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provide 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.

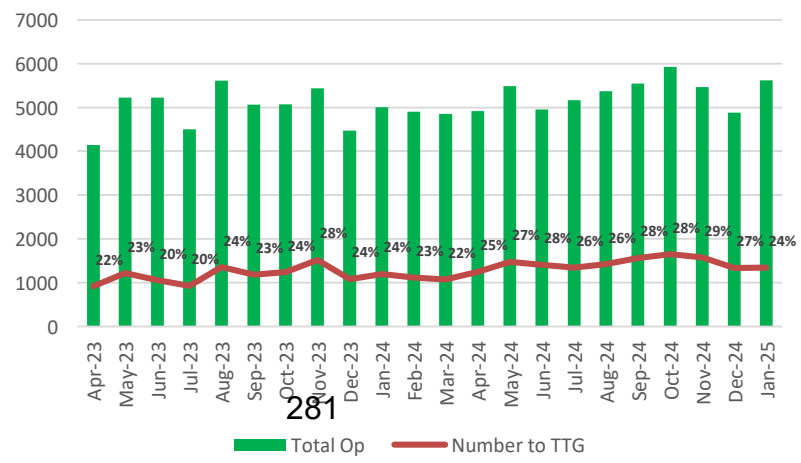
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Decreasing performance but near Scotland average; activity levels above target
Latest Performance	36.1%
National Benchmarking	35.1% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	10th out of 15 Boards

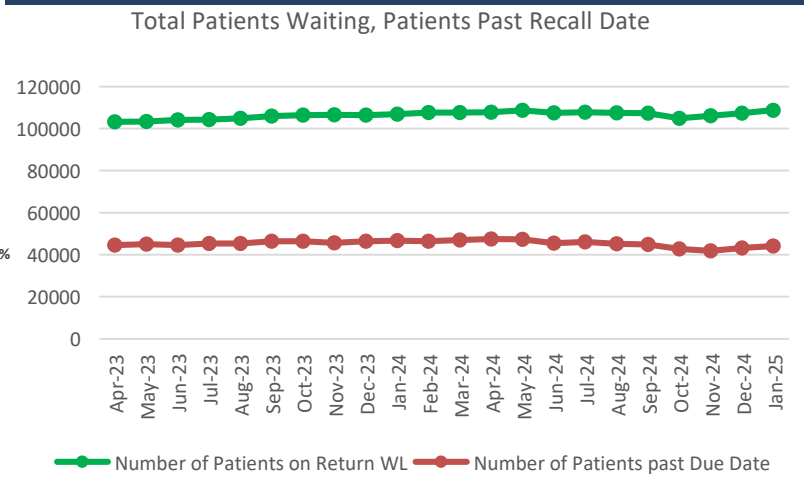
Outpatients Seen <12 Weeks (P)



OP Conversion Rates to TTG (Q)



Return Outpatients Wait List (P)



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

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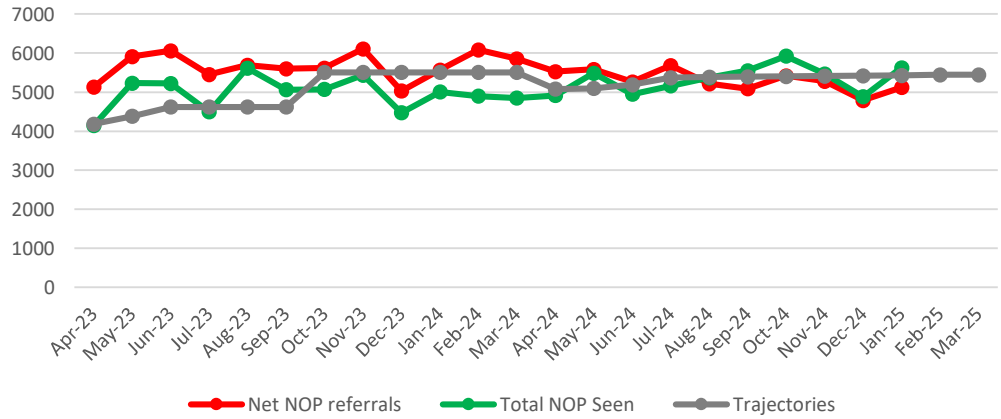
Chief Officer, Acute

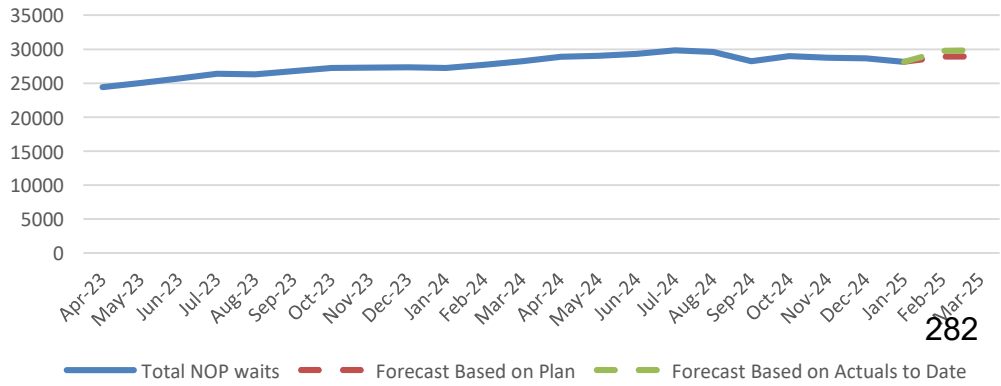
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
64,045	53,161 (83.01%)	53,321 (83.26%)	0.25% above target

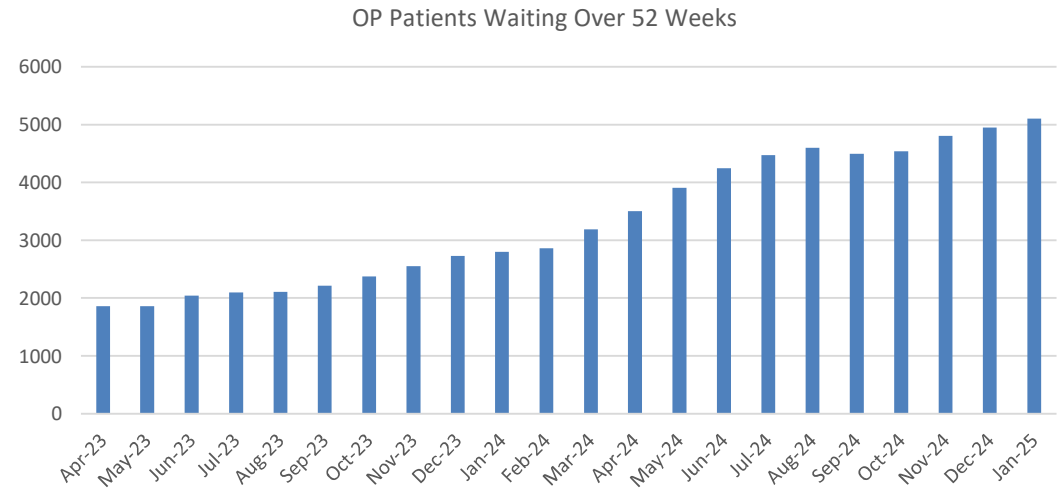
Referrals, Patients Seen & Trajectories (P)



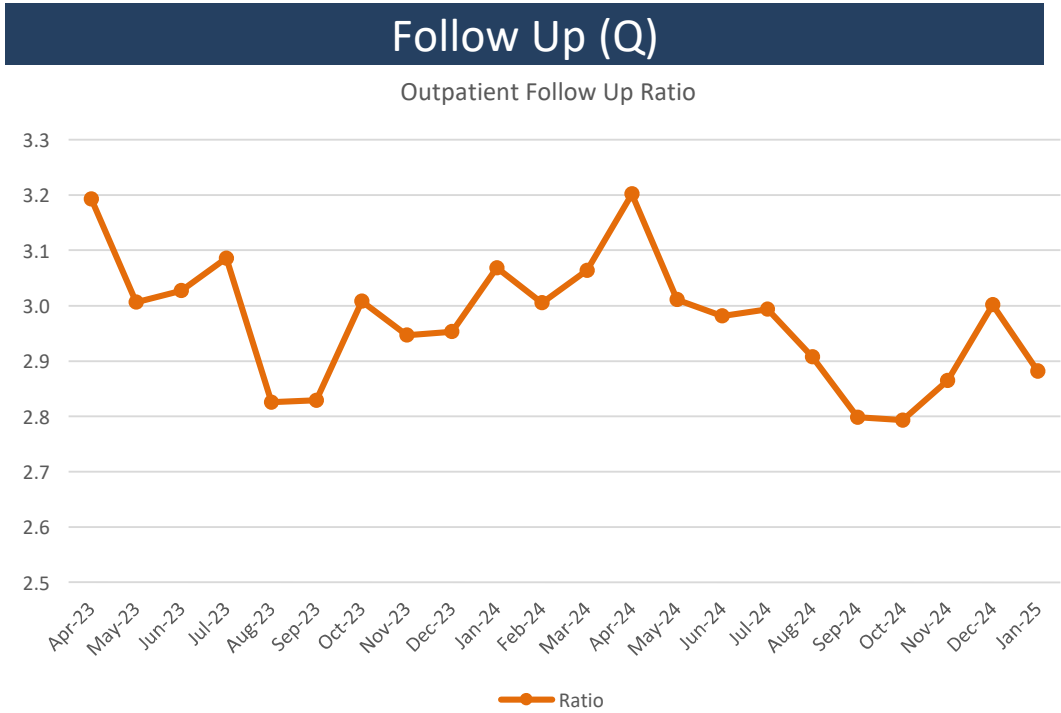
Waiting List & Projection (P)



Target 3 – Long Waits



Follow Up (Q)



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

ADP Deliverables Progress as at End of Q3 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.

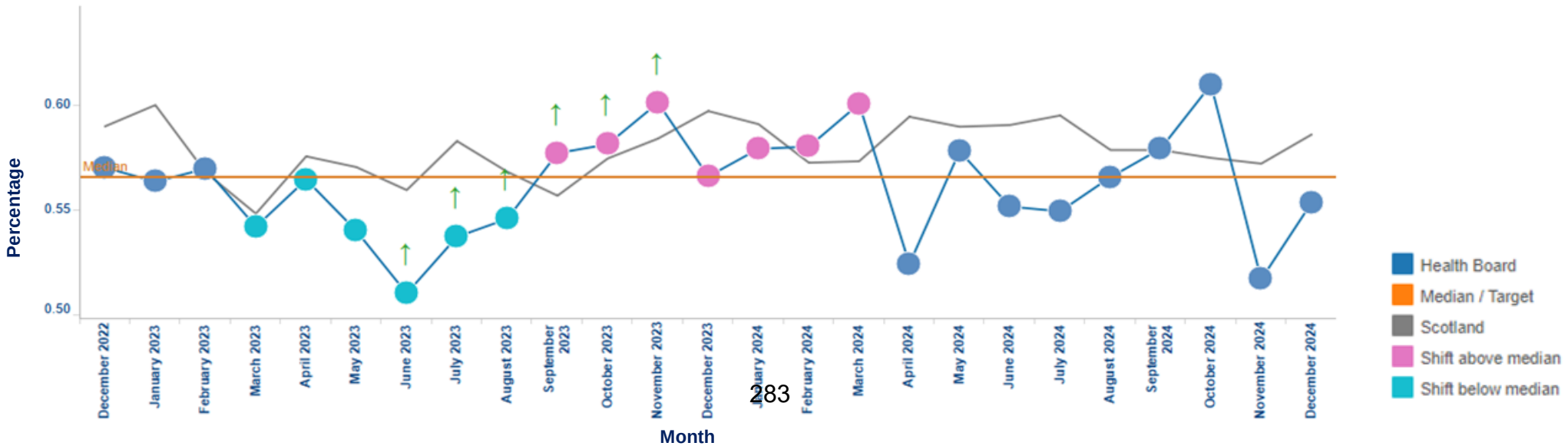
Plans and Mitigations

- 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.
- Review of waiting list management processes
- 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	0.02% below ADP target
Latest Performance	55.3%
National Benchmarking	58.6% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	8th out of 15 Boards

TTG Seen <12 Weeks (P)



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

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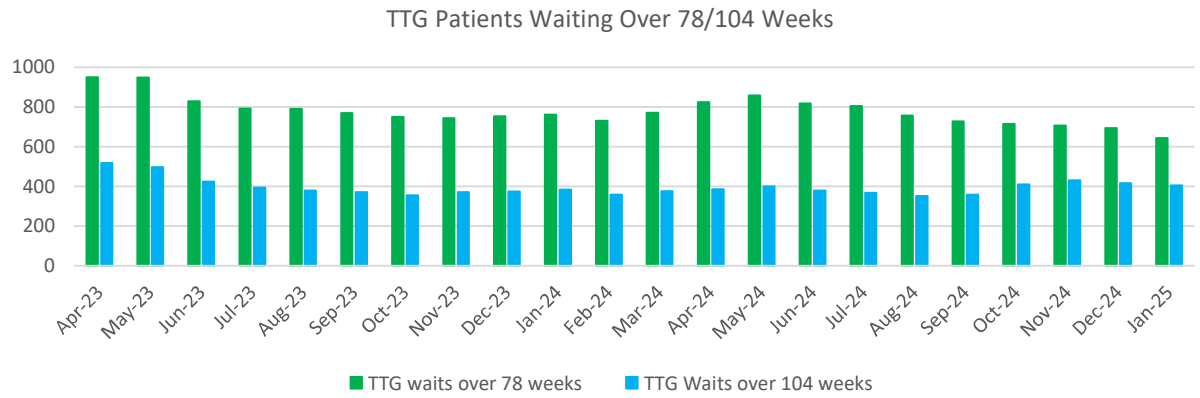
Chief Officer, Acute

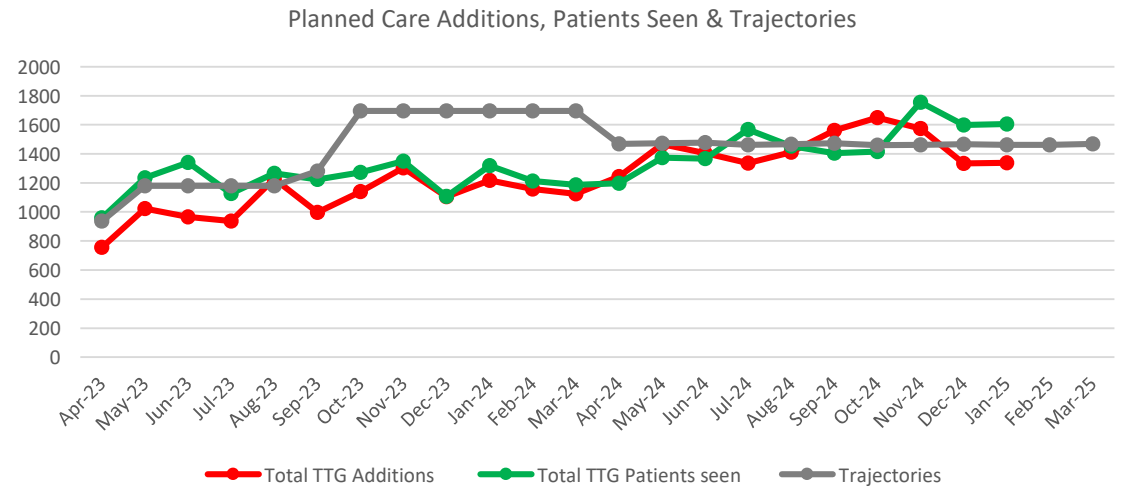
ADP Targets (P)

Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
17,603	14,672 (83.35%)	14,739 (83.73%)	0.38% above target

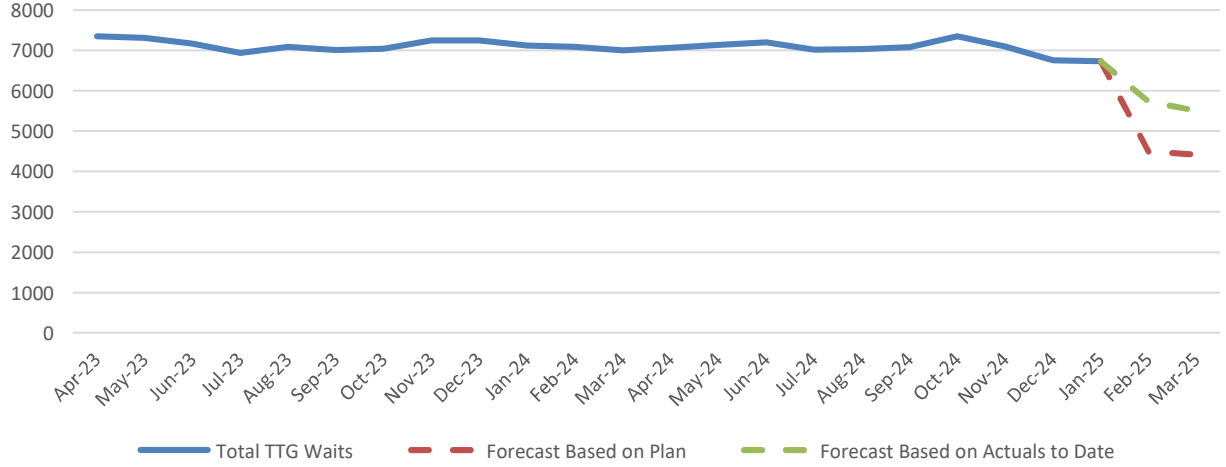
Long Waits (P&Q)



Referrals, Patients Seen & Trajectories (P)



Waiting List & Projection (P)



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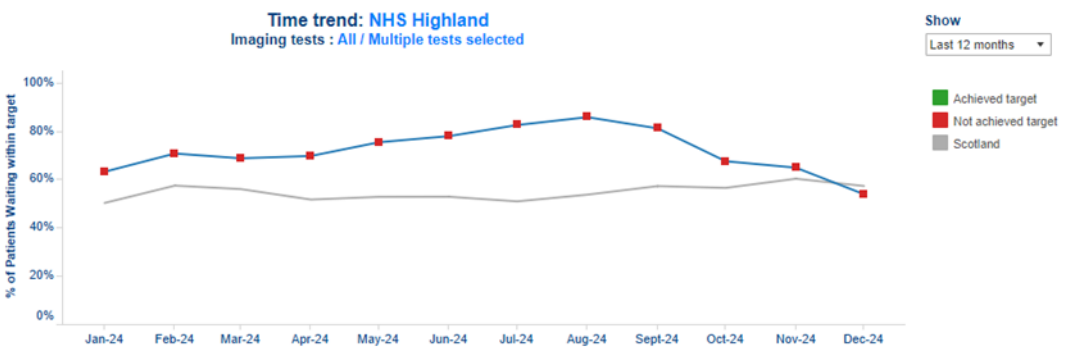
Diagnostics - Radiology

ADP Deliverables Progress as at End of Q3 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 meeting planned trajectories. Unplanned demand remains fairly constant.	A workshop was held Dec 2024 to identify areas of improvement. Priorities for 2025/26s: • Review radiology admin team(s) incl booking • Review and streamline IR(ME)R admin processes • Replace Radiology Information System (RIS) • Upgrade PACS (national approach) • Implement TrakCare Order Comms for secondary care requests (Raigmore and L&I hospital)

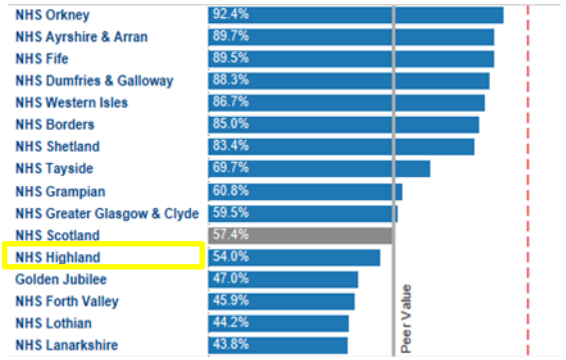
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	1.19% below ADP
Latest Performance	54.0%
National Benchmark	57.4%
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	11th out of 15 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

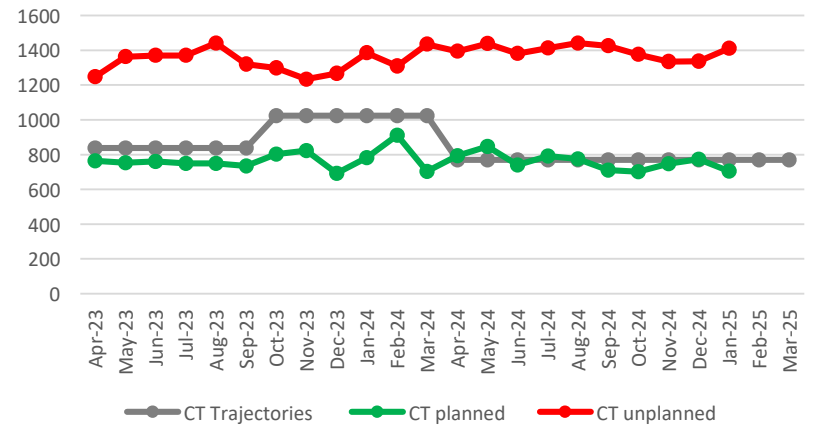


Benchmarking with Other Boards

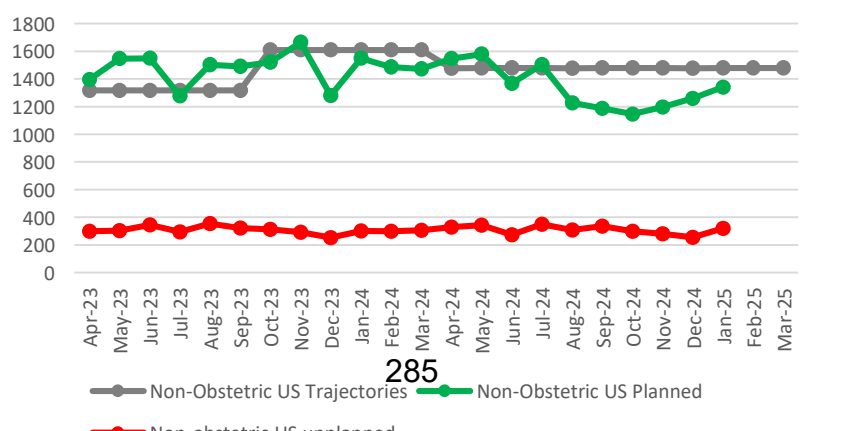


Yearly Trajectory	YTD Target	Patients Seen- Nov 2024	Overall
33,229	27,689 (83.33%)	27,292 (82.13%)	-1.19% Below target

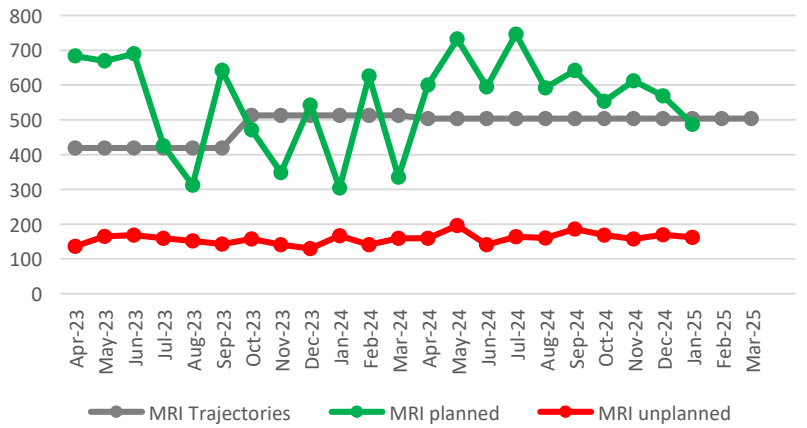
CT Patients Seen & Trajectories



Non-Obstetrics Patients Seen & Trajectories



MRI Patients Seen & Trajectories



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Chief Officer, Acute

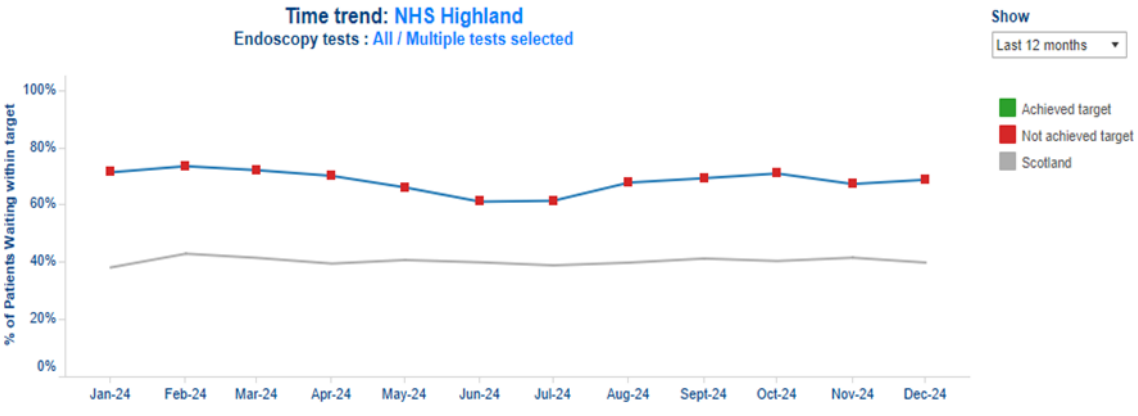
Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plan and Mitigation
GI Endoscopy – on track Cystoscopy – recovery plan and strategic plan to be developed. Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025	TrakCare PMS to be reconfigured to measure waiting time rules against national 42-day target rather than local 28-day standard. This would provide a true reflection of current performance.	GI Endoscopy now in strong position, surveillance backlog reduced to just two months across Highland. Next step to reduce new urgent and routine wait. Cystoscopy – appointment type review to be completed

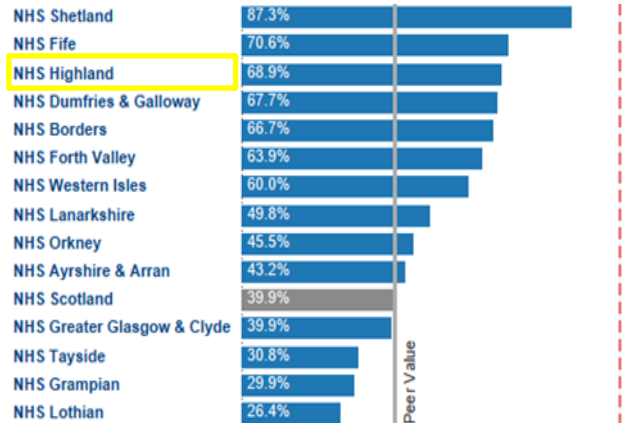
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Meeting ADP Target
Latest Performance	68.9%
National Benchmark	39.9%
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	3rd out of 14 Boards

Endoscopy Tests: Maximum Wait Target 6 Weeks

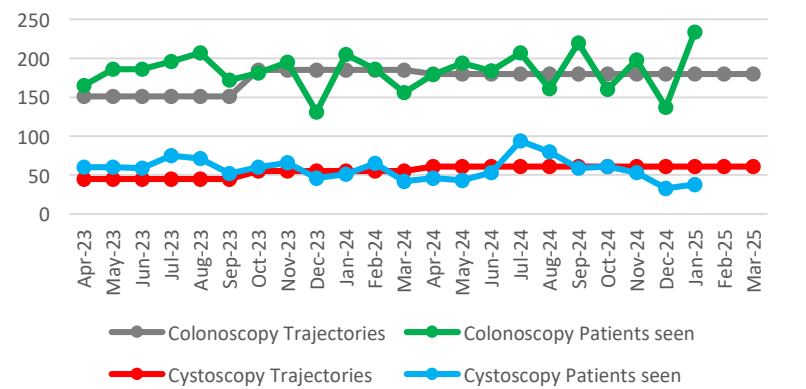


Benchmarking with Other Boards

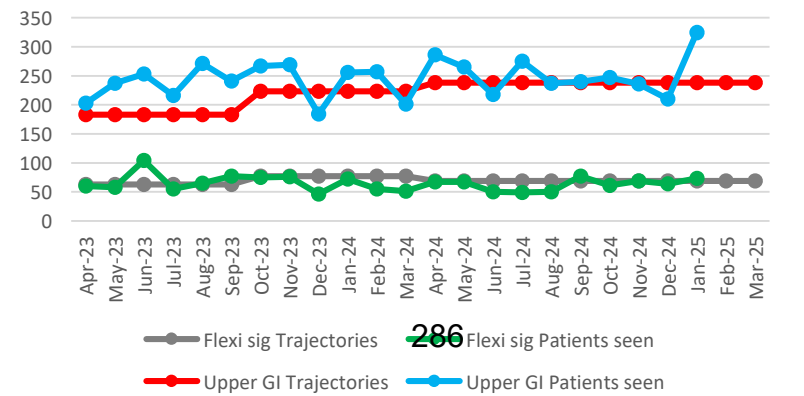


Yearly Trajectory	YTD Target	Patients Seen - Oct 2024	Overall
6,576	5,480 (83.33%)	5,599 (85.14%)	1.81% over target

Colonoscopy & Cystoscopy: Patients Seen & Trajectories



Flexi Sig & Upper GI: Patients Seen & Trajectories



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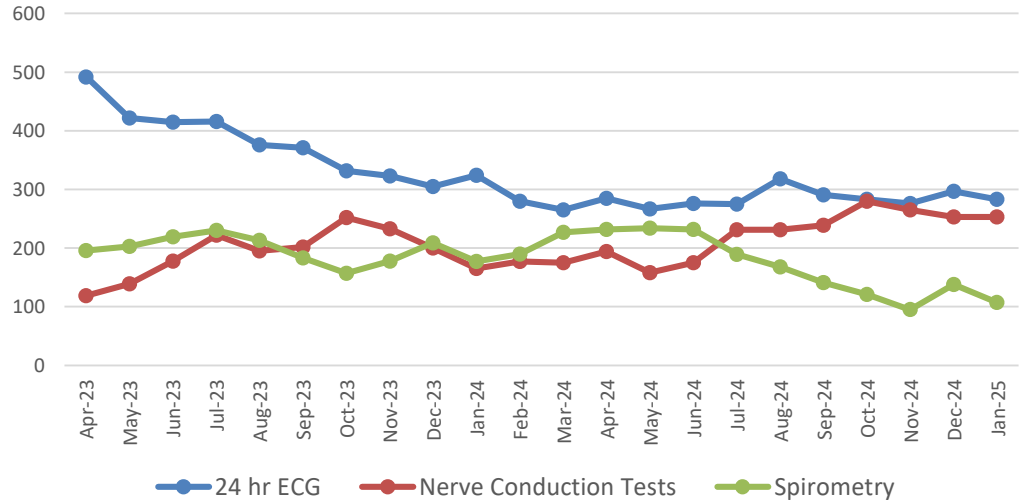
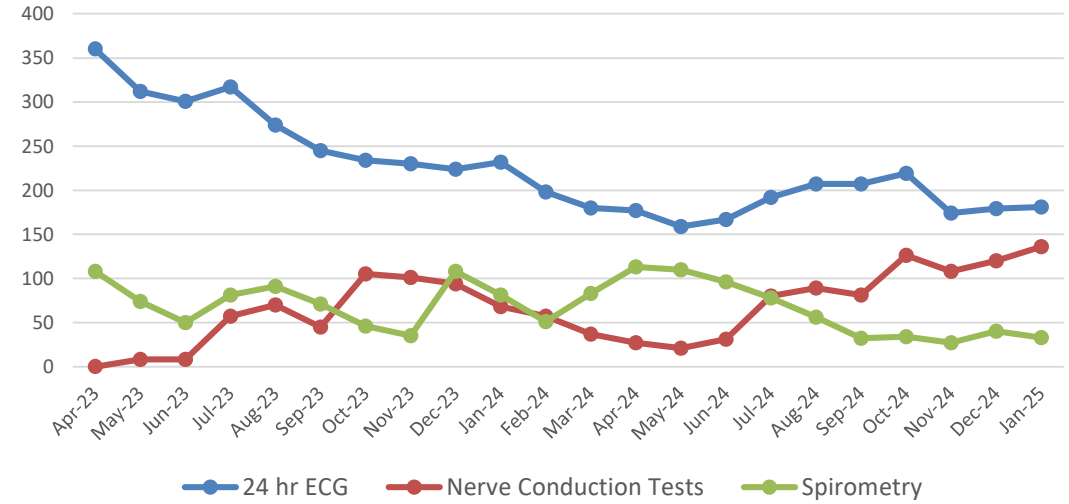
Katherine Sutton
Chief Officer, Acute

Diagnostics Wait List - Other

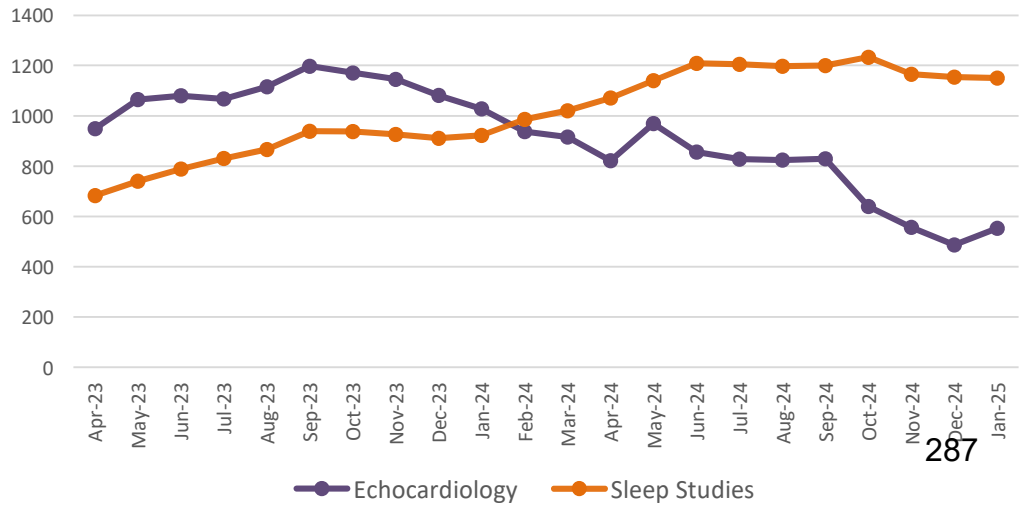
Total Waiting List Size
24hr ECG, Nerve Conduction Tests & Spirometry



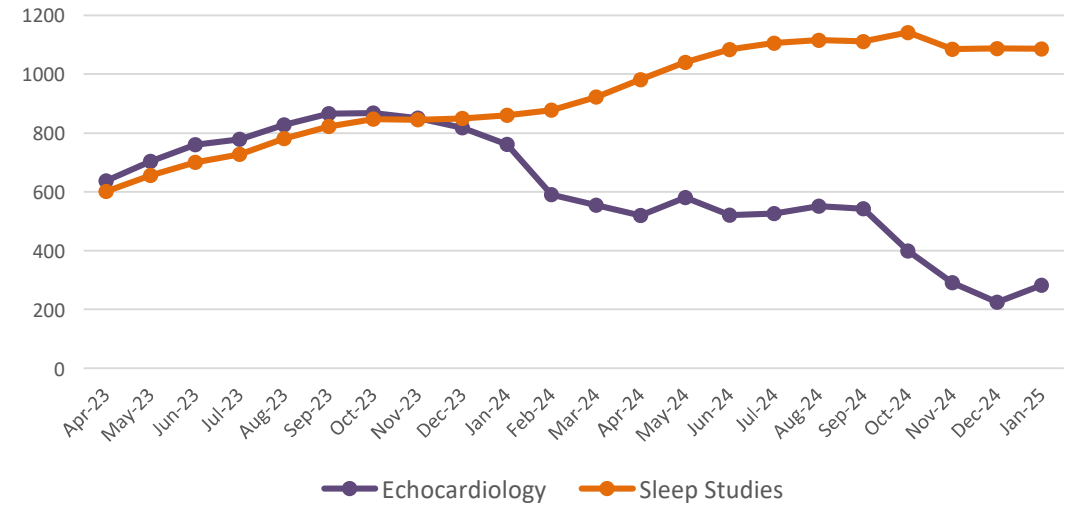
Patients Waiting >6 Weeks
24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size
Echocardiology & Sleep Studies



Patients Waiting >6 Weeks
Echocardiology & Sleep Studies



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Katherine Sutton
Chief Officer, Acute

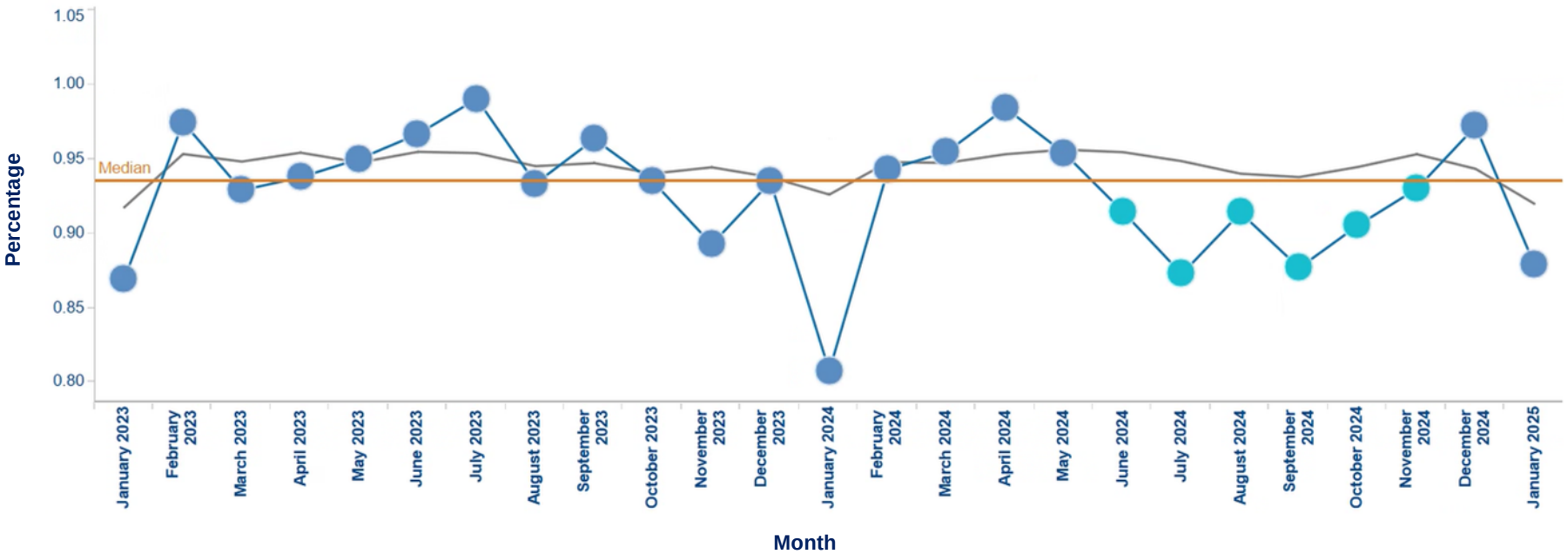
31 Day Cancer Waiting Times

ADP Deliverables Progress as at End of Q3 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. "Batching" of mutual aid for Breast assessment leading to peak in surgery Performance most recently improved to above the required 95% standard.	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		

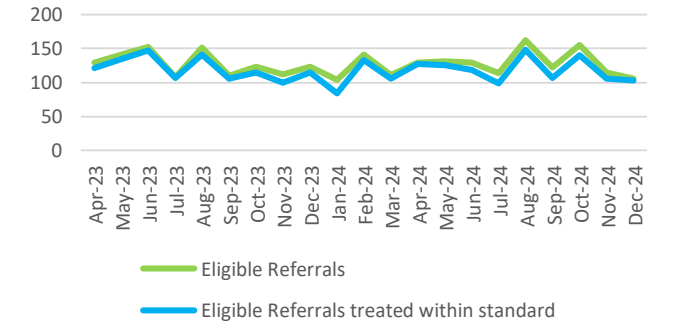
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below natonal average
Latest Performance	87.9%
National Benchmarking	92.0% Scotland average
National Target Achievement	Last met in December 2024
Position	13th out of 14 Boards

31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards

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Katherine Sutton
Chief Officer, Acute

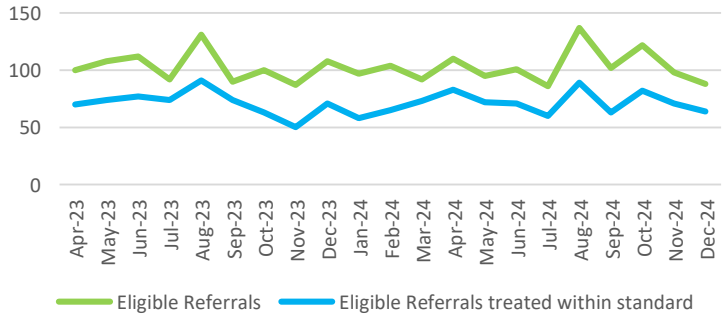
62 Day Cancer Waiting Times

ADP Deliverables Progress as at End of Q3 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. 50% of Problem - Breast One Stop Assessment capacity only meeting 50 per cent of demand due to lack of radiology support. Recurring aid requested from FV pending establishment of Con Radiographer model.	Improved implementation of national guidance (FECM) and learning lessons from Lanarkshire. Establishment of Cancer Performance & Delivery Group Recurring and frequent support from Forth Valley Breast Team
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		

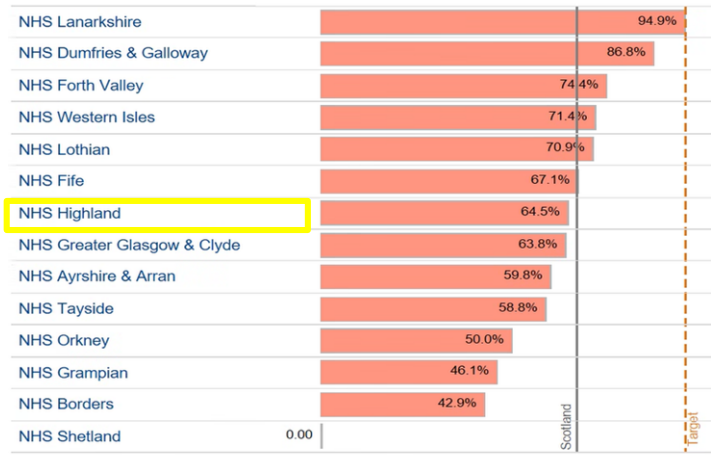
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below national average
Latest Performance	64.5%
National Benchmarking	66.7% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	7th out of 14 Boards

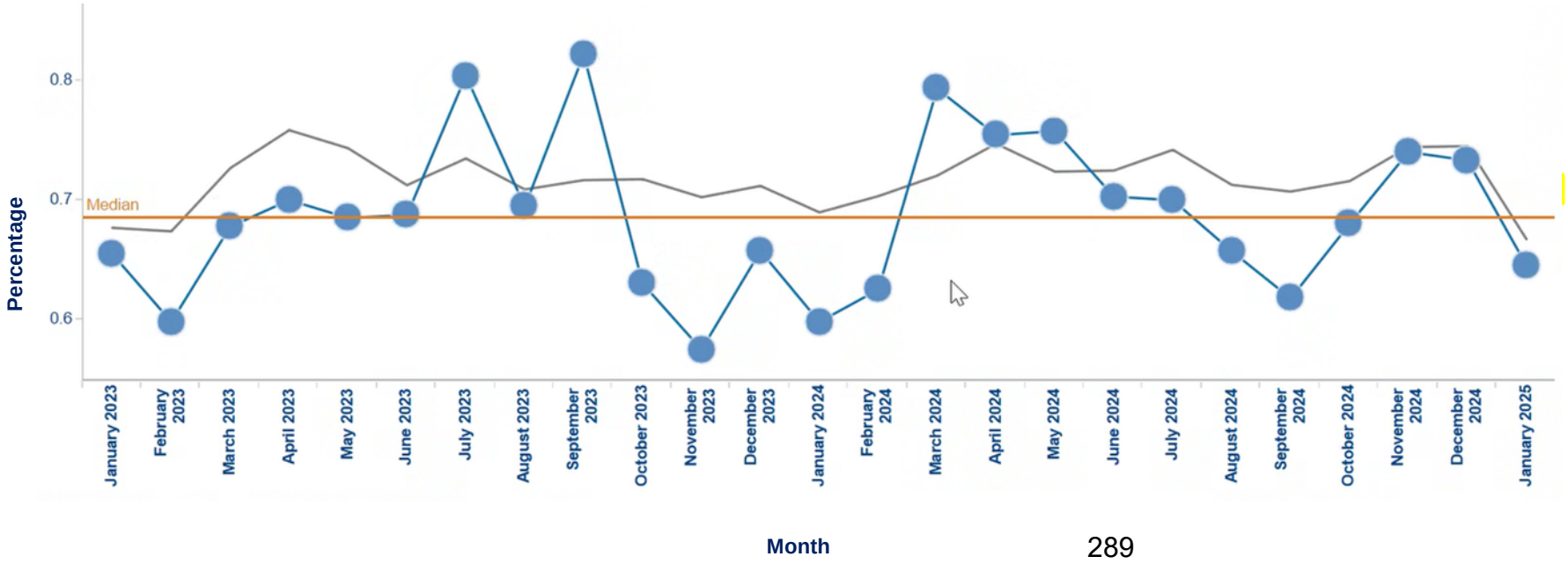
Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards



62 Day Cancer Waiting Times



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Chief Officer, Acute

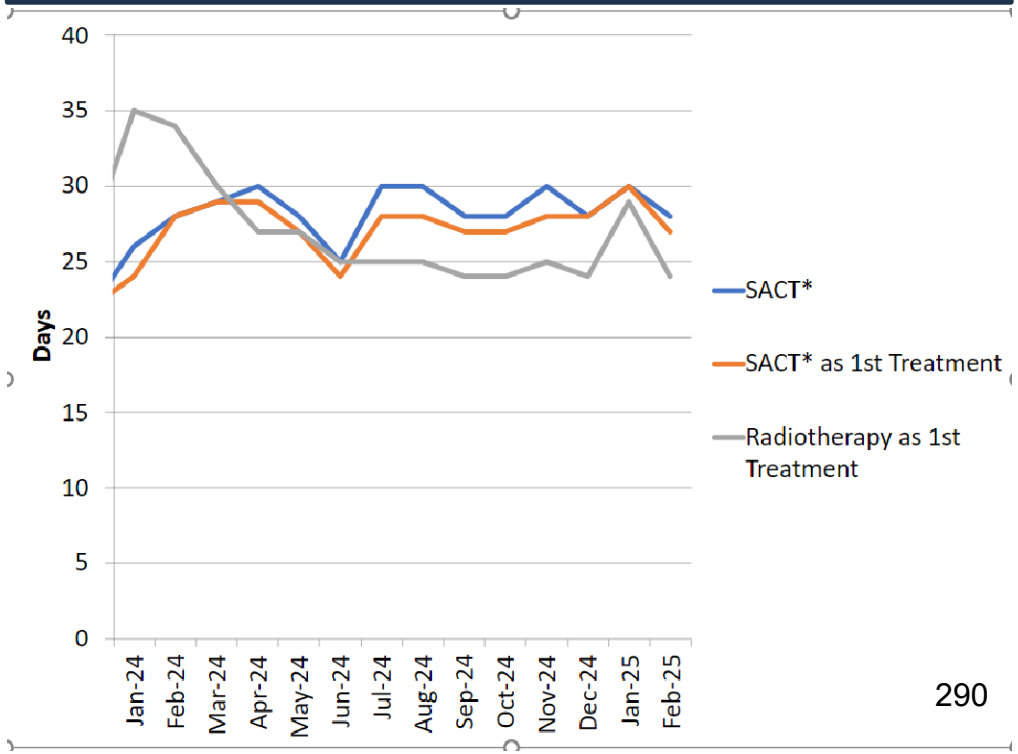
SACT Access and Benchmarking

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		

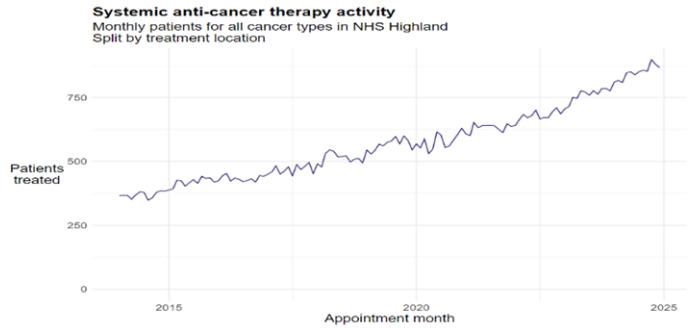
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Waiting times decreased
Latest Performance	24-29 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

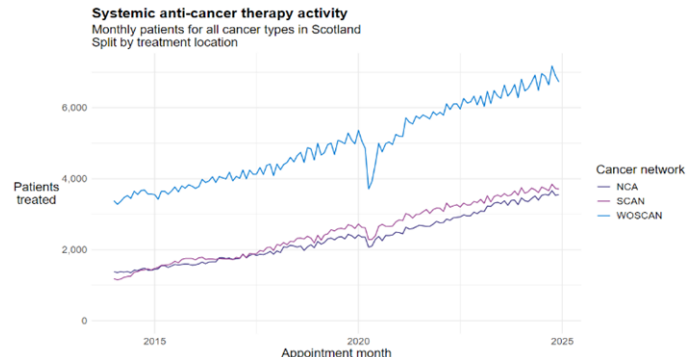
Systemic Anti Cancer Therapy – Waiting Times



Highland Patient Numbers (P)



Scotland Patient Numbers (P)



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Pamela Stott Chief Officer, HHSCP

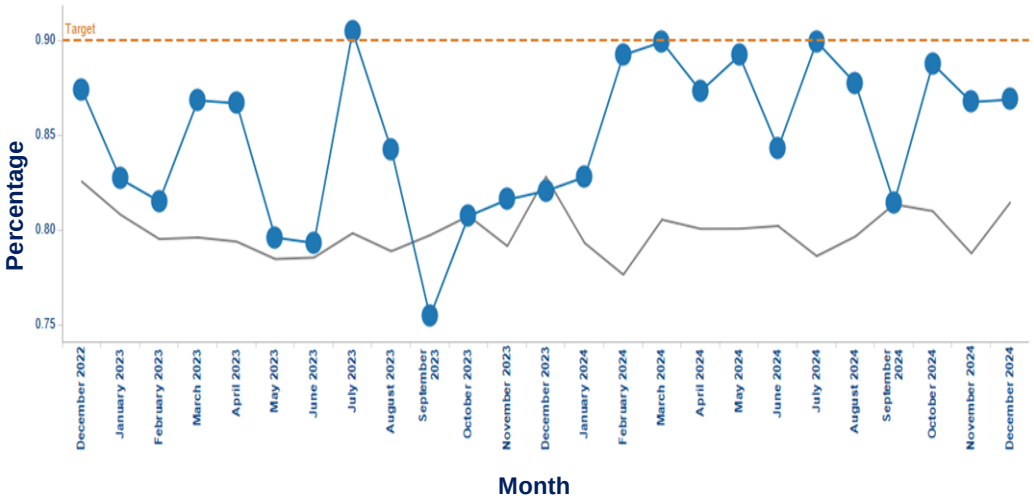
Psychological Therapies Waiting Times

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.

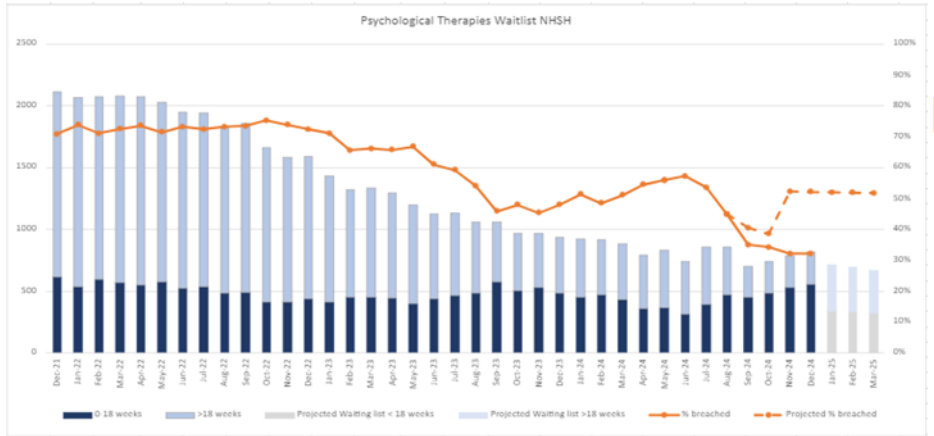
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance improved
Latest Performance	86.9%
National Benchmarking	81.5% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards

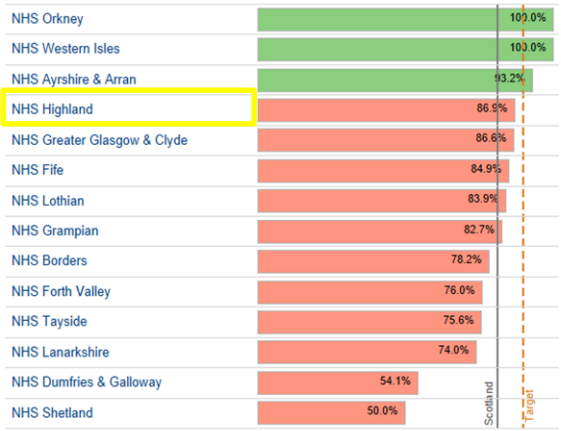
Patient seen < 18 weeks



Waiting List Size



Benchmarking with Other Boards



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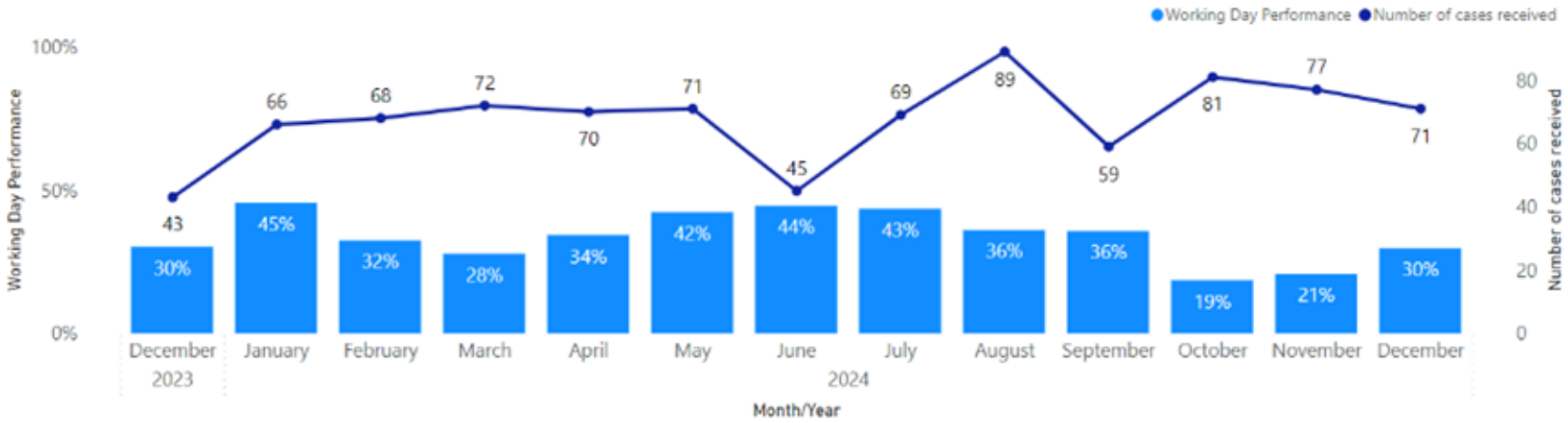
Stage 2 Complaint Activity (December 2023 – December 2024)

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	In December there was slight reduction in the number of stage 2 complaints received. Performance against the 20 day target has improved.	Complaints training for Investigating Officers is being held on the 25th Feb, 27th Feb, 4th March and 13th March. Training on the complaints process will be delivered monthly from April 2025.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	30%
National Benchmarking	None
National Target	60%
National Target Achievement	
Position	

Stage 2 Feedback Cases | Excludes FC and SPSO | Working Day Performance (%)



Top Issue Categories | Last 3 Months

Year	2024			
Issue Category	October	November	December	Total
Treatment				
Poor Care	1	14	7	**22**
Delays in Diagnosis/Treatments	2	10	4	**16**
Consent to Treatment		1	2	**3**
Poor Nursing Care		2	1	**3**
Poor Co-ordination/Aftercare			1	**1**
Problems with medication or prescribing		1		**1**
Treatment/Investigations carried out poorly			1	**1**
Communication				
Patient/carers not given full information		12	8	**20**
Patient/carers not fully involved in treatment decisions		5	4	**9**
Poor communication between professionals/staff		3	2	**5**
Breach of Patient Confidentiality		2	1	**3**
Insensitive Information		2	1	**3**
Waiting Times / Delays				
Outpatient	1	14	5	**20**
Inpatient			1	**1**
Referrals Delays within admission/attendance		1		**1**

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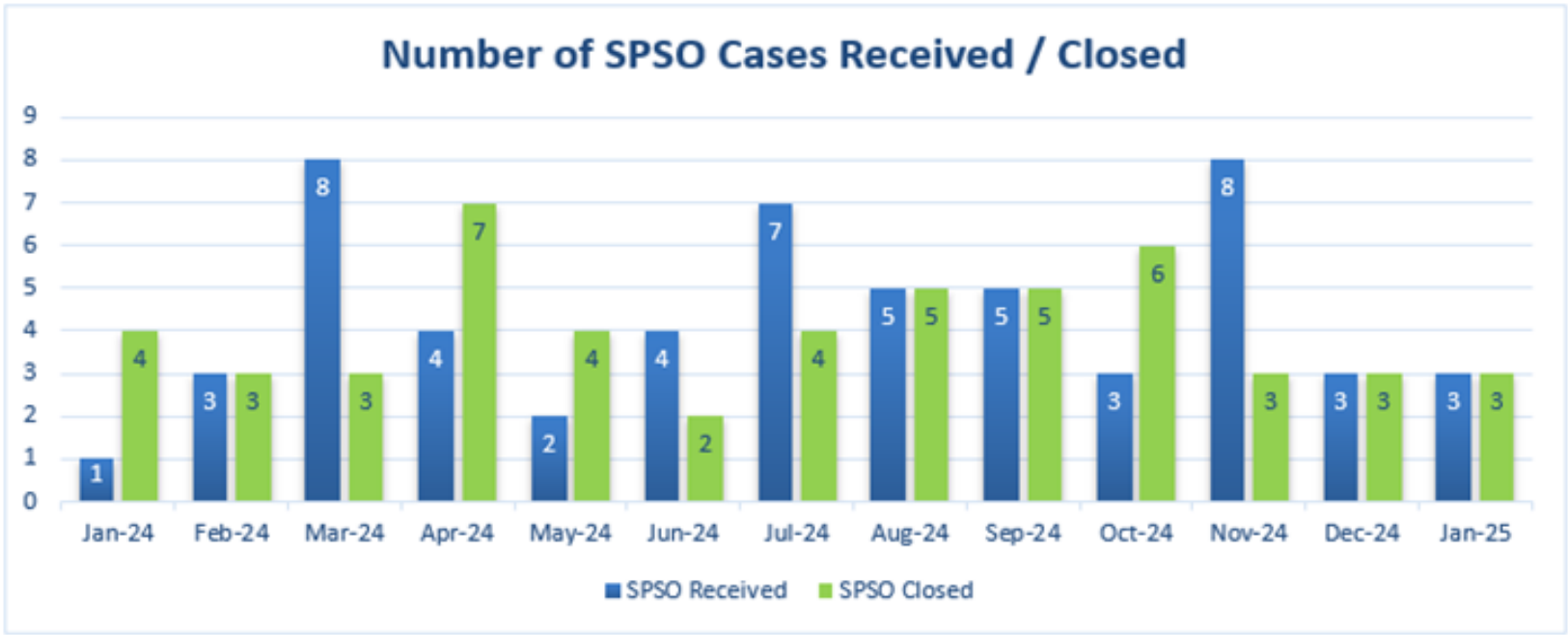
SPSO Activity (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		The number of enquiries from the SPSO has decreased in the last two months. Of the 9 cases closed in the last three months 7 cases were not take forward. Only one was partially upheld.	SPSO cases are closely monitored and reported via the Operational Areas Quality and Patient Safety Structures.

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



SPSO cases received last 3 months:
14 received:

- 6 Acute
- 3 A&B
- 5 HHSCP

These relate to care and treatment, NDAS service and Adult Social Care Services

SPSO cases closed last 3 months:
9 SPSO enquiries closed.

- 7 not taken forward
- 1 Not Upheld
- 1 Partially Upheld

Listening and Responding to our Patients – Dementia (January 2024 – January 2025)

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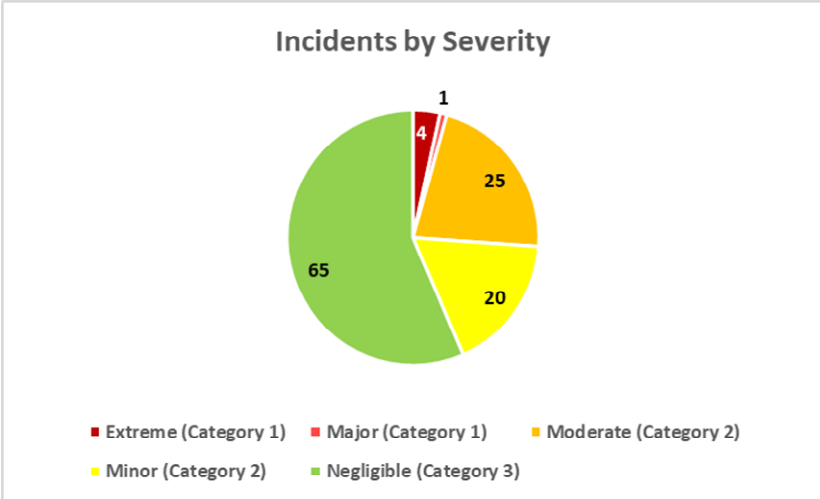

In the last 13 months there were 115 incidents relating to patients with Dementia. The majority (74%) were negligible or minor incidents. The top five categories were:

- Violent, Aggressive, Disruptive Behaviour
- Falls, Slips & Trips
- Staff Availability
- Transfer / Discharge
- Tissue Viability.

The Family Said..
The patient has dementia and was vulnerable and needed Care at Home. Despite repeated contact this had not been arranged.

What We Did..
District Nursing Team visiting daily until care package put in place.

Care package commenced in February 2024.

Family Involvement in patient care...
Patient has dementia and lives at home with family support and formal package of care. Previously assessed and ordered Cat A mattress had been returned by family, due to noise causing patient distress.

What We Did..
Following discussion with nursing team and development of pressure damage family and patient agreed to further trial of Cat A mattress.

Next steps...
Routine review of nursing needs by Community Nursing Team.

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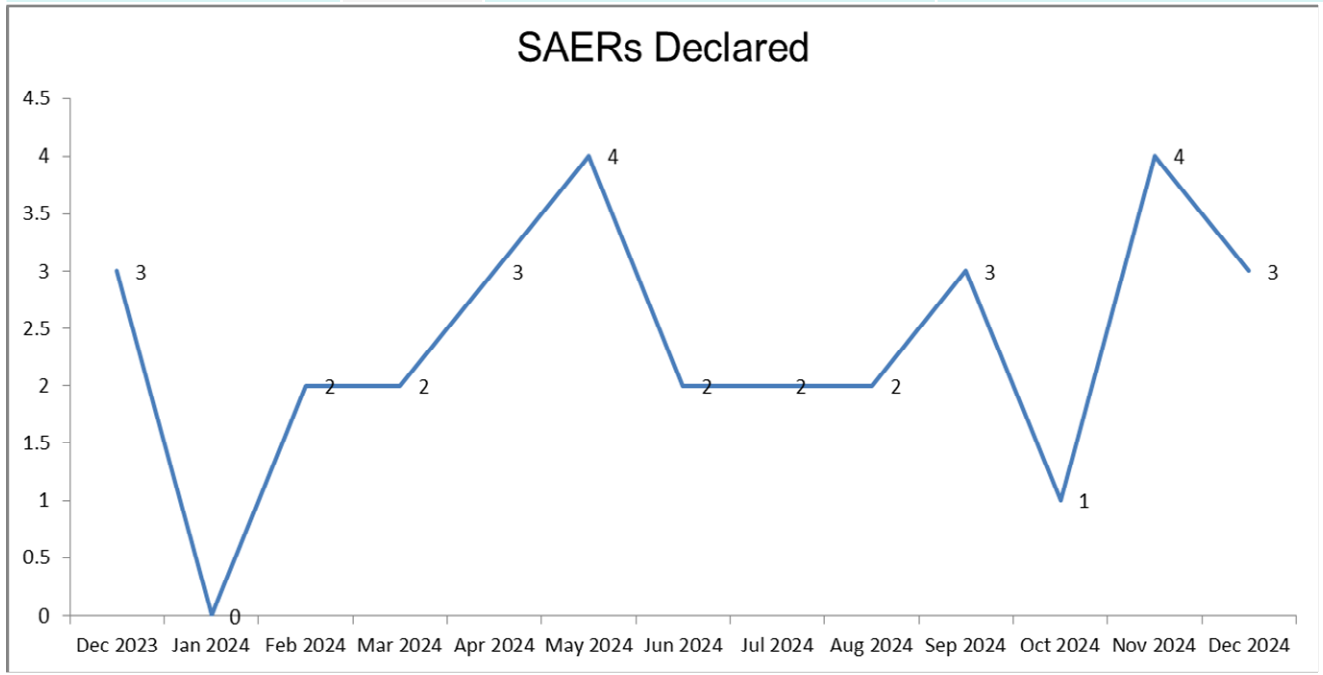
Level 1 (SAER) & Level 2A incidents (December 2023 – December 2024)

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	• 10 SAERs are over the 26-week target • 33 2a reviews are over the 12-week target • On average declaring 2 SAERs per month	The new national framework for adverse events will be published by the end of February 2025 and thereafter policies and procedures will be updated. Completion of SAERs and Level 2a reviews and actions are monitored by each Operational Areas. Professional leads are meeting in March 2025 to review the SAER process to ensure consistency of approach

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 structure.

In the 13-month period a total of **17350** incidents have been raised across NHS Highland. A total of **27 Level 1 (SAERs)** have been declared, giving a conversion rate of 0.15%.

Current Status (no date restriction) :

- **121** major and extreme risk graded incidents remain open
- **23** active Level 1 cases, **10** have been active for over 26 weeks.
- **43** Active level 2A cases, **33** have been active for over 12 weeks
- **68** SAER action are overdue.
- **23** Level 2a actions are overdue.

Current SAERs relate to:

- Access / Admission, Clinical Events / Assessments, Investigations, Staff Availability, Self-Harming Behaviour.

- **4 SAERs Closed – Last 3 months relating to:**
- Self-harming behaviour (suicide), (x2)
- Clinical Event – Unexplained / Unexpected / Avoidable death
- Clinical Event – Unexplained / Unexpected / Avoidable complication

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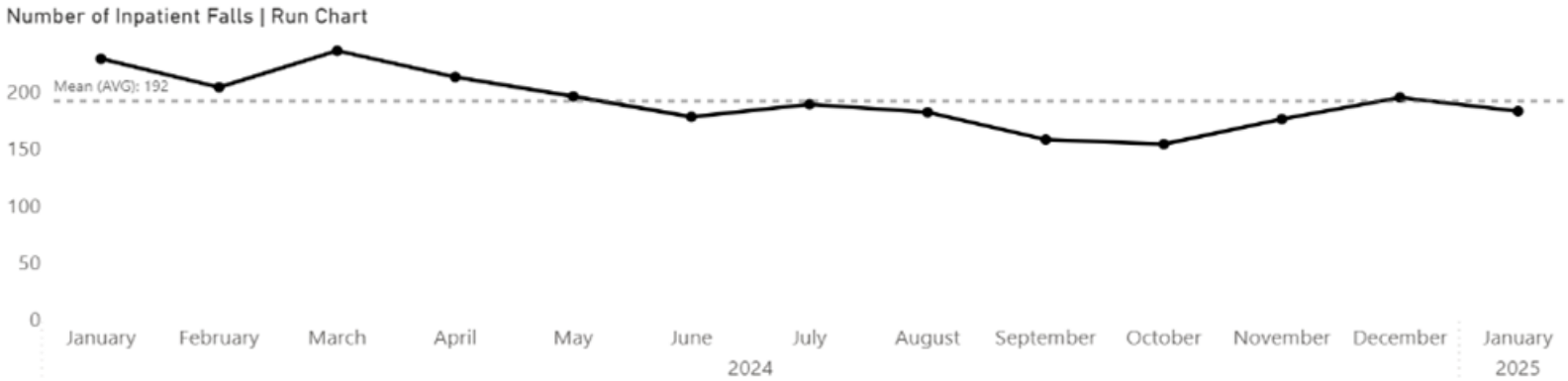
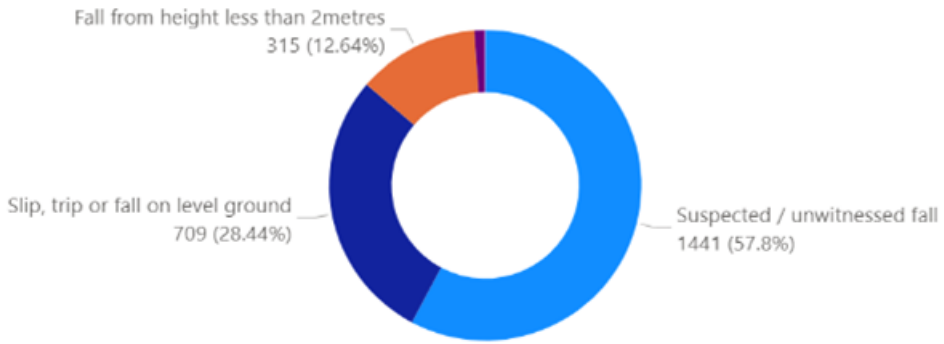
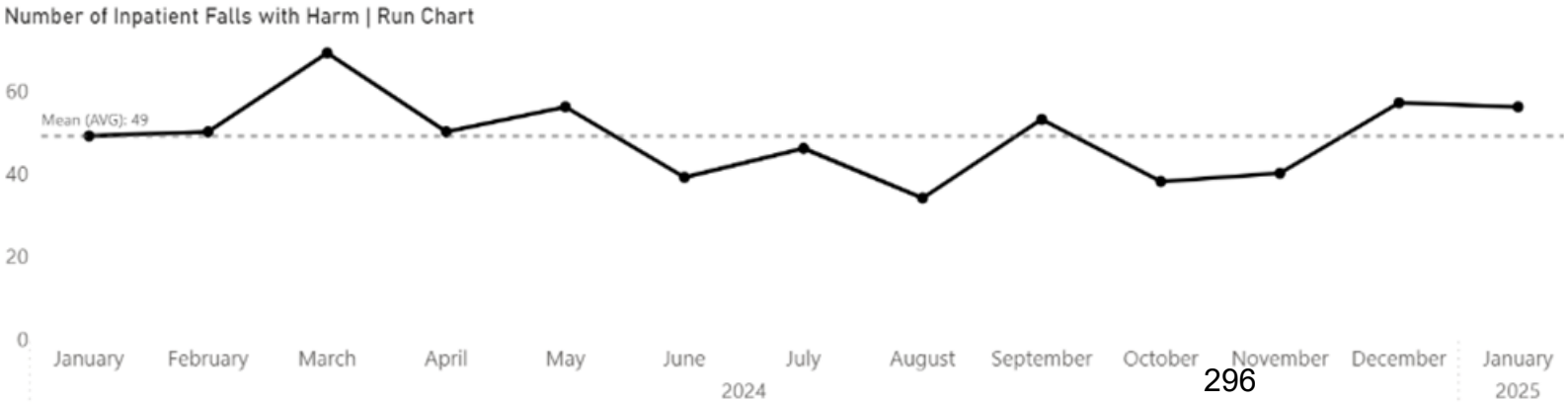
Hospital Inpatient Falls (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
		Overall falls have remained static with slight increase in falls with harm over January and February. Surgical directorate have maintained falls below mean for 5 consecutive months. New craigs Hospital have met 20% reduction in falls for 7 consecutive months Increase in patient falls in November and December – review for any association with placing 7th patient in multi bed bays	• Focussed work in Lorn and Islands Hospital • Continued use of falls audit to drive improvement across all areas • Reinforcing Daily Care Plan completion and documentation of Safe Care Pause

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	







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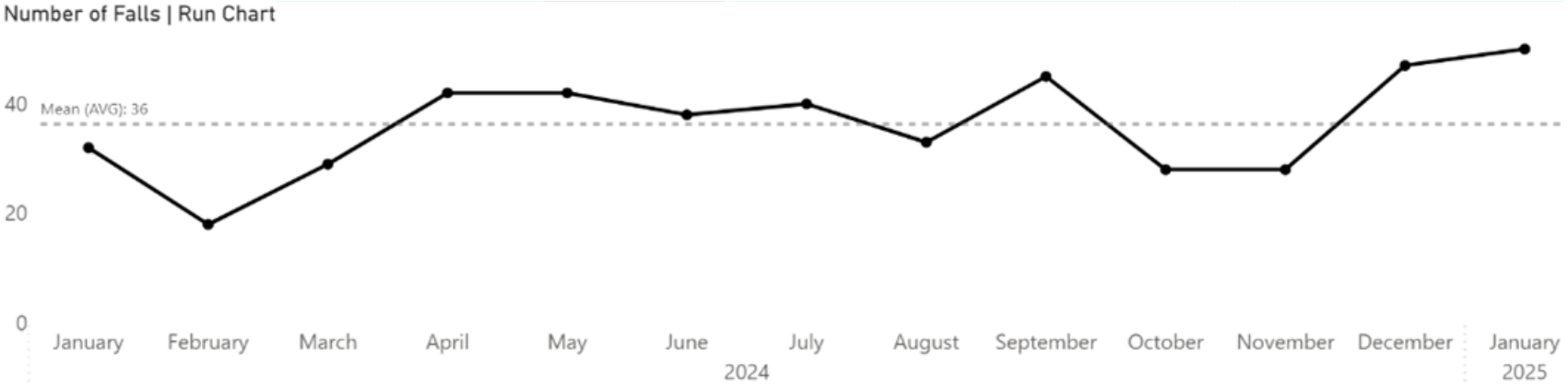
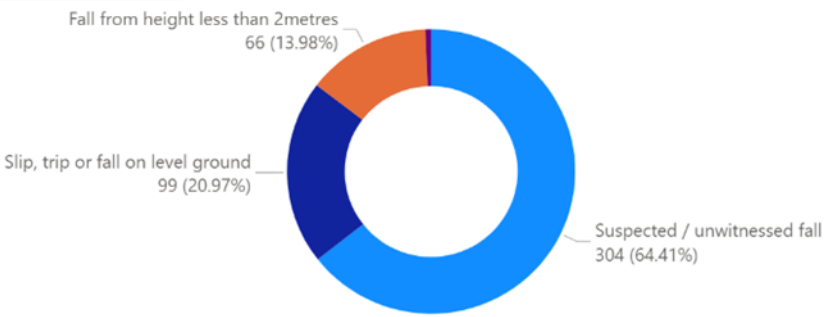
Care Home Resident Falls (January 2024 – January 2025)

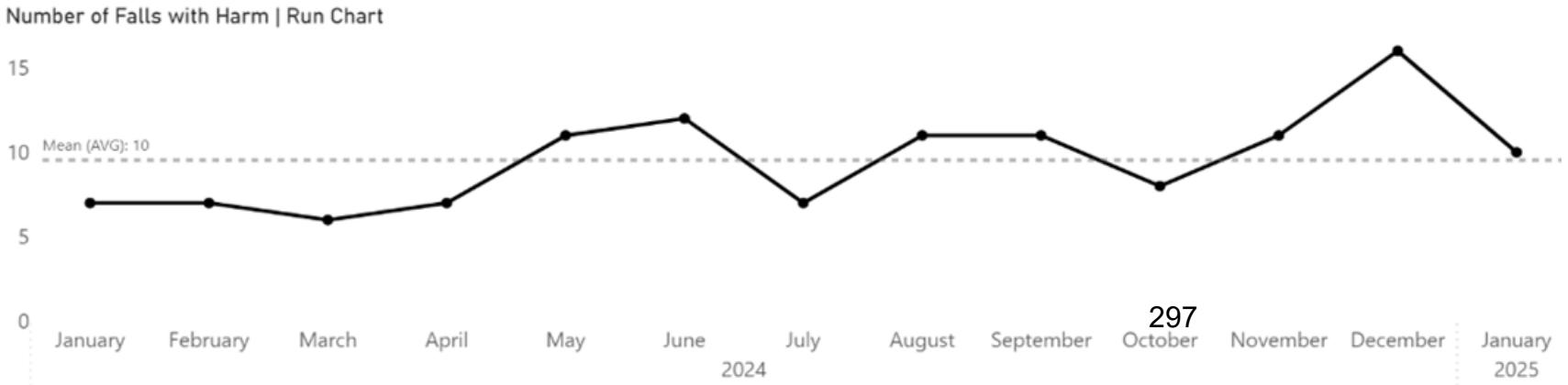
ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
	Reduced staffing has led to robust risk assessments and fall prevention measures not being carried out as frequently or thoroughly as needed. In some cases, there has been a training gap and staff have not been fully equipped for the safe management of fall prevention. 9 RIDDOR reports completed with H&S from Dec to Feb none were reportable - documentation was in place and reflected the needs of the residents	Homes are to utilise the Care Inspectorate Falls Analysis spreadsheet. Workshops and training events on falls awareness, screening, and risk assessments have been conducted in some homes with high levels of falls. A holistic approach to falls by considering multifactorial influences, including bone health screening, frailty screening, MUST and nutrition.

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

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







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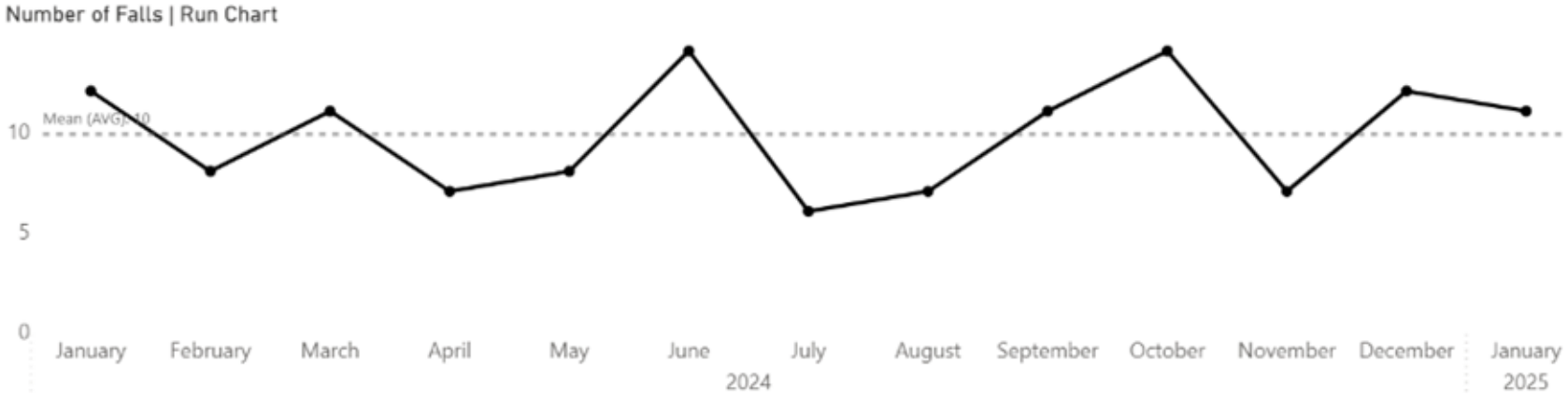
Community Based Falls (January 2024 – January 2025)

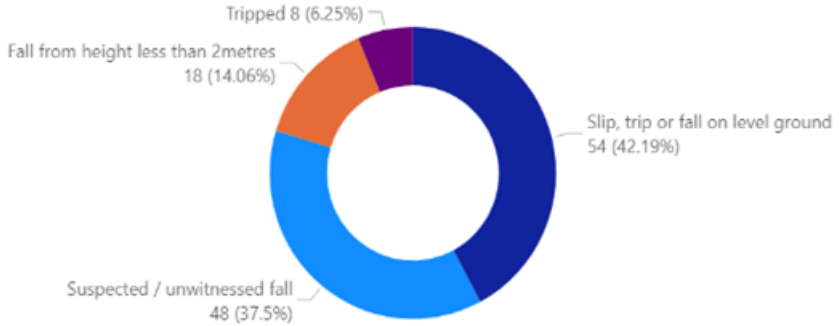
Excludes Hospitals and Care Homes

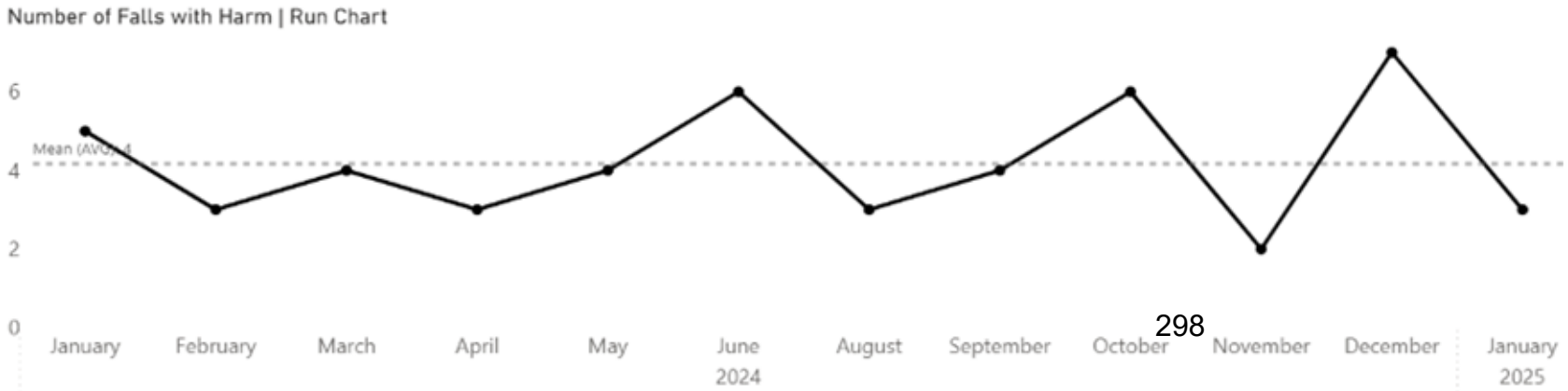
ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
	Falls in the community are recorded by all care givers in community. Slip, trips and falls on the level recorded as highest reason, with suspected/unwitnessed as the second highest. There have been a 6 points across the year falling under the mean, however there was a spike in December of falls with harm. Jan 25 shows a marked decrease in the number of falls, and with harm	Continued education

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

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







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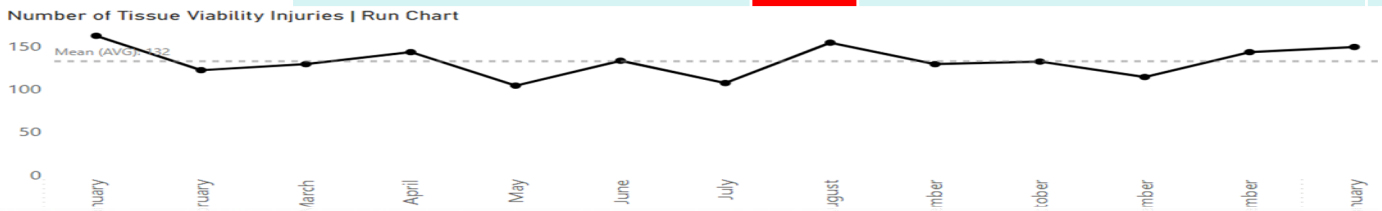
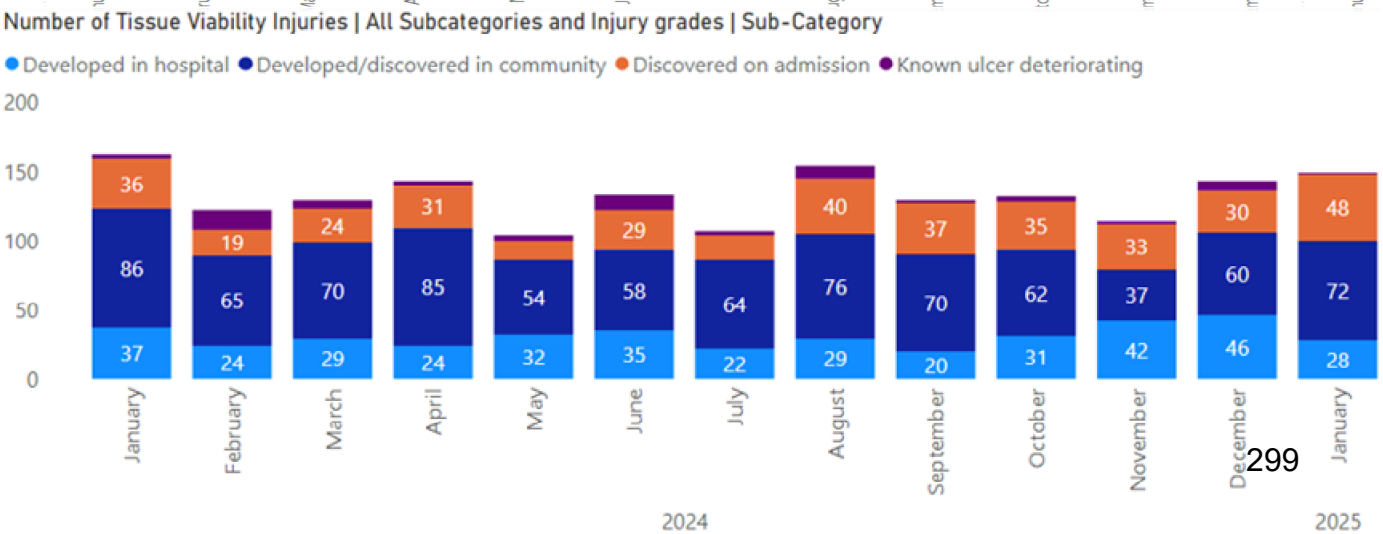
Tissue Viability (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
- Continue to work with high risk areas which is proving successful - Pressure Ulcer reduction documents for BSL and Easy Read in circulation. NATVNS new document with Medical Ills	- Awaiting new grading tool from EPUAP which influences training material - November and December seem to be high risk months for increased PU occurrence and pre planning seems to be a necessary consideration, but factors such as staff and patient admissions cannot be predicted - Consideration of review requirements for all pressure ulcers to ensure effective learning and improvements in practice.	- Showcase targeted approaches to change and adapting to specific areas - Consider Gaelic translation of NATVNS pressure ulcer prevention leaflet when ready- due very soon - -Community Pressure Ulcer Prevention Pathway in progress - Consider lowering the median so that we have more strategic and realistic targets - Preventative Strategies as Grade 2 and Grade 1s are highest- Beds and hybrid Mattress and specialist equipment discussion due
- Leg Ulcer training in progress - Wound Care Policy complete and for TVLG in April - Leg Ulcer Policy for TVLG in April		

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

Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon
National Target	20% reduction
National Target Achievement	
Position	





Sub-category | Injury

	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	Total
Pressure ulcer Grade 2	827	1744	831	68	**3470**
Pressure ulcer Grade 1	529	593	454	13	**1589**
Pressure Ulcer - ungradable	177	446	182	63	**868**
Pressure ulcer Grade 3	78	304	203	79	**664**
Pressure Ulcer - deep tissue injury	97	292	102	18	**509**
Pressure Ulcer - combination lesions	58	84	86	17	**245**
Pressure ulcer Grade 4	9	79	69	38	**195**
Pressure ulcer (grade not specified)	30	34	50		**114**
Mucosal Pressure Damage	56	5	23		**84**
Total	**1861**	**3581**	**2000**	**296**	**7738**

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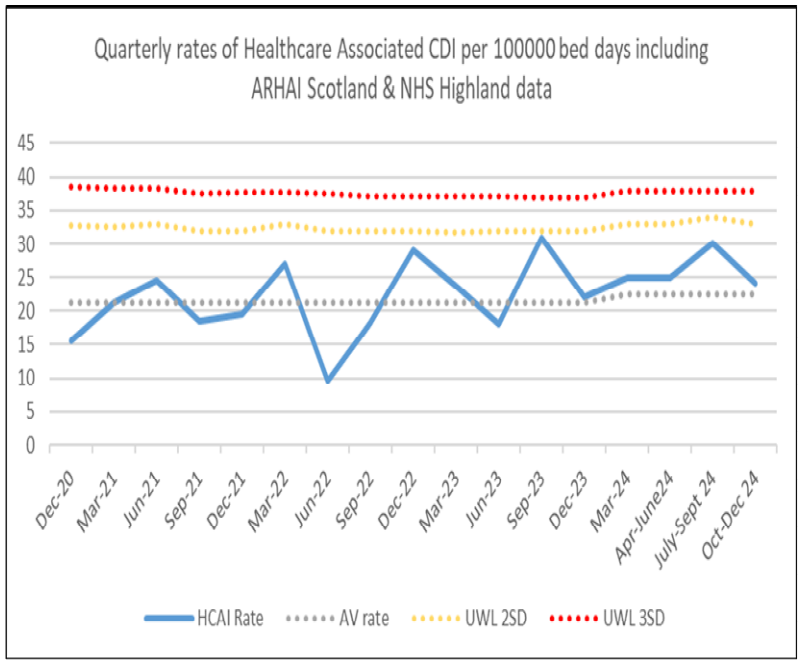
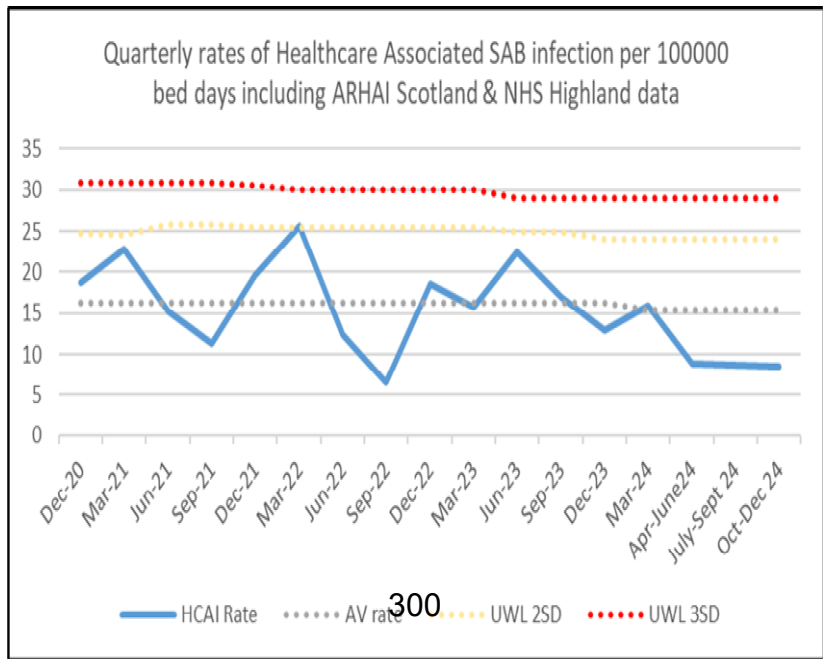
Infection Control - SAB, CDI and ECOLI

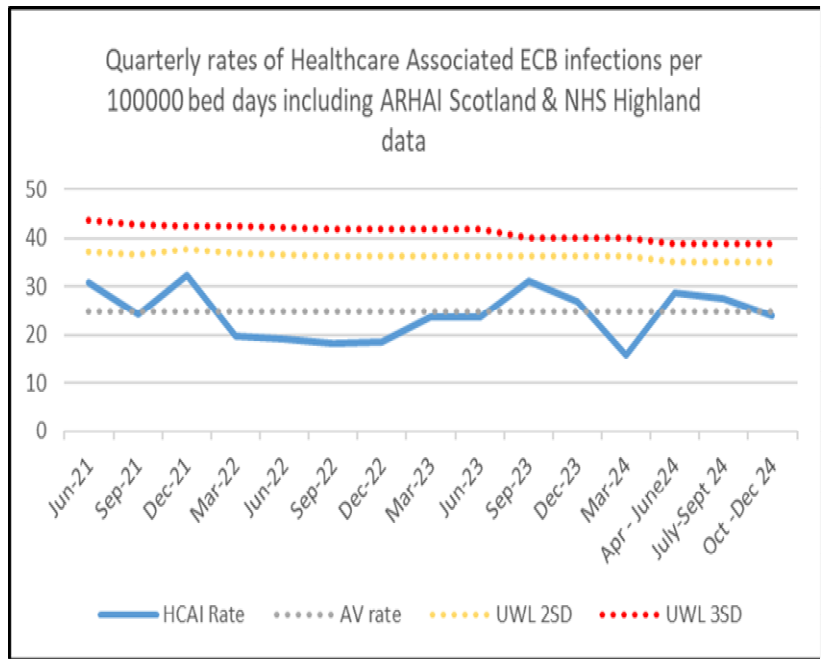
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
Clostridioides *difficile* healthcare associated infections rate 24 Oct –Dec 2024 Current yearly rate of 31 against target of 15.6 (Jan – Dec 24)		Concern over higher-than-expected case numbers of Clostridioides difficile over previous months has now stabilised. Not reported as an exceedance with ARHAI Scotland, and data remains within predicted limits. NHS England and NHS Scotland are reporting national increases. NHS Scotland are yet to publish the local delivery plan aims for 2025/2026 .	Continue to review individual cases for learning. Targeted work with antimicrobial prescribing continues Continue to ensure adherence to national guidance for the management of infections.
Staphylococcus aureus **bacteraemia** healthcare associated infections rate 9 Oct-Dec 2024. Current yearly rate of 8 against target of 15.3 (Jan – Dec 24)			
Escherichia Coli Bacteraemia healthcare associated infections rate 24 Oct-Dec 2024. Current yearly rate of 24 against target of 17.1 (jan-Dec24)			

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

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

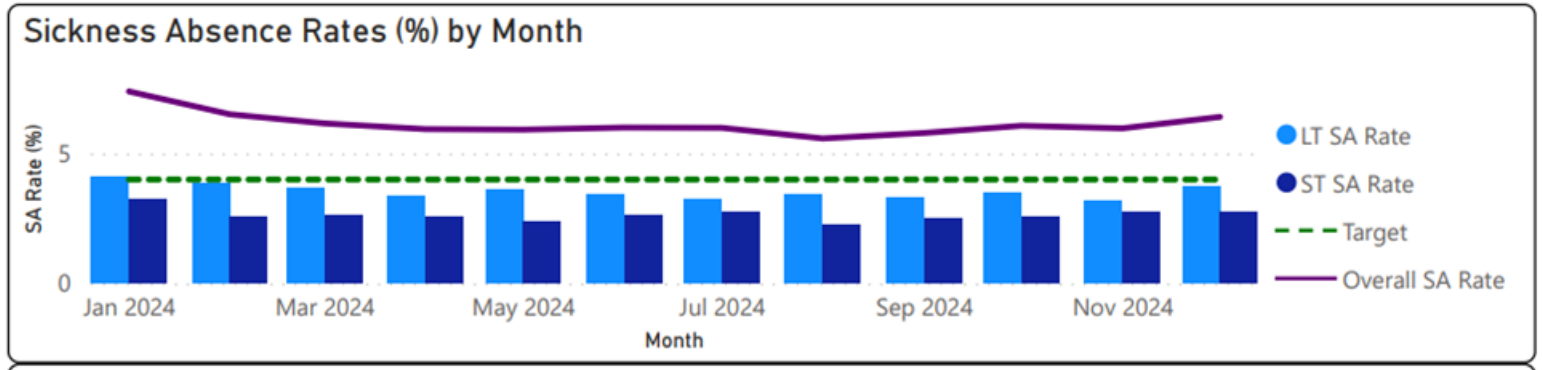


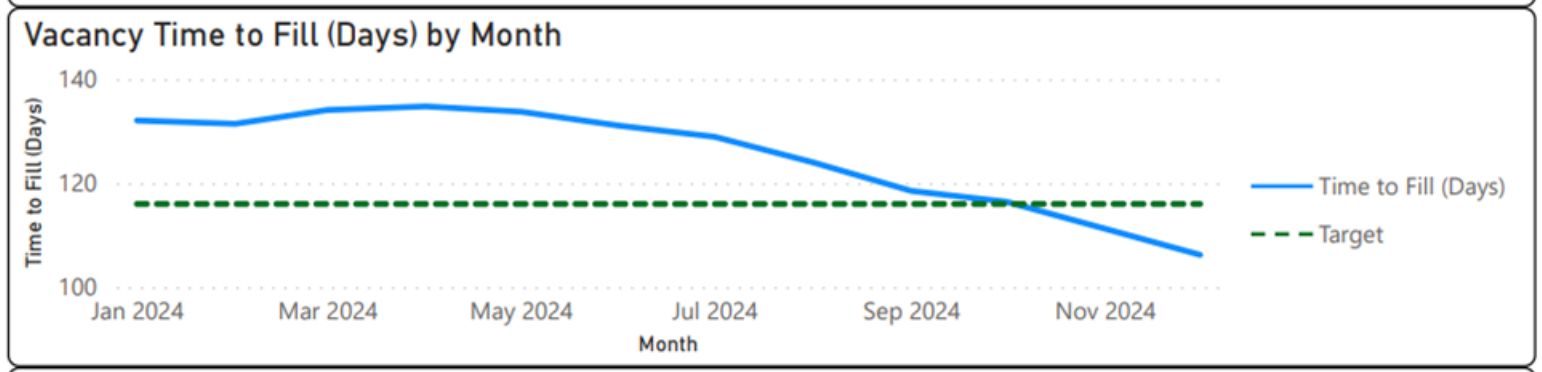


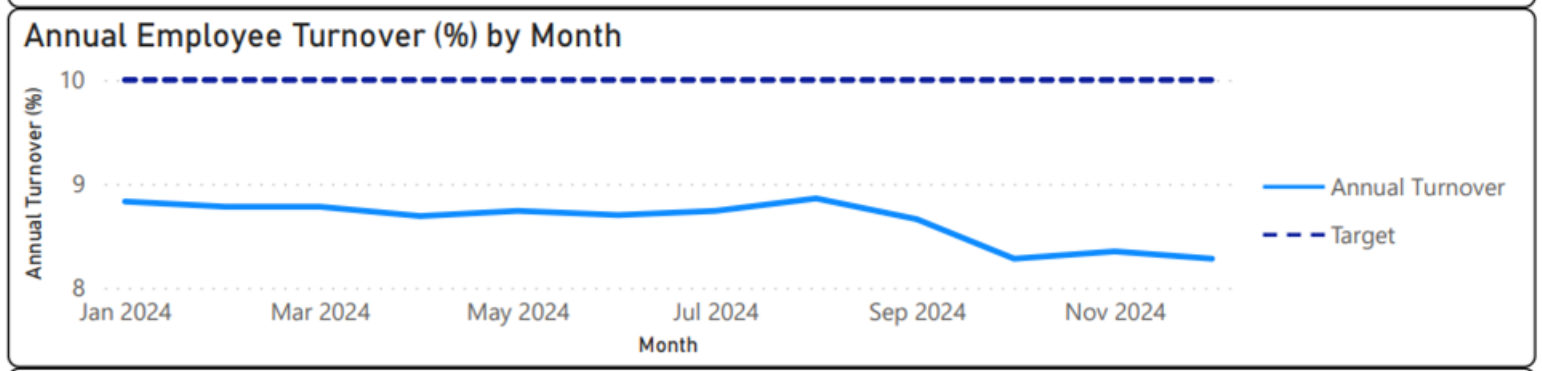


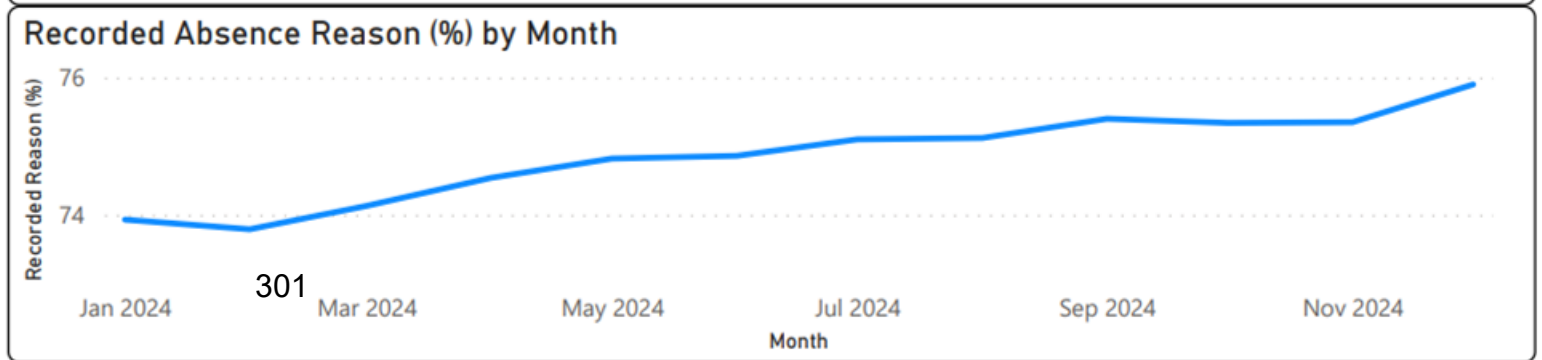
Organisational Metrics Dec 2024

Sickness Absence Rate (%)	6.41
Long Term SA Rate (%)	3.70
Short Term SA Rate (%)	2.74
Recorded Absence Reason (%)	75.90
Vacancy Time to Fill (Days)	106.21
Annual Employee Turnover (%)	8.28









Training Metrics Dec 2024

Mandatory eLearning Completion (%)

70.3

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 (%)

17.5

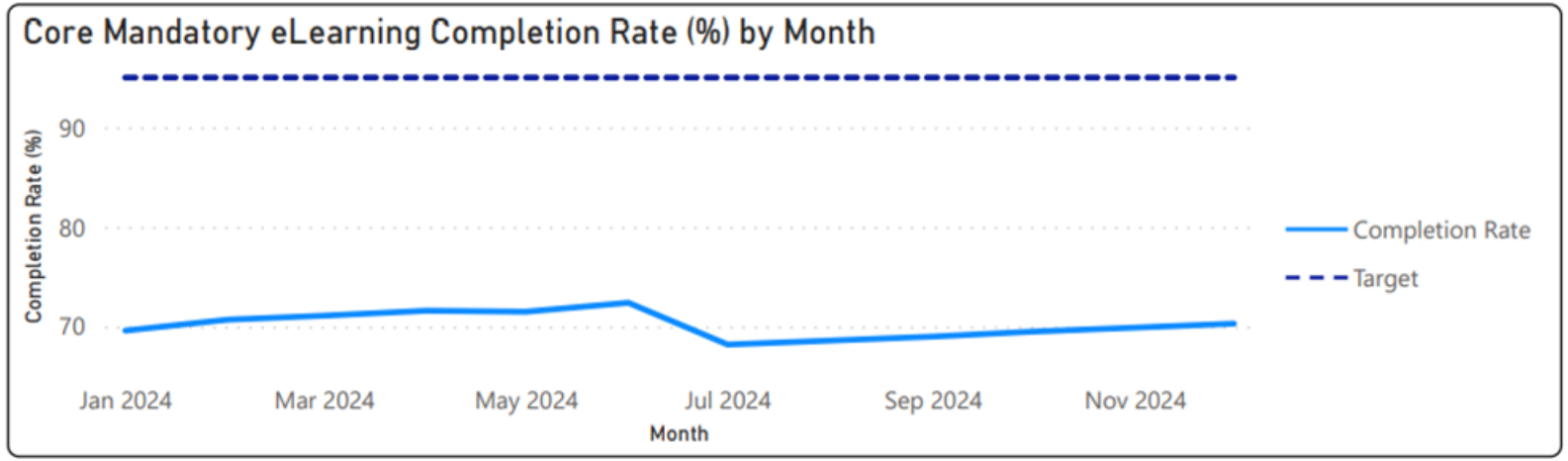
M&H Practical Training Completion Rate (%)

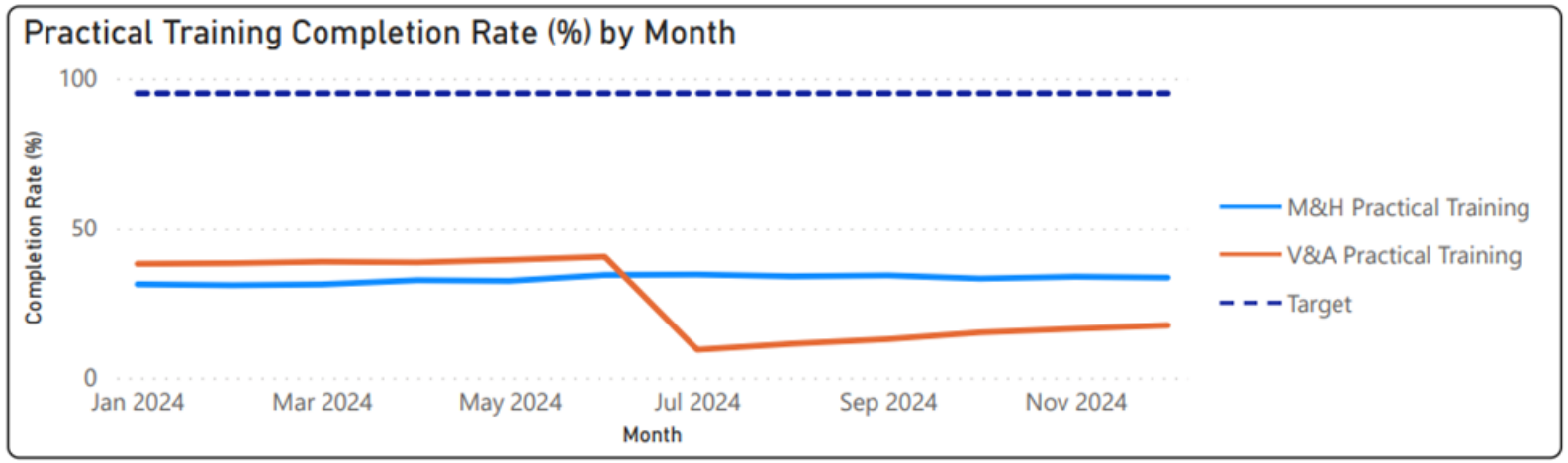
33.4

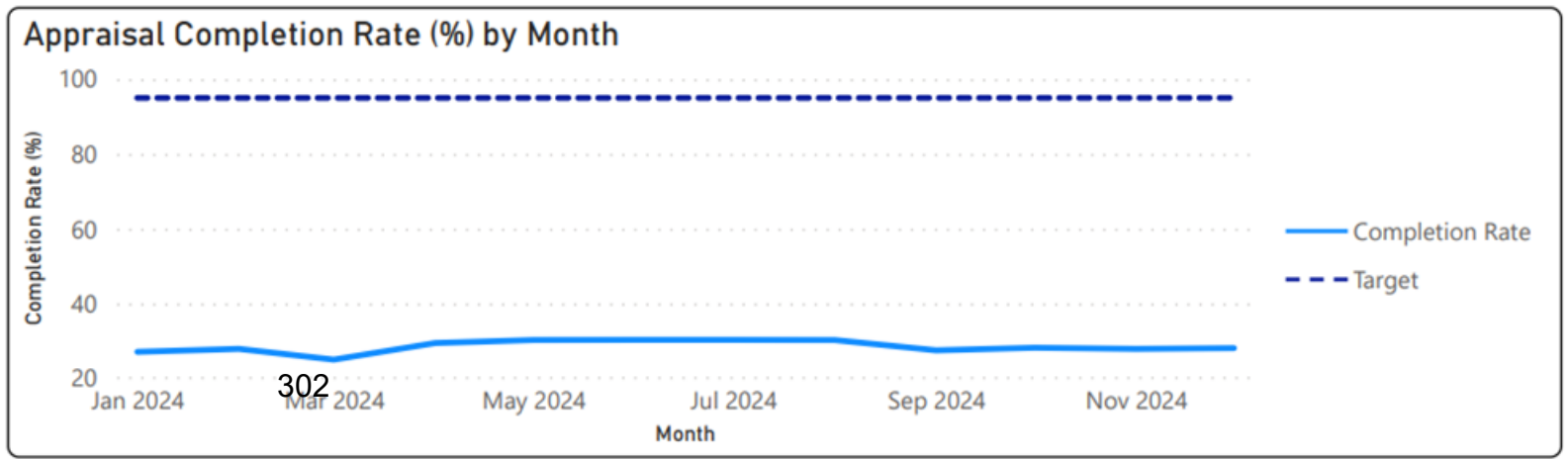
Appraisal Completion Rate (%)

28.1

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 6% for December 2024 . The absence rate has decreased since a peak of 7.39% in January 2024. 24.4% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (22.1% of short-term absences) remain high as well as gastro-intestinal problems (15.2% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 24.1% 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 has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.5 days in April and is now 106.2 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.28% for November 2024.
- In December 2024 we continued to see high levels of leavers related to voluntary resignation (26.3%) and retirement (43.9%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 15.8% 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 monthly to Senior Managers. All direct reports of a Director level post and the tier below them must 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	March 2025	May 2025
4	CAMHS Waitlist HHSCP	Monthly	March 2025	May 2025
5	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	March 2025	May 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	March 2025	May 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	March 2025	May 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	March 2025	May 2025
7	Children's Vaccination Uptake	Quarterly	March 2025	May 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	March 2025	May 2025
8	ABI Trajectory & Delivery	Quarterly	March 2025	May 2025
8	Setting Contribution 2024/25	Quarterly	March 2025	May 2025
9	A&E – 4 Hour Target	Monthly	March 2025	May 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	March 2025	May 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	March 2025	May 2025
10	Delayed Discharges at Monthly Census Point	Monthly	March 2025	May 2025
10	Delayed Discharge – Location and Code	Monthly	March 2025	May 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	March 2025	May 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	March 2025	May 2025
11	Outpatient Conversion Rates to TTG	Monthly	March 2025	May 2025
11	Return Outpatients Wait List	Monthly	March 2025	May 2025

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

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

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

Agenda Item 9

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**25 March 2025**
Title:	**Corporate Risk Register**
Responsible Executive/Non-Executive:	**Dr. Boyd Peters, Board Medical Director**
Report Author:	**Dr. Boyd Peters, Board Medical Director**

Report Recommendation:

The Board is asked to:

- **Note** the content of the report and take **substantial assurance** it provides confidence of compliance with legislation, policy and Board objectives.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement

This aligns to the following NHSScotland quality ambition(s):

- 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

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.

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 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
Recovery plan in place to offset the reduced Value & Efficiency workstreams delivery to deliver planned opening outturn	January 2025

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 is in the process of rolling out Trend Deep Security Tool. This tool mitigates disclosed vulnerabilities in out of support operating systems.	March 2025
Implement new eHealth Major incident plan aligned to NHSH Major incident plan.	March 2025
Create run and assess periodic phishing tests against NHSH staff.	March 2025
Introduce scheduled desktop exercising program to test response to cyber security major incidents.	March 2025
Implement Cylera IoT discovery and management tool.	March 2025
Implement Panorays 3rd party security assurance tool. embed this tool into the procurement process and ongoing 3rd party security monitoring process. Process documentation to be produced/updated.	March 2025
Deploy Microsoft defender for identity.	June 2025
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the audit.	December 2025
Refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack.	December 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.
Annual service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.	In process of being established.
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**	
SLT review of cost reduction action being taken for Q4. Some areas still to quantify cost in relation to ASC plan against younger adult / complexity care packages		End January 2025	
£2.3.9m achieved of VEAG schemes for ASC.		End January 2025	
Further remedy required in Q4 and financial plan for in development for 2025/26. Finance Clinic held with CEX and DoF 06/01/2025. Monthly monitoring and review and progress against action identified in place		February 2025	

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**	6
Target Risk Level	Medium	**Target Score**	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
Mitigating Action		**Due Date**	
PFI hand-back Programme Board in place and actions are progressing in line with anticipated due dates. Meeting frequency increased to monthly as handover date is approached.		Established and meeting 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. Average time to fill now within national KPI, proposal to complete this action and move to business as usual. **Complete**
Further proposals to be developed for enhancing our overall recruitment approach to	Work ongoing to agree programme of work for talent and attraction

maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc **November 2023**	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. Work has been completed to test new approaches to recruitment including on the day interviews in social care settings. Summary of approach to be developed for next risk update **Next update July 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. Employability strategy ready for publication **Complete**
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. Workforce planning groups due to meet in coming months to review strategic programmes and discuss priorities for workforce development **Next update July 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 of integrated service planning underway in parallel to annual delivery plan development **Next update July 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 Annual report developed and ready for submission to Scottish Government. Clear work plan in place for 2025/2026 **Next update July 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
Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	National Protected Learning Time (PLT) group in place and developing new suite of nationally agreed statutory and mandatory training modules as well as considering time required for protected learning. Outputs

	expected May 2025 which will then be incorporated into local PLT work **Next update July 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. Leadership networks will be launched as part of leadership conference planned for May 2025. Cohort training for key groups of managers being explored **next update July 2025**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Results of staff engagement approach reported to APF and due for discussion at SGC. Action plan proposed in relation to the findings of the engagement during 2024. Consideration of embedding annual cycle of staff engagement required. **next update July 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 Further work has identified that there are around 2300 records of circa 11,000 (21%) where appraisals may have been undertaken but not fully signed off within Turas. Further instructions have been issued to managers which may result in an uplift in compliance rates.

	However, progress is still limited and further work with the executive team and senior management teams is required to ensure this is addressed in 2025. Discussions with staff and managers underway to understand barriers to PDP and appraisal completion. Early indications include: • Lack of staff engagement and understanding of purpose • Shortage of time for managers to complete appraisals potentially linked to high number of direct reports • Shortage of time for staff to complete appraisals linked to 'system pressures' **next update July 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. Staff uptake has tended to be slightly higher than national rates. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Highland HSCP remains in performance escalation with SG. Improving children's vaccination has been a major focus of work including peer review, vaccination improvement group and plans for a new model of delivery.

Mitigating Action	**Due Date**
Actions to increase uptake rate and other measures of performance and quality improvement are in place	Quality improvement work has been undertaken concentrating especially on infant vaccination within Highland HSCP. There has been a considerable quarterly improvement in 6 in 1 vaccination uptake within HHSCP. **Next Review April 2025**
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place	Submission made for flexibility in delivery model for Highland HSCP and this was accepted. Implementation details are being set up and timescale submitted to SG by end March 2025. **Next Review April 2025**
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model	Programme is now almost closed, and uptake has been similar to national levels. Population uptake is slightly lower, staff uptake tends to be slightly higher. New delivery model is being worked up for Highland HSCP. **Next Review April 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. List of appendices

None as summary has been provided for ease of reading