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| <b>NHS HIGHLAND BOARD</b>  | Assynt House<br>Beechwood Park<br>Inverness IV2 3BW<br>Tel: 01463 717123<br>Fax: 01463 235189<br><a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a> |  |
| <b>MINUTE of BOARD MEETING</b><br>Virtual Meeting Format (Microsoft Teams) | <b>30 March 2021 – 9:30am</b>   |   |

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| <b>Present</b>            | Prof Boyd Robertson, Board Chair<br>Dr Tim Allison, Director of Public Health and Health Policy<br>Mr Alex Anderson<br>Mr Graham Bell<br>Ms Jean Boardman<br>Mr James Brander<br>Mr Alasdair Christie<br>Ms Ann Clark<br>Ms Sarah Compton-Bishop<br>Mr Albert Donald<br>Ms Pamela Dudek, Chief Executive<br>Mr David Garden, Director of Finance<br>Mr Graham Hardie<br>Mr Philip MacRae<br>Ms Heidi May, Nurse Director<br>Ms Margaret Moss<br>Mr Gerard O'Brien<br>Mr Adam Palmer<br>Dr Boyd Peters, Medical Director<br>Ms Susan Ringwood<br>Dr Gaener Rodger  |
| <b>In Attendance</b>      | Mr David Bedwell, Programme Director, Estates, Facilities and Capital Planning<br>Ms Veronika Burgess, Committee Administrator (up to Item 10)<br>Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership<br>Mr Stephen Chase, Committee Administrator (Item 11 onwards)<br>Ms Ruth Daly, Board Secretary<br>Ms Ruth Fry, Head of Communications and Engagement<br>Ms Gillian Grant, Interim Head of Commissioning<br>Ms Fiona Hogg, Director of Human Resources and Organisational Development<br>Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance<br>Ms Joanna MacDonald, Chief Officer, Argyll and Bute IJB<br>Mr David Park, Interim Deputy Chief Executive<br>Ms Helen Sikora, Principal Officer, Health Inequalities, Equality and Diversity<br>Ms Katherine Sutton, Chief Officer, Acute Services<br>Mr Alan Wilson, Director of Estates, Facilities and Capital Planning |
| <b>Also in Attendance</b> | Dr Jonathan Whiteside, Consultant, Intensive Care Medicine (Item 3)<br>Dr Marian Mackinnon, Consultant Anaesthetist (Item 3)<br>Mr William Craig-MacLeman, Assistant Divisional Nurse Manager (Item 3)<br>Dr Wendy Beadles, Consultant in Infectious Diseases & Clinical Lead for Infectious Diseases (Item 3)<br>Dr Rebecca Acquah, Speciality Doctor General Medicine (Item 3)<br>SCN Mhairi Forbes, Senior Staff Nurse Ward 6A (Item 3)<br>SCN Sophie Bassindale, Trauma Rehabilitation Co-ordinator (Item 3)<br>Prof Sandra MacRury, University of the Highlands and Islands  |

## **1 Welcome and Apologies for absence**

Apologies for absence were received from Ms Deirdre MacKay.

Mr Alex Anderson gave his apologies for lunchtime onwards, and Mr Philip MacRae gave his apologies for 3pm onwards.

## **2 Declarations of Conflict of Interest**

Mr Alasdair Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt his status was too remote to the agenda items to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting. Mr Christie advised that should Item 12 of the agenda vary greatly from the papers and recommendation then he would reconsider his position and declare a conflict of interest if needed.

Ms Heidi May recorded that she had considered making a declaration of interest as a member of the University of the Highlands and Islands Court but felt her status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test and, on that basis, she felt it did not preclude her participation at the meeting.

## **3 Staff Recognition**

The Chair welcomed staff from the Intensive Care Unit and Infection/Acute Medicine to provide a brief outline of their experiences throughout the pandemic.

Dr Wendy Beadles, Consultant in Infectious Diseases & Clinical Lead for Infectious Diseases, explained that the unit had opened in the first week of January 2021 and had admitted 135 patients by the end of February 2021; the average length of stay being 8.2 days. The Unit worked closely with ITU, looked after high dependency patients as well as palliative patients, and was involved in collaborative work with the research team on the Recovery trial. Team working has been of paramount importance to the unit's success. The unit is preparing for the future by keeping open a much smaller red Covid19 infection ward, along with an amber ward for short stay and general infection. A pan Highland dedicated infection unit would be considered for the longer term.

SCN Mhairi Forbes, Senior Staff Nurse Ward 6A, and SCN Sophie Bassindale, Trauma Rehabilitation Co-ordinator, provided staff feedback, both positives and negatives, from staff who had worked in the unit throughout the pandemic. All staff were proud to be a part of the team and found it to be a rewarding learning experience, along with the joy of seeing patients recover and return home. The team had encountered many challenges watching patients deteriorate quickly, staff shortages, working to constantly changing guidelines, and the exhaustion of working while wearing full PPE. It had also been difficult to witness family members not being able to be with their loved ones. There are currently staff support sessions running to assist staff.

Dr Jonathan Whiteside, Consultant Intensive Care Medicine, provided a brief overview of the Covid19 experience in the Intensive Care Unit, including numbers of ICU beds occupied and outcomes Scotland wide. Local ICU data showed overcapacity during both waves. During the second wave, a second ICU had to be opened supported by staff from outwith ICU. Daytime medical staff capacity was doubled and the 'on call' system was changed to resident consultants at night. He concluded by reiterating the challenges of the last year and highlighting the positive response from the whole organisation.

Dr Marian Mackinnon, Consultant Anaesthetist, provided an update on organ donation during the pandemic. Despite the challenges in ICU associated with Covid19, there had been 7 multi organ donors this year. This had resulted from successful collaboration and team work between intensive care, theatres, the organ donation team and nursing staff. There is an immense emotional burden in caring for donors which had been born by clinical staff while also dealing with Covid19. Prior to the pandemic, the team could build trust and rapport with families in person, however restrictions associated with Covid19 had significant impacts on how this could be achieved. Looking forward, a new Chair is required for the Organ Donation Committee. Dr Mackinnon stressed the importance of discussing organ donation with family, deciding what is best, and making this decision known.

The Chair thanked the staff for their presentations and expressed his pride and admiration for all their hard work and professionalism in confronting and dealing with the pandemic.

Ms Jean Boardman enquired how the change in the law to an opt out process might impact on the organ donation team. Dr Mackinnon commented that the team still want people to think seriously about organ donation and discuss and share this decision with loved ones. The legislation will not make much difference to clinical practice; it changes slightly the way donors will be authorised and it puts an onus on the duty to enquire.

Mr Adam Palmer asked for further information about the staff support sessions. Ms Sophie Bassindale explained that these sessions are arranged with two psychologists. They are team sessions that allow staff to speak about how they feel and their experience, along with receiving advice on how to cope. Mr William Craig-MacLeman, Assistant Divisional Nurse Manager, commented that further support may be necessary once business returns to a more normal pace. NES Trauma coordinators are working on packages to assist staff.

Dr Whiteside commented that in retrospect, rather than trying to predict if services might be overwhelmed, normal provision of critical care may have caused less stress and potentially have been more efficient throughout the pandemic. Going forward, there will need to be consideration of staffing levels and how intensive care is provided. He concluded by suggesting that a third wave seemed almost inevitable, and that all preparation and planning will go towards preparing for this.

The Chair, The Chief Executive and Board members all expressed their thanks and appreciation for the presentations provided and the hard work, dedication and teamwork shown.

#### **4 Minute of Meeting of 26 January 2021 and Action Plan**

The Board **approved** the minutes of 26 January 2021 and **noted** the action plan, subject to the following amendments:

- Page 2, Section 3 – ‘Queen’mes’ to be amended to ‘Queen’s’
- Page 3, Section 6 – ‘Covid10’ to be amended to ‘Covid19’
- Page 4 – ‘unpredictability’ to be amended to ‘unpredictably’
- Page 9 – ‘clean-cut’ to be amended to ‘clear-cut’

#### **5 Matters Arising**

There were no matters arising.

#### **6 Chief Executive’s Report – Verbal Update of Emerging Issues**

Ms Pam Dudek provided the following updates to the Board:

- Covid19 report: there is a definite decline in positive tests with below 1% positive testing across NHS Highland, but there is still a need to proceed with caution. The vaccination programme is progressing well with 152,500 vaccinations delivered, 57.2% of first doses and 11.5% of second doses. Rates of infection are 10.3 per 100,000.
- A da Vinci robot for robotic surgery was installed yesterday and is ready to be used. However, it will take time to see how it will be utilised; NHS Grampian will support some aspects of training. Thanks go to the Estates department and all those involved for getting this in place. There will be a regional training programme in the use of the robot which is suitable in a variety of types of surgeries; however, the appropriate surgeon and surgical team are required to run the robot for any particular surgery. This will be a programme developed over a number of years.
- There are cross system challenges with flow particularly affecting Raigmore and Caithness. Particular focus will be given to this to establish how improvements can be made in all areas of admission and discharge.
- Work was underway with the community on a refreshed approach looking at the future of the Health and Social Care model in Lochaber which included the replacement of the Belford Hospital. A Steering Group was now established and the aim was to bring an initial agreement

to the Board by November 2021. Non-executive representation is required on the Programme Board and volunteers were sought.

- Caithness: Redesign will be completed a little earlier than planned. Non-executive representation is required on the Programme Board.

Mr Alex Anderson enquired what preparations were being made to deal with the potential tourist influx once pandemic restrictions eased. Ms Dudek confirmed this is a concern and had sought information to be gathered over the Easter weekend to show the split between local and tourist presentation at hospitals. Ms Dudek confirmed that, in her fortnightly meetings with the Police, Ambulance, Fire and local Councils, a collective picture was being built to determine the full range of public service considerations. Dr Tim Allison confirmed that attention needed to be given to the potential for a third wave. There were now a couple of mitigations in place: the vaccination programme and the testing programme which had been hugely expanded and could be used to control any upsurge.

The Board **noted** the position.

## **7 Re-mobilise, Recover, Redesign: NHS Highland Strategic Direction 2021-2022**

Ms Pam Dudek advised that the delivery of a Clinical and Care Strategy was an ongoing area of work for 2022 and beyond. The Remobilisation Plan has been drafted, and engagement undertaken with frontline staff prior to its submission to Scottish Government. A separate One Year Strategy document had been developed as a consolidation of the Remobilisation Plan's commitments, containing key actions for the next 12 months. The Chair confirmed that the Remobilisation Plan and One Year Strategy had been reviewed at Board Development Sessions.

Ms Ann Clark enquired about the need to address responsibilities in regard to climate change. Mr Alan Wilson confirmed that a sustainability plan will be completed which will address climate change and carbon reduction issues; stakeholders will be consulted. Dr Tim Allison added that good health and sustainability go hand in hand, for example active travel and good diet support sustainability. Ms Fiona Hogg further added that the Vision, Objectives and Values document includes the aspiration of being safe and sustainable which has the objective of protecting our environment; this will be a key focus both individually and collectively.

Mr Alex Anderson enquired about the organisation's ability to provide services for a population with changing demographics and needs. Ms Dudek commented that this relates to both ensuring the right service levels, and NHS Highland's contribution to economic development as an employer. There had been discussions with The Highland Council and other public sector organisations around how to create routes into a career in health and care. There were further opportunities in terms of care academies through NES.

Professor Sandra MacRury, University of the Highlands and Islands, confirmed the University's willingness and commitment to help make this strategy happen. They are working to bring forward research and innovation collaboration and extend this to as many aspects of the strategy as possible. In terms of educational provision, the University is willing to help look at the gap analysis and help support the workforce, particularly in rural communities, through course development, CPD and joint working.

Ms Margaret Moss suggested that an abridged version of the One Year Strategy be communicated to staff and the public, and that staff receive a clear message that, while this is a one year strategy, the Clinical and Care strategy is still to come. In regard to the Clinical and Care Strategy, Ms Moss welcomed and encouraged clinical engagement right from the beginning of the planning process. Ms Dudek confirmed that there is discussion about a meeting of Area Clinical Forum and Executive Directors to look at how they work together and formulate the engagement process together as clinical leads and management leads to deliver the strategy.

The Board **approved** the strategy paper for onward communication and engagement.

**Members took a short break at 11.05am. The meeting reconvened at 11.25am.**

## 8 The Culture Programme Update

Ms Fiona Hogg spoke to the reports from the Healing Process Independent Review Panel (IRP), highlighting the following areas:

- NHS Highland recognises and accepts the recommendations of the IRP.
- The second report was received the week before the Board papers were finalised and thus had not had the same level of broad engagement, scrutiny and input yet.
- As the reports are produced by an independent and external panel, at times there are small matters of inaccuracy which will be fed back to the Panel where appropriate.
- The Healing Process will close for applications on 31 March 2021; however, it is expected that the IRP will sit until the end of the year in order to review all cases.
- Any future IPR Reports will come to the Board.
- NHS Highland will continue to invest in the time and resource needed to deliver the change in culture and this is imbedded into the 2021/22 strategy. There are detailed resource and budget proposals for this work as part of the Remobilisation Plan.
- The integration of the Culture Programme with the Strategy is key; in line with this, the Culture Programme will be described through the phrase 'Listening, Learning and Living Our Values'.

Ms Hogg confirmed that an overall analysis on progress made in response to the Sturrock recommendations, the Culture Programme plan for the year ahead, longer term actions, and a progress update on the Healing Process will be brought to the Board in May along with a new style of progress report. In line with plans to deliver a baseline culture survey across the organisation, a culture metrics tool was being commissioned. This should be commissioned in April with a launch of the first survey at the end of May.

Board members noted that while these reports are difficult and uncomfortable to read, they expressed their appreciation that the reports have been provided and shared in full and made public. During discussion, Board members enquired about the progress of the culture workstreams and the following areas:

- How robust current practices were to ensure allegations of bullying were being handled effectively, and whether the process had been reviewed and audited.
- Whether colleagues were also encouraged to bring their suggestions, praise and thanks.
- Whether an up to date and fuller survey would be undertaken to allow a representative view of the current situation.
- How learning would be shared, implemented, and sustained.
- How the right tone could be maintained, and accountability balanced, especially in areas of leadership.
- How the Executive team would support colleagues who find the report difficult to read.
- Whether future reports would identify clear milestones and timelines to meet longer term goals.
- How feedback and evidence to colleagues could be provided to demonstrate that actions were being completed.

In response to the above queries, Ms Hogg confirmed the following:

- The implementation of the Guardian Service has been well received as a way to raise concerns, in addition to the already established channels. This would be supplemented with the implementation of the Whistleblowing Standards and the Speak Up, Listen Up campaign. There has been an increase in people taking up early resolution options; there has been support from management, Staff Side and HR to promote the benefits of early resolution. One of the key priorities for the coming year is to work with teams collectively in building tools to address the root causes.
- Feedback, praise and recognition are all very important parts of the culture and this will be included in the Speak Up, Listen Up campaign.
- There are process reviews in place and these are part of the investment.
- How people are engaged is very important, no matter the role; it is everyone's responsibility across the organisation to help change the culture.
- Future surveys would be completed, and the organisation was currently working with a very experienced company in this regard. There was a need to ensure opportunities existed for engagement across the organisation on an ongoing basis.

- A Wellbeing Strategy will be developed over the course of this year; this will include the emotional, psychological and practical elements of wellbeing.
- It was fully acknowledged that colleagues may be affected by the report. It was important to be transparent with colleagues about the report and acknowledge that this is about learning, living the values, and how things can be handled better in the future.
- There are a number of key areas to be worked on, and the totality of these will be broken down into short, medium and long term deliverables, with clear milestones along the way.
- The culture work streams are working hard to develop proposals and to engage; focussing on the what and the how.
- It is very important that there is a culture where people feel willing to provide feedback; a learning culture that welcomes good, bad and indifferent feedback and that it is clear how this will be used to improve and change the organisation.

Ms Pam Dudek added the following points:

- This is the most important thing for the organisation, the way staff work together is fundamental; a positive and supportive environment is very important for good outcomes.
- It is important that the right tone comes through the entire organisation, the responsibility and accountability at an Executive and Senior Manager level is critical; to demonstrate a way of working that is positive and respectful of people.
- There is a requirement to support the leaders throughout the organisation to feel less anxious and more equipped to deal with often very difficult and complex situations.

Dr Gaener Rodger provided an update from the Clinical Governance Committee regarding the recommendations relating to the clinical governance arrangements. Recently the Committee had an in-depth look at the complaints handling systems and processes and received regular monitoring reports on these. In January 2021 the Committee took an in-depth look at the adverse events and serious adverse events review processes and systems, along with receiving regular monitoring reports; the Committee has also asked for the inclusion of further indicators in the IPQR in relation to this.

The Chair welcomed the recognition displayed by the Board of the deep-seated issues around culture and the need to confront the realities of these issues. This remains a primary, ongoing challenge; going forward it is important to take account of the root cause analysis, continue to work in a spirit of collaboration with whistleblowers and be aware of individual conduct, behaviours and interactions at all levels of the organisation.

The Board **noted** the update.

## **9 Implementation of National Whistleblowing Standards**

Ms Fiona Hogg spoke to the papers that had been circulated to the Board, highlighting the following areas:

- Going forward there will be quarterly updates provided to the Board.
- Within NHS Highland there will be a 'Speak Up, Listen Up' campaign held over April and May 2021 promoting the national Whistleblowing Standards and helping people understand what they are. This will also include the broader encouragement to discuss any concerns that people have, highlighting the different channels available and what to do when issues are raised.
- Work was underway with the independent Speak up Guardian Service in the implementation of the standards.

Ms Sarah Compton-Bishop gave assurance to the Board that the Staff Governance Committee had agreed to add Whistleblowing as a standing item on their agenda going forward. Mr Albert Donald, Whistleblowing Champion concurred that the new Standards would give staff the confidence to come forward, and know that they will be supported, with no detriment in doing so. He acknowledged the link between the Whistleblowing Standards and the Culture Programme. He also confirmed that some elements of the standards would not be in place for 1 April and that this would not be unique to NHS Highland and that this had been discussed nationally.

During discussion, Board members enquired about the following:

- plans to consult with the stakeholders who provide services on NHS Highland's behalf, to ensure the processes are suitable and working well

- when the Board might receive assurance that any outstanding elements will be implemented as soon as possible and whether this should be entered on the risk register.
- assurance that implementation of the standards must not result in negative detriment to anyone speaking out.
- assurance that the necessary timescales could be adhered to and that staff capacity to implement the standards was sufficient.

In response to the above queries, Ms Hogg confirmed the following:

- There has been discussion with the INWO, and NHS Highland's approach was explained to them, in particular the Guardian Service.
- An implementation group, now meeting weekly, includes representation from different stakeholders and third parties.
- At this point in time, it is important that there is a single source of confidential contact, but whistleblowing concerns can be raised with managers, HR and Staff Side.
- The Guardian Service has set up a specific whistleblowing line for both NHS Highland employees and third parties; concerns can be reported through this one dedicated number. The Guardian Service is building on established mechanisms to combine data about non whistleblowing concerns with whistleblowing concerns and ensure nothing is lost.
- The training for the standards is delivered through the TURAS Learn portal online, and all colleagues are encouraged to complete this.
- Consideration was being given to implementing some of the Civility Saves Lives initiatives, particularly 'Calling It Out With Compassion' which involves people working in peer support networks, and will help those who would like to take on an advocacy role.
- The Board is currently reviewing top level risks; finding the correct place for the implementation of the Whistleblowing standards on the risk register is essential and will be completed.
- The aspiration is that the outstanding actions will be completed by 31 July 2021.
- Protection against detriment is a core part of the standards.
- It was important to ensure that the workforce has the capacity to absorb the key messages and that the leaders have the capacity to understand their roles and carry them out. This needs to also be a part of the broader leadership and management support.

The Board **noted** the update.

## **10 Integrated Finance and Performance Report**

Mr David Park introduced the report, noting that the Board delegates responsibility to its Committees for primary governance and review. Executive Leads and Committee Chairs highlighted areas of significance within the report as follows:

### **Clinical Governance:**

Dr Boyd Peters highlighted that each Clinical Governance Committee meeting would focus on different aspects of the report; there is full examination, scrutiny and discussion. Work to be completed this year will include work on complaints and metrics on Quality and Patient Safety. Dr Gaener Rodger, Chair of the Clinical Governance Committee, confirmed that there was nothing to escalate from the Committee. The workplan shows the areas of focus for the Committee this year; there is a strong link between the Integrated Finance and Performance Report and the workplan.

### **Finance, Resources and Performance:**

Ms Louise Bussell highlighted improving trends in meeting the drug and alcohol timescales and interventions. She raised awareness of the challenges in CAHMS and psychological therapies. The level of referrals had increased and there were challenges in meeting the 18 week waits. The Performance Programme Board was working to improve the position and improvement plans are in place. There has been significant additional funding identified by the Scottish Government for mental health.

Ms Katherine Sutton highlighted that Emergency Department access targets across the acute site had deteriorated over December and January. Consideration was now being given to understand how to

improve this situation. Treatment Time Guarantee was largely in line with the plan, but over December and January this dropped due to the resurgence of Covid19. She also confirmed that cancer waiting times continued to be a challenge, particularly around urology and access to general surgery. A recovery plan is being taken forward through the Cancer Performance Recovery Board.

Ms Joanna MacDonald acknowledged the positive work to sustain improvements in reducing falls and pressure ulcers and highlighted that the area of complaints continued to be an area of focus.

Mr David Garden commented that at the month 10 position, the Board was underspent by £3M, and was looking to break even at the end of the year. The month 11 figures were now available and confirmed the estimate to break even. The Capital position remained on track to deliver.

Mr Alex Anderson, Chair of the Finance, Performance and Resources Committee, confirmed that there was nothing to escalate from the Committee. He highlighted that the performance across all areas has been exemplary, and he thanked the teams for all their efforts.

### **Staff Governance:**

Ms Fiona Hogg advised that, from the next Board meeting, there will be an enhanced set of staff governance indicators. Ms Sarah Compton-Bishop, Chair of the Staff Governance Committee, confirmed that there was nothing to escalate from the Committee. She highlighted that careful consideration is being given to the new staff governance indicators.

### **General Discussion**

Mr David Park confirmed that the Integrated Finance and Performance Report will be refreshed over the coming year to reflect updated targets as well as areas of focus; the relevant Committees are asked to help shape this and identify the relevant areas of focus.

Dr Gaener Rodger enquired about the targets for ministerial strategic indicators. Mr Park advised that some of the measurements do not have specific targets associated with them; he agreed it would be useful going forward to add in benchmark performance. Dr Rodger enquired also about the Argyll and Bute data in relation to patient flows to Greater Glasgow and Clyde. Mr Park and Ms Joanna MacDonald confirmed that the data is in relation to the treatment rather than residence of patients.

Mr Alasdair Christie enquired about the cancer waiting times. Ms Katherine Sutton confirmed that a Cancer Performance Recovery Board has ensured that prioritisation of capacity is correctly aligned for urgent care. The Cancer Performance Recovery Board is also looking at how the target response can be improved, particularly around urology where there is a significant capacity issue. It was hoped that increasing access to robotic surgeries will also introduce improvements.

Mr Christie further enquired whether the break-even estimate was due to Covid19 restrictions; and what the longer-term horizon was for next year. Mr David Garden clarified that the shortfall in savings was covered by Covid19 funding from the Scottish Government, as well as anything that would have been deemed brokerage. A one-year plan had been submitted to Government, the one-year budget will be on a break-even basis subject to receiving funding for Covid19 and remobilisation. The longer term is subject to the work relating to the Clinical and Care Strategy to help inform what the cost of services will look like; as such, there is uncertainty until funding and service delivery modules are understood.

Ms Ann Clark enquired about performance in relation to antenatal services. Ms Heidi May confirmed that NHS Highland is fully compliant with the antenatal targets and well above the Scottish average; 80% of women have their first antenatal appointment by week 12 of their pregnancy.

Ms Clark further enquired about the possibility of a third wave and the extent to which this would be responded to and balanced with national direction. Ms Pam Dudek commented that the Remobilisation Plan requires operations to be at the optimal level. If a third wave is experienced, further decisions and choices would need to be made. This was being discussed nationally, as was the recognition that there is a need for a fresh approach. The Remobilisation Plan will remain under very close review.



Mr Graham Hardie enquired about the Vale of Leven Hospital and why patients have to travel to Paisley instead of using this hospital. Ms Joanna MacDonald commented that the Chief Officers have been exploring where services are delivered and also what services could be moved back to Argyll and Bute and Highland; it is an ongoing concern and issue. Ms MacDonald recommended that a separate paper and report be provided to the Board and IJB around this.

Having reviewed the performance outcomes and considered areas of concern, the Board **noted** the information contained within the Integrated Performance & Quality Report.

**Members took a lunch break at 1.35pm. The meeting reconvened at 2.00pm.**

## **11 Argyll and Bute IJB Initial Budget Offer**

David Garden spoke to the report noting that NHSH is required by the Scottish Government to set out its budget offer to Argyll and Bute IJB in advance of the financial year. Discussions had been held with the Chief Finance Officer, the Chief Officer of the Argyll and Bute IJB, and Argyll and Bute Council and an offer in principle had been made, subject to Board approval.

The IJB normally receives an NRAC share of the Board's overall budget. However, last year the IJB requested that the Board apply Scottish Government guidance of a minimum uplift resulting in an additional £0.1m being passed to the IJB. Guidance issued with Board allocations for 2021/22 indicated that "NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets".

NHSH is hoping to set a balanced budget in 2021/22, and it was recommended that the NRAC increase for the IJB should be allocated over two years with £2.9m allocated in 2021/22 and funding returning to full NRAC in 2022/2023. It was further recommended that NHSH do not seek repayment of brokerage from Argyll and Bute IJB for their share of the brokerage last year (£1.28M). This will be absorbed by the Board as part of its overall brokerage repayment schedule.

Joanna MacDonald noted that the three-year plan and transparent process had built confidence locally. Graham Bell sought assurance that the arrangement was seen as fair and equitable by all. Dave Garden confirmed that the IJB recognised that NHSH would not achieve its financial targets going into the next year any other way. It was acknowledged that the result was a compromise for which NHSH is grateful for Argyll and Bute IJB's cooperation.

Sarah Compton-Bishop thanked all those who had contributed to the proposal, welcoming the transparency of the report and noting that the recommendation had been well scrutinised and assessed within the IJB.

The Board:

- **approved** the budget offer to Argyll & Bute IJB, and
- **agreed** to the approach recommended regarding brokerage repayment.

## **12 Revised Highland Partnership Integration Scheme**

David Park highlighted the national requirement for all integration authorities to review their partnership arrangements every five years. The agreement was due to expire during the height of the Covid19 pandemic and an extension was granted. The material items of update in the report are summarised in the SBAR and also highlighted within the report itself. The Highland Council had approved the revised Partnership Integration Scheme on 25 March 2021.

Particular attention was paid to section 6, regarding the financial arrangements. The document has been updated to give clarity as to how funding arrangements will be agreed between the parties, clear escalation routes when there is variation in terms of both spend to budget, and a joint commitment between the two organisations to transformation and efficiency with a sharing of financial risk.

Dave Garden endorsed the paper noting that it provides a degree of certainty, with a clear understanding of what the baseline is with the Council.

Ann Clark acknowledged that this was a first step and sought assurance that a planned timetable was in place to start discussions with the Council regarding funding for the next financial year as local government elections would likely have an impact on this. The improved relations with the Council are appreciated but this should not distract from the unavoidable financial challenges ahead. Ann Clark also noted that it had been difficult to update and develop a strategic view of commissioned services in partnership with the Council and asked if the revised Integration Scheme could be a platform for development in these areas.

David Park responded that a schedule was laid out in the document for discussions with The Highland Council. The document would provide a platform for further discussion, however, it would be important to sign up to the agreed deliverables. Pam Dudek commented that weekly meetings took place with The Highland Council and there would be monthly monitoring of the Integration Scheme.

Thereafter, the Board **agreed**:

- in principle, for consultation on the revised Integration Scheme, and
- to delegate to the Chief Executive, in consultation with the Chair and Vice Chair, approval of any further amendments in relation to the revised Integration Scheme that may be considered appropriate after the conclusion of the period of consultation in light of comments received, in the event that such amendments are not considered to be material.

### **13 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports Highland Health and Social Care Partnership**

Louise Bussell spoke to the report, noting that special dispensation was given for the late submission of the report due to the impact of Covid19.

The report contained nine adult social care outcomes and two children's care outcomes, with information on finance, and future developments and needs. Following discussion at the Highland Health and Social Care Committee, it was agreed that a refresh was needed in terms of determining what data is examined and how it is most usefully presented for the annual report.

Ann Clark noted that, agreement having been reached on a revised Integration Scheme, a review of the performance framework which formed the basis for the Annual Report was underway. The review would address gaps in the report previously identified such as indicators of staff wellbeing. She requested that the organisation review the priority given to data collection and analysis of community services to support the direction of travel set out in the paper agreed at item 7.

Alasdair Christie asked if the report would be reissued once the data is available (noting an interest in self-directed support data). Louise Bussell was not certain the whole data for the year will be found for the period but would endeavour to collate as much as is available.

The Chair acknowledged the importance of the information and noted that it will be good to have the up-to-date picture of matters such as changes to, for example, adult protection referrals.

The Board **approved** the annual report.

### **14 Equalities Outcomes and Mainstreaming Report**

Tim Allison spoke to the contents of the report noting that it is a legal obligation in the public sector to conduct this work. The report also covered Argyll and Bute IJB, although the IJB's duties were slightly different because it is not an employing organisation. The chief requirements are to demonstrate progress on fulfilling the public sector equality duty; set out what are NHSS's Equality outcomes; and present employee information from responses. He confirmed the difficulties encountered in developing the response and the new outcomes over the past year, particularly from a consultation point of view, given the impact of Covid19.

Three outcomes have been set out, with scope for modification, development, and further consultation: Mental Health and Well Being; Freedom from Violence and Abuse; People having control over their own

care. The outcomes were to be considered in the context of equality and protected characteristics. Additionally, social mitigation arising from Covid19 is an important arising factor. The findings regarding social mitigation would be reported to the Board in May.

During discussion, a range of issues were raised:

- Graham Hardie noted information about mental health diagnosis leading to a decrease in life expectancy and employment prospects and asked about what actions are in place to deal with this. Tim Allison confirmed that there is a growing workstream of public mental health, which is starting to be better resourced from Scottish Government, addressing a range of areas from suicide prevention through to community health improvement. There are many effects from social mitigation in relation to Covid19 and more information will be provided in a paper for the May Board.
- Susan Ringwood noted the importance of embracing and showing tolerance for difference. One of the useful aspects of the report was the emphasis on staff training opportunities in this regard. Helen Sikora confirmed that all Health and Social Care staff undergo training every three years. This has been difficult to arrange in the past year because much of the training was reliant on in person engagement, therefore the team have been looking to develop more online, 'bitesize' modules. The data show a high rate of completion of mandatory training, but it has been difficult to carry out whole day training programs with the Council.
- Fiona Hogg noted that most diversity data is usually obtained at point of entry, and that it is much more difficult to obtain staff data in this area later on. In addition, it was noted that p.344 stated that NHSH had maintained level 1 'Engaged' accreditation for the Carer Positive Award but had progressed to level 2 'Established' accreditation at the end of February.
- Gerry O'Brien commented that the paper was comprehensive and straightforward, welcoming the inclusion of invisible disabilities.
- Ann Clark queried the SBAR's indication of no financial implications in light of data from workforce and patient experience. Tim Allison clarified that the report stated that there were "No direct [cost] implications" and the difference between strategic questions and quantifiable objectives. There are of course indirect implications. Pam Dudek noted that the manner in which the equality aims are embedded within the organisation may reveal costs and benefits.
- Reference in the report to the gender balance of the Board would be an issue for future recruitment and it was noted that Scottish Government leads on policy with regard to Board appointments.

The Board **approved** the publication of the report for the end of April deadline.

## **15 Naming of New Hospitals**

- a) Naming of Badenoch and Strathspey Community Hospital**
- b) Naming of the New Hospital for Skye, Lochalsh & Southwest Ross**

Deborah Jones spoke to the report noting the background to both projects, and engagement with local communities. It was noted that discussions had used the name Badenoch and Strathspey Community Hospital in the earlier stages of the project and, therefore, it was a logical step to formalise this name.

With regard to the proposed new hospital for Skye, Lochalsh and Southwest Ross, it was noted that there had been challenges for several years to agree the consensus for a business case. The proposed naming process consisted of a three week consultation via Facebook followed by shortlisting of names and a final decision to be made by a panel of selected local representatives. The shortlist would be presented to the NHSH Board and the Project Programme Board for ratification.

The Board **approved** the naming of the Badenoch and Strathspey Community Hospital and **approved** the naming process for the proposed Skye, Lochalsh and Southwest Ross Hospital

## 16 Annual Board and Committees Workplans

Ruth Daly spoke to the circulated paper which sought Board approval for Workplans for the next financial year for both the Board and Governance Committees. The Workplans covered a range of statutory reporting duties, regular items of business, and pieces of planned priority items.

It was confirmed that all individual governance committees had reviewed and agreed their respective Workplans which were now presented for Board approval. Some amendments had been received since these meetings to the following effect:

- the Annual Performance Report for North Highland Health and Social Care Partnership would be reported to the Board in November 2021
- Staff Governance Committee agendas would include an Update on Whistleblowing as a standing item

Gaener Rodger requested that Committee Workplans include scrutiny and assurance of Strategic Risks and for Committees to undertake annual self-evaluation at the same time as the Annual Reports.

Ann Clark asked for the Board Workplan to include development of the Board's longer-term strategy. The Chair also commented on the importance of having uniformity in presentation and wording across the workplans.

The Board **Agreed** the Board and Governance Committee Workplans for 2021/22 subject to the revisions noted during discussion.

## 17 Committee Memberships Review

Ruth Daly spoke to the contents of the paper which included proposals to refresh governance committee memberships and Board appointments with effect from 1 April 2021. The proposals would be held in place until November to give newer Board members opportunity to contribute and that final Committee positions would be agreed in November 2021.

The Chair noted that there is still a vacancy on the Argyll and Bute Planning Partnership CPP. Sarah Compton-Bishop noted that she had not attended this group but would be willing to do so on the proviso of viewing details of the meetings. She would liaise with Ruth Daly to this effect.

Adam Palmer noted that he would end his term as Employee Director and Non-Executive at the beginning of October leaving a gap on a number of committees of which he has statutory membership, so this particular matter will need review sooner. It is hoped that his replacement will be in post during the summer. Cabinet Secretary approval is required.

### The Board:

- **approved** revised governance committee memberships as shown in Appendix 1 with effect from 1 April 2021;
- **noted** that Audit and FRP Committees must now appoint a Vice Chair from their respective memberships;
- **noted** Jean Boardman's position as Vice Chair of the Staff Governance Committee; and
- **noted** that a further report would be submitted during the course of the year to take account of any further changes to board membership or to committee terms of reference.

## 18 Review of Governance Arrangements

The Chair spoke to the report noting that, during the first wave of Covid19, some Health Boards had stood down some of their committees. After the first wave, it was agreed that normal arrangements should be restored for NHS Governance. Towards the end of 2020, Richard McCallum, Scottish Government Director of Health Finance and Governance, authorised suspension or deferral of some meetings to allow Executives more time to consider the impact of the second wave.

Pam Dudek noted that the second Covid19 wave had been a different experience to the first and that organisational activity had not varied from the norm during the first quarter 2021. It had, therefore, proven difficult to find a middle ground for governance purposes. In an attempt to create a light-touch approach, the Board encouraged key information to be the emphasis of Committee and Board reports. Ruth Daly noted that there had been a mixed approach across NHS territorial Boards.

Following discussion, the Board **agreed** to proceed in full governance mode but to be mindful of the load and the backlog on the Executive. It was **noted** that agenda items may not always require full written reports, and that verbal updates may be more appropriate in some cases. It was also **noted** that the Board and Committees would continue to meet virtually through MS Teams for the foreseeable future.

## **19 Governance and other Committee Assurance Reports**

### **19 a Approved Clinical Governance Committee minute of 14 January 2021**

### **19 b Draft Clinical Governance Committee minute of 4 March 2021**

Gaener Rodger gave assurance to the Board relating to the strategic risks on the NESH Board Strategic Risk Register overseen by the Clinical Governance Committee which the committee discussed in its March meeting as follows:

**Strategic Risk 662** (Clinical Strategy and Redesign) the Committee considered the relevant Strategic Risk and:

- Agreed moderate assurance could be given to the NHS Board, based on the updates provided, and evidence of activity moving in the right direction.
- Agreed the EDG be recommended to maintain the Very High Risk level in light of discussion.

**Strategic Risk 659** (Public Health – Brexit) - The Committee considered the relevant Strategic Risk and:

- Agreed High level assurance could be given to the NHS Board, based on the update provided, and low level of remaining associated risk elements.
- Agreed the EDG be recommended to remove this Risk from the Strategic Risk Register.

**Strategic Risk 715** (Public Health – Covid 19 and Influenza) - the Committee considered the relevant Strategic Risk and:

- Agreed High level assurance could be given to the NHS Board on the actions being taken to mitigate against this Risk.
- Agreed the EDG be recommended to maintain the existing Risk Level as Very High, given the current circumstances.

### **19 c Approved Staff Governance Committee minute of 3 November 2020**

### **19 d Approved Staff Governance Committee minute 10 February 2021**

### **19 e Draft Staff Governance Committee minute and 10 March 2021**

Sarah Compton-Bishop noted that the risks around Statutory Mandatory Training, especially in terms of the Culture programme, were in hand.

### **19 f Draft Finance, Resources and Performance Committee minute of 25 February 2021**

### **19 g Draft Audit Committee minute of 9 March 2021**

Alasdair Christie spoke to the report noting that there was an Internal Audit report on the IPQR and invited the Board to consider its recommendations.

It was noted that there had been significant progress in closing off outstanding internal audit recommendations from 2019/20. Executive Directors were urged to pay particular attention and continue to strive to complete all outstanding actions.

It was noted that a new Lay member, Stuart Sands, will be joining the committee at the beginning of May.

David Garden welcomed the update, noting the positive contribution of Stuart's previous work as Internal Auditor.

#### **19 h Draft Highland Health and Social Care Committee minute of 3 March 2021**

Ann Clark spoke to the report, providing explanation in relation to the discussion of Risks from Gaener Rodger earlier in the meeting. The HHSCC does not currently have Strategic Risks allocated. The organisation is still in the process of adapting, in line with the restructuring between Acute and Community Services, to the requirement to consider Operational Risks and whether these need to be escalated to the status of Strategic Risks. The work has been impacted considerably by Covid19 over recent months but is ongoing and the Committee will have a report to address this issue in due course.

#### **19 i Approved Area Clinical Forum minute of 14 January 2021**

#### **19 j Draft Area Clinical Forum minute of 4 March 2021**

Margaret Moss noted that the forum agreed at the March meeting to seek to attract the involvement of different levels of staff in the forums.

Ruth Fry (Communications) is assisting with sending out a communication to all staff. Emphasis will be on providing a bitesize briefing of typical agendas and raising the profile of leadership, encouraging a flexible, nurturing approach at the early stages of employment.

#### **19 k Draft Argyll and Bute Integration Joint Board of 27 January 2021**

The Argyll and Bute IJB are due to meet on 31 March 2021 and is expected to consider the Culture Update and its current financial position.

Sarah Compton Bishop thanked Joanna MacDonald for her work [see item 20. AOCB] and thanked outgoing members Gaener Rodger and Boyd Robertson for their contribution. She welcomed incoming members Graham Hardie and Susan Ringwood.

#### **19 l Pharmacy Practices Committee of 9 October 2020**

Committee Chair, Gaener Rodger, reported that the Committee had previously given approval of a new pharmacy at Newtonmore. An appeal on six grounds was lodged but was dismissed by the Appeals Board in February 2021.

Having discussed the circulated minutes, the Board:

**(a) Confirmed** adequate assurance has been provided from the Governance Committees.

**(b) Noted** the Assurance Reports/Minutes and agreed actions from the Clinical Governance, Staff Governance, Audit and Highland Health & Social Care Governance Committees and the update on Pharmacy Practices Appeals Board.

#### **20 Any Other Competent Business**

The Chair paid tribute to Joanna Macdonald, Chief Officer Argyll and Bute IJB as this was her last meeting before taking up a social care role for the Scottish Government. He congratulated her on her success, provided an outline of her contribution to NHS Highland since 2012, thanked her for her dedication and wished her well in her future career.

Joanna MacDonald responded in suitable terms, thanked the Board for their support and wished them well.

#### **21 Date of next meeting**

25 May 2021

**Meeting closed 3.38pm**