

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)	25 July 2023 – 9:30am	

Present

Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Ann Clark, Board Vice Chair, Non-Executive
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Albert Donald, Non-Executive, Whistleblowing Champion
Pamela Dudek, Chief Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Catriona Sinclair, Chair of Area Clinical Forum

In Attendance

Gareth Adkins, Director of People & Culture
Stephen Chase, Committee Administrator
Pam Cremin, Chief Officer, Highland Health & Social Care
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute
Ruth Fry, Head of Communications and Engagement
David Park, Deputy Chief Executive
Laura Stephenson, Health Promotion Specialist (Item 4)
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Alan Wilson, Director of Estates, Facilities and Capital Planning

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and thanked Jean Boardman for her contribution to the Board as a Non-Executive Director for 4 years who left post at the end of June.

She also congratulated Pam Cremin who had been appointed to the substantive role of Chief Officer for Highland Health & Social Care Partnership. Pam had been in this role on an interim basis since February this year having previously served as the Integrated Service Manager for mental health and drugs in NHS Grampian.

Apologies were recorded from Board members Alasdair Christie and Gaener Rodger, and from Brian Williams.

1.2 Declarations of Interest

There were no declarations.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 May 2023.

The Board **approved** the action plan and agreed to close the five actions noted for closure.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive reported that there were still significant pressures across the organisation in primary care, acute and community settings. It was now a priority for the Executive team to balance activity within a complex and challenging system to deliver on a transformation agenda that would address current financial challenges.

During discussion, it was noted that:

- A recent 'Ask Me Anything' session engaging on the Board's strategy had attracted around 30 attendees and encouraged a lot of discussion around how we progress with our Change agenda. There was still much more to do on this issue which needed to be seen holistically in terms of how we care for the people we serve, the quality and compassion of the care together with our finances, performance, culture and governance.
- There will be a report on Culture and Leadership presented to the next Board meeting in September detailing the next phase of activity to ensure a positive working environment for staff is maintained.
- The Scottish Health Awards were now open for nominations in 16 categories and to date there were 13 nominations from NHS Highland. Discussions had been ongoing around how staff recognition becomes a routine within the organisation and the newly appointed Director of People and Culture would be leading on this.
- In the King's honours, Cathy Shaw received an MBE and Dr Miles Mack received an OBE which was a credit to their work and leadership.
- Amy Noble, a Clinical Nurse Specialist at Raigmore Hospital, won the Royal College of Nursing (RCN) Nurse of the Year Award. Also, NHS Highland had a team who finalists for RCN Team of the year.

The Board **noted** the update.

PERFORMANCE AND ASSURANCE

3 Finance Assurance Report – Month 3 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 3 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The report proposed the Board take limited assurance and invited members to note the content of the report, examine, and consider the implications of the matter.

Speaking to the report the Director of Finance advised that as previously reported to the Board the finance plan for 2023-24 included an initial budget gap of £98.272 million that reduced to £68.7 assuming the delivery of a savings plan of £29.5 million. The budget gap was now forecast to reduce to £55.8 million due to receipts of additional allocations from Scottish Government and would be dependant on delivery of the full savings plan for the year.

The Director of Finance also confirmed that in recognition of the financial challenge the Board faced, Scottish Government had agreed to provide tailored support to assist the Board in reducing

its recurrent costs, particularly supplementary staffing and looking at wider service redesign. It was expected that an agreed action plan would be in place by September 2023. During discussion, the following matters were discussed:

- It was queried whether the identified forecast savings had been started and it was confirmed that work was still ongoing to create a full description and analysis of the current position. Some areas showing as zero savings would increase by the next Board Meeting following a more detailed review. Delivering on the full amount of savings would be a challenge, there was still a significant amount of work to complete. It was confirmed that activity had not been paused until the Scottish Government support had concluded.
- While external focus from Scottish Government was welcomed, it was still unclear how the necessary changes to reduce expenditure would be made operationally. It was confirmed that spending controls needed to be tighter and that the Strategy and Transformation team would play a significant role in driving the necessary improvements. It would be important to be clearer on messaging to the organisation about non pay expenditure. Work had been ongoing for some time and there had been engagement with staff groups, Senior Leadership Teams and Chief Officers to explain the necessary change in spending. A commitment had been given to share the savings plan with an early meeting the Finance, Resources and Performance Committee. Safer staffing principles would be key considerations for redesign and workforce diversification. The challenge within the principles would be around redesign to equip staff to work differently.
- The nature of the Scottish Government intervention was queried, particularly in relation to benchmarking with other Boards and the extent of clinical advice in terms of identifying a more cost-efficient model that would be better for patients. It was explained that Scottish Government had assessed a range of matters including head-count statistics and movements, and the Board's NRAC share. Discovery data had clarified length of stay, administrative spend and shorter-term models of care. It was expected that the Board's options for change in delivery would involve representation of assistance and support from Scottish Government beyond finance colleagues. Alternative workforce models used elsewhere should be considered at pace across the organisation. While the data from Discovery was helpful, it would be important not to make assumptions from it and be mindful of the challenges posed by the Board's remote and rural geography. This was particularly pertinent for interrogating data on service delivery in the community.
- It would be important to ensure that ideas could be garnered from staff at all levels as they would be central to delivering successfully.
- It was asked what level of confidence the Board had not only to manage all the identified risks but also to embark on a transformation journey. The Director of Finance confirmed that the Board was managing the risks noted in the report, but evidencing and reporting those pressures separately would enable clear messaging of where savings had been made.
- It was commented that consistency of messaging and how the organisation engaged with front-line teams and explained the different models would be key to success. A similar level of staff engagement would be necessary as that used for the work on the organisation's culture. Spending wisely could be very challenging for staff making decisions about clinical and social resources.

The Director of Finance confirmed that the level of assurance provided was set at limited due to the fragility of the savings plan at this point.

The Board **Noted** the update and took **limited assurance** from the report.

4 **Argyll & Bute Alcohol and Drugs Partnership Annual Report**

The Board had received a written report by the Director of Public Health which detailed the progress Argyll and Bute Alcohol and Drug Partnership had taken to address the four pillars of the 2021-23 strategy. It was proposed in the report that the Board take a substantial level of assurance.

The Director of Public Health introduced the report and referred to the challenges facing NHS Highland, in particular drug related deaths in Scotland are some of the highest in Europe and one of the most important areas for the Alcohol and Drugs Partnership's focus.

In discussion the following comments were made:

- A range of partners from the third sector and public sector had reviewed progress made against the Argyll & Bute local strategy and had contributed to the associated action plan.
- Work had already begun to delivery the action plan, especially work focusing on drug related deaths, the systems in place to address this and how they could be improved. It was noted that these deaths tended to be higher in more densely populated areas.
- The Chief Officer for Argyll & Bute advised that further work was underway around police custody issues and the impacts being faced had been highlighted to Police Scotland.
- A multi-agency Residential Rehabilitation Group had been established to assess and scrutinize the support every client needs.
- There were challenges in meeting the Medication Assisted Treatment (MAT) standard 1 in remote and rural locations therefore a subgroup had been set up to look at the issues experienced such as prescription access. Work with clients involved the use of other services such as NearMe.
- The Director of Public Health confirmed that thought had been given to engagement with distilleries and the wider alcohol industry to promote responsible use of alcohol. However, it was a challenge to influence alcohol consumption through this engagement.

The Board **Noted** the content of the report and took **substantial assurance**.

5 **Joint Health Protection Plan 2023-2025**

The Board had received the Joint Health Protection Plan by the Director of Public Health which provided an overview of health protection priorities, provision, and preparedness for the NHS Board area. It was noted that the plan covered the period between April 2023 and March 2025. The Board were asked to approve the plan and accept a substantial level of assurance from the report.

The Director of Public Health spoke to the circulated report and it was noted that the plan had been approved by both Councils prior to the Board meeting but resourcing challenges had prevented the continuation of the plan during the pandemic. It is a three yearly plan covering the continuation of the Health Protection work that had been seen previously. Results from the Scottish COVID inquiry and the UK wide inquiry would shape and improve future Health Protection.

He noted that Governance of the Joint Health Protection Plan would need a more rigorous approach from NHS Highland. Performance would be reported through the Environmental Health Liaison Committee and then the Population Health Programme Board with an annual report on health protection presented to the Clinical Governance Committee.

In discussion the following points were made:

- It was noted that there was an in-depth emergency plan in place to manage risks for incidents that would put a strain on NHS Highland resources such as weapons transport or nuclear accidents.
- Public Health would have a work plan that included activities and a robust governance system would be created to effectively manage the listed priorities from the three-year plan.
- The Director for Public Health explained that there were currently two core priorities for Health Protection, the prevention of health inequalities, and the prevention and mitigation of future pandemics.
- For Health Protection to act proactively it would require public health to ensure work was approached in an efficient and priority planned way. Focusing on what the Health Board are good at, prioritising based on legislation and ensuring efficiency is carried across the multi-agencies involved in the plan to remove duplication.

- The Director for Public Health provided assurance that emergency plans were in place for many topics not covered in the plan.
- Concern was raised regarding the protocol for failures with Private Water Supplies, the Director for Public Health provided assurance that water quality was a high priority within Public Health. It was explained that Public Health worked jointly with the Local Authority, Scottish Water, and the Scottish Environment Protection Agency on this matter.

The Board **Noted** the contents of the report and took **substantial assurance**.

The Board took a short break at 11.30am and the meeting resumed at 11.45am.

6 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance with a recommendation that the Board take moderate assurance from it. Speaking to the report, the Deputy Chief Executive noted that the IPQR is linked to NHS Highland's Strategy and Annual Delivery Plan (ADP).

There had been improvement in the breast-feeding initiation since the last update; data around caesarean rates had now been included in the IPQR based on feedback received. Both CAMHS and Psychological Services continued to show improvements overall.

Cancer services remained an area of focus with 31-day cancer wait improvements being sustained increasing to 94.4% last month. Achievement of the 62-day target was lower but had improved over the past few months and remained challenging. Delayed discharges continued to have an impact on unscheduled care and was a significant cause for concern. The complexity of the situation was well recognised and Chief Officers were directing effort to drive improvements.

During discussion, the following issues were raised:

- Data relating to the number of adverse and serious adverse events (SAERs) had seen no apparent improvement over recent months. This was an area of concern meriting further clarification, particularly if there were implications for compliance with Duty of Candour requirements. The Medical Director confirmed that the Datix system was complex and the numbers of events recorded resulted from multiple entries for the same issue. Duty of Candour legislation was not specific to SAERs and could be applicable to other incidents. The Board's compliance with Duty of Candour was governed through an annual report to the Clinical Governance Committee and this would be made available to Board members as an action arising from the discussion. The aim of individual SAERs was to triangulate all matters of patient safety which explained why many reviews were lengthy.
- The Deputy Chief Executive advised that outpatient treatment time guarantee's (TTG) improvements were detailed in the IPQR and the Chief Officer for Acute confirmed that the trajectories had been implemented using data from January/February 2023 with some assumptions being made; there had been some impacts on progress due to staff leaving the department.
- The Director of People & Culture advised he believed the time to fill vacancies spanned the total time from the point of advert to an individual starting their post and he would double check to confirm. This was a lengthy process in all Boards and work was underway to improve the process overall. There were other wider issues to be refreshed such as our approach to references to ensure NHS practices were consistent with the job market. He also referred to the continuing challenge of statutory/mandatory training, and the need to embed expectations and ensure clarity on what modules staff need to complete as part of their role. The Nurse Director advised that EDG would be considering a statutory/mandatory training improvement plan.
- Responding to a query about an apparent lack of progress in improvement with falls, the Nurse Director there were several processes recently implemented to assist with reducing the inpatient falls.

- The Chief Officer for Acute addressed a question about equality of access and support for patients who are not digitally enabled to use the patient booking system. The hub self-service system had been well received by patients and was now being rolled out across all service areas.
- It was also confirmed that the third MRI scanner would be used together with NHS Highland's research teams who are keen to offer the benefits for local MRI access and which will involve UHI. Work had been underway with the North Imaging Alliance to facilitate MRI future access across rural general hospitals and discussions had taken place with NHS Grampian to work collaboratively in this area.
- The Chief Officer for Health & Social Care advised that the data around delayed discharges were high level and it may be helpful to cover the short, medium and long term actions taking place in a development session.
- In light of the scale of the challenges facing the organisation, particularly with 60% delayed discharges exceeding 30 days, it would be important for the Board to use the projected and trajectory information to inform its redesign.

The Board:

- **Noted** the content of the report and took **moderate assurance**.
- **Noted** the addition of trajectories where available.
- **Noted** that the annual delivery plan and winter plan continue to support mitigation plans where possible.

7 Annual Delivery Plan

The Board had received a written report by the Deputy Chief Executive which detailed the Annual Delivery Plan (ADP) that ensured the delivery of the Together We Care outcomes. The ADP was commissioned annually, with progress reports being reported to the Board and Scottish Government on a quarterly basis. The Board was invited to take a moderate level of assurance and asked to approve the ADP for submission to Scottish Government.

Speaking to the report, the Deputy Chief Executive advised that the document had been reviewed by the Finance, Resources & Performance (FRP) Committee, and following that meeting the formatting had been altered to align with the Together We Care Strategy as well as the Joint Strategic Plan with Argyll and Bute.

The Deputy Chief Executive noted that the appendices embedded in the document would be made accessible after the meeting; these detailed the numerical submissions to go with the plan. It was noted that the submission to government showed differing levels of maturity between topic areas and that some items were very detailed and had a numerical focus whereas other areas outlined desired directions with future iterations of the report adding more detail through the course of the year and made available to the Board. Initial feedback from Scottish Government had been positive.

During discussion, the following questions were addressed:

- It was commented that several of the actions had a 31 July 2023 target date. It was clarified that this was an area under review and that the dates referred to various programmes of work as well as specific items and were therefore only an indication of live commitments until formalised dates were agreed. Oversight of delivery of actions was retained via the programme boards and Senior Leadership Teams.
- It was noted that the ADP did not reflect the totality of the organisation's activity and it was queried if this would have implications for delivering the Board's strategy. The issue of engaging and communicating the larger picture of the ADP (including those areas out with the formal reporting requirements) to staff was discussed. The Deputy Chief Executive advised that neither the Board Strategy nor the ADP were centrally generated within the organisation, however they collated the contribution of the whole organisation.

- The Chief Executive noted the role of the ADP for the organisation in helping to triangulate strategy work with the output as measured by the IPQR. She noted that in communicating the strategy to teams it was important to find reliable and consistent methodologies which would provide a clearer articulation of results and help to embed a better sense of ownership of the strategy amongst staff.
- The Director of People & Culture added that distributed leadership was key to embedding actions and that appropriate aggregation of reporting would assist analysis at senior leadership and Board level.

The Board took **moderate assurance** from the report and **approved** the Annual Delivery Plan for submission to Scottish Government.

8 Corporate Parenting Update

The Board received a written report by the Director of Public Health as an update to the NHS Highland Corporate Parenting Improvement Plan 2023-24. The Board were invited to take a moderate level of assurance from the update and asked to note and comment on the report.

The Director of Public Health explained the responsibility of the Board for corporate parenting and that a formal strategy was in development which would go through the governance process over the next few months. He noted that over the course of the previous year there had been a development session on the topic for the Board to raise awareness and encourage more engagement with the Board's responsibilities.

- The importance of adequate consultation was noted, particularly with care-experienced children and young people to create realistic plans which will improve health and wellbeing.
- These plans would also need to address NHS Highland's role as an anchor institution and how it could create career opportunities.
- It was hoped that plans would be progressed once the Child Health Commissioner post was filled as this will aid capacity in this work alongside the Promise Board in the Highland Council area.

The following comments were raised in discussion:

- The amber RAG rating arose from a capacity issue which would be addressed by the recruitment of a new Child Health Commissioner. If the RAG rating had not changed by the end of the financial year this would be an issue of concern, but there was confidence progress could be achieved over the next six to nine months.
- The issue of oversight and governance was discussed, and it was acknowledged that this merited further consideration. It was suggested that governance oversight be placed with both Health and Social Care Partnerships. It was intended that the Improvement Plan would be implemented by April 2024 and the Chair asked for this item to be included in the Board's workplan. It was noted that another update (either to the board or a committee, depending on governance considerations) would need to come before April 2024 to ensure work was on track.
- It was noted that people with care experience will often have had or continue to experience health issues because of issues accessing health care, therefore it was important to involve all age groups in engagement around addressing health inequalities.
- The Director of People and Culture commented that he was keen to look at the employer opportunities that NHS Highland has as an anchor organisation via placements, volunteering and apprenticeships amongst others to address encouraging people to work in health and social care but also to address issues such as long-term unemployment.
- The Head of Communications and Engagement noted the need for all services to consider the people who may be affected by any proposed changes, especially those areas of the community who may have been overlooked in the normal course of engagement work. She added that her team would be happy to support any service conducting such work and noted the need to carry out an equality impact assessment on commencing any change work.

The Board:

- **Noted** the update and accepted **moderate** assurance.
- **Agreed** to explore governance oversight of Corporate Parenting with a view to maintaining oversight of progress ahead of its implementation in April 2024.

The Board took a lunch break at 1.10pm. The meeting reconvened at 1.40pm.

CORPORATE GOVERNANCE

9 Corporate Risk Register

The Board received a written report by the Board Medical Director to provide assurance that the risks held on the NHS Highland Board risk register were being actively managed through the appropriate Executive Leads and Governance Committees. The report also provided an overview on the status of individual risks. The Board was invited to take substantial assurance from the report and note the changes made to the noted risks.

The following items were noted:

- Risks 1103 & 1102 had been reviewed and merged as Risk 1181
- Risk 706 was updated to show the challenges faced in the recruitment and retention of staff; and that the workforce board will address the upcoming changes to the Staffing Act and how these are implemented.
- Risk 1182 that covers the financial risks associated with the New Craig’s changes will be expanded upon in future iterations of the report.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Approved** the final decisions on the risks that are recommended to be closed, added or updated and;
- **Noted** the risk management process with alignment to the strategy will be presented to the next Board meeting.

10 Board Blueprint for Good Governance Improvement Plan - Update

The Board had received a report from the Board Chair that outlined the proposal to take forward the findings for self-assessment exercise against the new Blueprint for Good Governance issued to Boards in December 2022. The Board were invited to take substantial assurance from the report and approve the draft improvement plan.

The Board Secretary provided an overview of the report and confirmed that discussions had been held with Governance Committee Chairs and Lead Executives to develop and refine the specific improvement actions as noted in the report. There would be twice yearly Board level progress reports and as part of this process there would be oversight by the Board Chairs’ group and relevant Governance Committees. A substantial level of assurance was proposed with regards to creation of the plan, due to the thorough self-assessment against the Blueprint document and significant engagement undertaken. Future reports will provide assurance against delivery of this plan.

The Board:

- Took **substantial assurance** from the report, **noted** the oversight of implementation and progress will be provided informally through the Chairs Group and Governance Committees and;
- **Noted** a progress update will be submitted to the Board in January 2024.

- **Agreed** to the Improvement Plan.

11 **Governance Committee Memberships**

The Board received a report that outlined proposed changes to Governance Committee memberships and Chair positions. The notable changes were:

- **Argyll and Bute IJB:** Gaener Rodger to fill the vacancy.
- **Endowment Funds Committee:** Joanne McCoy & Alasdair Christie to fill the two vacancies.
- **Pharmacy Practices Committee:** Ann Clark to become a member and take the position of Chair.

The Board took **substantial assurance** and **approved** the changes to the Committee Memberships and Chair positions with immediate effect.

12 **Governance and other Committee Assurance Reports Escalation of issues by Chairs of Governance Committees**

a) **Audit Committee agreed minute of 20 June 2023**

S Ringwood spoke to both sets of minutes and drew the Boards attention to the point that it was agreed there would be a small adjustment to the minutes of the meeting on 27 June 2023 to clarify the assurance level provided by Internal Audit as the rating had not reduced as intimated.

b) **Audit Committee draft minute of 27 June 2023**

Full update noted under item 12A.

c) **Clinical Governance Committee draft minute of 22 June 2023**

A Clark spoke to the minutes and advised there were two areas for noting to the Board, these were the issues around the Dentistry service and the recent challenges that faced the Oncology service.

The Medical Director confirmed that Orthodontics is usually a hospital-based system however some Dental Practices will complete Orthodontic work up to a certain level, he also advised that it isn't part of the Dental Services contract refresh taking place nationally at this stage.

It was also noted that the capacity issues that the Oncology service faced had now been resolved with a separate update issued.

d) **Highland Health & Social Care Committee draft minute 28 June 2023**

The Chair of the Highland Health & Social Care Committee provided an overview of the recent meeting and confirmed the Committee had been dissatisfied that no Finance Report had been brought but acknowledged this was then covered in a subsequent development session.

He also noted that they received a presentation from the Director of Dentistry that covered many of the points raised in the Clinical Governance Committee.

e) **Staff Governance Committee of 28 June 2023**

The Chair of Staff Governance Committee provided an overview of the recent meeting. She referred to the Guardian Service Annual Report that provided clear evidence that some managers needed additional support to facilitate early resolution discussions to prevent lengthy formal processes being necessary. Employees now felt more able to speak up and raise concerns.

f) **Area Clinical Forum draft minute 6 July 2023**

The Committee Chair provided an overview of the recent meeting and explained there was a presentation delivered by the Head of Cancer Services that provided insight to the service; an update on how the National Treatment Centre has progressed since opening was also provided.

g) Finance, Resources & Performance Committee draft minute 7 July 2023

The Committee Chair spoke to the circulated minute, he mentioned that there was an extensive presentation on the 62-day Cancer targets. The Committee approved the Digital Plan for 2023-24 and as part of the Environmental Sustainability update there had been some concern around the cost of net zero carbon targets set by Scottish Government.

h) Argyll & Bute Integration Joint Board 31 May 2023

The Chair of the A&B IJB spoke to the minutes and noted the only main point to raise was the ongoing transitions taking place in relation to the membership.

16 Any Other Competent Business

The Director of Estates & Facilities provided an update on the concerns around the use of RAAC (Reinforced Autoclaved Aerated Concrete) in the construction of buildings; he confirmed that a full inspection will be carried out on any buildings that are highlighted as a risk.

The Chief Executive confirmed that NHS Highland's Ministerial Annual Review will take place on 29 September and will involve a public session on the day.

Date of next meeting

The next full meeting of the Board will be on 26 September 2023 at 9.30 am.

The meeting closed at **2.35pm**