

<b>NHS HIGHLAND BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>DRAFT MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>26 July 2022 – 9:30am</b>	

**Present**

Prof. Boyd Robertson, Board Chair  
Dr Tim Allison, Director of Public Health and Health Policy  
Mr Alex Anderson, Non-Executive  
Mr Graham Bell, Non-Executive  
Mr Garret Corner, Non-Executive  
Mr Alasdair Christie, Non-Executive (until 1.35pm)  
Ms Ann Clark, Non-Executive  
Ms Sarah Compton-Bishop, Non-Executive  
Mr Albert Donald, Non-Executive  
Ms Pamela Dudek, Chief Executive  
Mr David Garden, Director of Finance  
Ms Heidi May, Director of Nursing  
Ms Joanne McCoy, Non-Executive  
Mr Gerard O'Brien, Non-Executive  
Dr Boyd Peters, Medical Director  
Ms Susan Ringwood, Non-Executive  
Dr Gaener Rodger, Non-Executive  
Ms Catriona Sinclair, Chair of Area Clinical Forum

**In Attendance**

Ms Louise Bussell, Interim Chief Officer, Community Services  
Ms Lorraine Cowie, Head of Strategy and Transformation  
Ms Pam Cremin, Deputy Chief Officer, Community Services  
Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP  
Ms Tara French, Head of Strategy, Health and Social Care (until 2pm)  
Ms Ruth Fry, Head of Communications and Engagement  
Ms Fiona Hogg, Director of People and Culture  
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance  
Mr David Park, Interim Deputy Chief Executive  
Ms Katherine Sutton, Chief Officer, Acute Services  
Mr Nathan Ware, Governance & Assurance Co-Ordinator  
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

**1 Welcome and Apologies for absence**

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

Apologies were recorded from Jean Boardman, Elspeth Caithness, Muriel Cockburn, Ruth Daly Philip MacRae, and Brian Williams. The Chair extended condolences to Ruth Daly on behalf of the Board.

**2 Declarations of Conflict of Interest**

Mr A Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt this was not necessary after completing the Objective Test.

### 3 Minute of Meetings of 31 May and 28 June 2022

The Board **Approved** the minutes of the scheduled Board meeting of 31 May, and the Special Board meeting of 28 June 2022.

#### 3.1 Matters Arising

##### Board Action Plan

- A Clark suggested that the wording of the first item, regarding the Strategic Risk Register, required to be amended because the proposals for the National Care Service are not yet known and therefore a judgement cannot be made until later in the year. The Chair suggested discussion should be had regarding the wording and amendment of the deadline after the meeting.
- F Hogg proposed that the second action around the Wellbeing Strategy (in grey) be closed having since integrated the approach into the Together We Care Strategy. There is a new action shown at the end of the Action Plan to which updates will be given.
- P Dudek noted that the draft strategy had been discussed at the Board Development Session in July and it was now anticipated that the Strategy would be brought to the Board for approval at its September meeting.
- It was also noted that NHS Highland's Gaelic Language Plan Annual Monitoring Report had been agreed by the Chair and Chief Executive and approved by Bòrd na Gàidhlig.

The Board **Agreed** the updates on the Action Plan.

#### 4 Chief Executive's Report – Verbal Update of Emerging Issues

The Chief Executive acknowledged the current service pressures due in large part to the recent wave of COVID. This has continued to challenge staffing levels in hospital settings.

- A consistent theme is emerging in managing the higher than normal numbers of patients presenting at hospitals and the Board is seeking to address front line staff's concerns about the ongoing position.
- The Executive team have been out across the region in the last few months visiting parts of the service. The Chief Executive spent an evening in A&E at Raigmore where it was evident just how busy it is, and she thanked the team for allowing her to visit. She also visited the Belford Hospital in Fort William where similar challenges were raised, and it is evident that these are occurring across NHS Highland.

The Medical Director added;

- There are pressures across all of NHS Scotland and the greatest challenge for clinicians is how they can balance acute illness management with more people presenting at A&E while staff are trying to catch up with planned procedures and operations.
- He will be visiting the hospitals in Oban and Fort William to hear staff feedback.
- P Dudek noted that a National collaborative approach was launched in June and a review of the Board's Unscheduled Care Programme is taking place.
- P Dudek confirmed the Board wants to encourage people who require emergency treatment to present to A&E but there is a need for the public to consider which services may be the best option to resolve their issue.

During discussion the following points were noted;

- P Dudek noted that colleagues were encouraged to take annual leave for the benefit of their wellbeing. Any instances of additional shifts being worked during annual leave is discouraged due to the potential impact on staff wellbeing.

- There was a need to reiterate the message that there are other ways to access healthcare such as the use of NHS24.
- B Peters added that there are issues around the length of stay and the patient journey in hospitals and that there are national discussions on how to address the complexities.
- A Donald, in his role as Whistleblowing Champion, noted that he had been made aware of staff frustrations in his visits, especially around the difficulties people are facing out of sheer tiredness.
- A Christie noted that there is a general view that A&E is a safety net where no one is turned away compared with the difficulty of getting GP appointments on a Friday or a weekend, and that there is assurance from waiting at A&E as opposed to the uncertainty of waiting on a call back from 111.
- The geography of Highland compared to several other boards means that redirection away from A&E to other services isn't always appropriate where travel over substantial distances may be involved.
- In terms of communication plans to address these issues, R Fry noted that there is a national campaign, 'Right Care, Right Place', which asks people to call 111 to find out the right place to attend for their care. P Dudek noted that the current system pressures are not just at services such as A&E but that Care At Home, Care Homes, community teams, and district nurses are all experiencing system pressures.
- Scheduled Care has received a revised set of targets in terms of dealing with urgent and long waits and K Sutton and L Cowie have been revising plans in line with those new targets to address the most challenging areas.
- 436 people have been seen from April to June by the Orthopaedic Elective Programme.
- The National Treatment Centre remains on target and a formal report on progress will come to the September meeting.
- K Sutton assured the Board that there is confidence that the first of the targets - the two-year wait for outpatients and more specialties by the end of August 2022 is on target to be delivered. There is reasonable confidence that the second target of 18 months for outpatients in most specialties by the end of December 2022 will be met. She noted that capacity across specialty areas is being examined with a view to supporting those that have the longest waiting times taking into account those that are urgent and prioritised.
- A quarter of patients have responded to an engagement query and have been positive around being flexible about where they are seen. This is a more direct approach of engagement with patients than previously used.
- There is a clinical review of patients on the waiting list to determine who might require additional support to access services and whether to signpost them to additional services within the Health Board.
- P Dudek noted that the business case for Maternity Services will be brought to the September meeting of the Board.
- The Initial Agreement for Lochaber was approved and has now moved to the outline business case; work will continue with the community in, and around, Lochaber.

## 5 Public Health Report – COVID19 Update

T Allison reported that COVID was still present in the population even though it had slipped out of the news headlines. One of the challenges in terms of managing COVID was the lack of routine testing. Figures demonstrated that 1 in 15 of the population have COVID which is almost as high as it was in the earlier Omicron wave. Between a quarter to a third of people are in hospital due to COVID with other patients admitted for different reasons also showing as positive. Despite major advances in protection with vaccination and other treatments, there were still deaths occurring from the infection. The spring booster campaign was almost complete with coverage of nearly 90% of over 75-year olds, which is roughly in line with the rest of Scotland.

During discussion the following points were addressed;

- The issue of the summer tourist influx to Highland was raised. It was noted that some outbreaks have been linked to cruise ships and coach tours but that most people who come

as tourists are engaged in outdoor activity which mitigates the risk. The larger risk is with tourists becoming sick and needing care more so than transmission among the population. The places which have seen the most COVID variants have included locations such as South Africa and India rather than other parts of Europe.

- Work has been carried out nationally to investigate socio-economic inequalities, particularly around ethnic minority inequalities in terms of vaccine uptake, but also around vulnerability to COVID. More broadly, the aim from an inequalities point of view has been to look at equality of access to vaccination.

The Board **noted** the update.

## 6 Vaccination Strategy

T Allison noted the challenges of implementing the Vaccination Transformation Programme (VTP) and that, at the last meeting, members felt it would be more appropriate to take limited assurance rather than the proposed moderate assurance. He brought the following information to the notice of the Board;

- There has been considerable progress in the development of both flu and COVID vaccination implementation.
- Central support services have been strengthened and permanent appointments have been made in areas such as pharmacy, health and performance.
- The delivery model has now been agreed as a combination of locality-based services and central services; it has a central scheduling procedure but uses integrated team-based adult nurses to provide vaccination administration and the centralized team for preschool vaccination.
- Given the geographical constraints, the work has been challenging and there is still some work to do to deliver the programme.
- The principal risk is around recruitment as it is a new service with a large geographical spread. This should be mitigated by the locality approach and by using existing staff for delivery.

L Bussell added that there is now a much clearer picture about the direction required for the model. Recruitment has already taken place across various areas to cover the established team and recruitment to the bank for the autumn vaccinations is underway.

Close work is being undertaken with partners such as Community Pharmacy, and with The Highland Council in relation to the existing school age services that are provided within their area. Testing of the model is underway in the North West with preschool vaccinations delivered by the Board model instead of GPs, and this has been felt to be a positive experience.

In discussion the following information was provided;

- The locality approach aims to reduce distances travelled by recruiting staff in different locations, however it was acknowledged that some travel is still inevitable.
- The extension of the age range to include over 50-year olds was acknowledged as an additional challenge. However, it was noted that Boards need to be prepared in the unlikely event that the entire population require vaccination from a more virulent strain of COVID and that therefore flexibility needs to be built into all aspects of the VTP.
- It is aimed that vaccination centre locations have good coverage across the region and 53 clinical locations have been identified.
- Efforts are underway to harmonise the approach to vaccination communication. It is recognised that there is a cultural issue where the blue envelopes from NHS Scotland are often taken more seriously than letters sent directly from NHS Highland.

- A test run was recently conducted for Argyll and Bute, and another will follow next week for Highland to ensure that any glitches previously experienced with inappropriate locations in the letter are addressed.
- Discussions had been held with Scottish Government to address previous problems for Argyll and Bute concerning mapping, the practicalities of travel and the centralised software systems used to arrange appointments.

The Board **Agreed** to take **moderate assurance** from the update.

The Board took a break at 11.15am and reconvened at 11.30am.

## PERFORMANCE AND ASSURANCE

### 7 Integrated Performance and Quality Report

- D Park introduced the SBAR and report and highlighted that limited assurance was proposed on the IPQR due to the challenges around scheduled and unscheduled care, which is reflected in performance data.
- The Annual Delivery Plan will come to the next meeting of the Board and it is expected that a higher level of assurance will be possible based on the current trajectory.
- The Finance, Resources and Performance Committee approved a new performance management framework at its last meeting which will sit with the IPQR. Again, this should provide further assurance in terms of oversight and management as work continues to improve overall performance.
- There are areas of improvement including the vaccination programme and cancer wait times, with some improvement to response rates for Freedom of Information requests.
- Apologies were given for some of the data around Falls and Infections as this had been corrupted. An update will be sent out prior to the next Board meeting.

In discussion, the following issues were addressed;

- Clarity was sought regarding the figures for Delayed Discharge (p.115 of the reports). It was explained there are a number of people that are on the Delayed Discharge list for Highland who are difficult to place because they require specialist support or are waiting for a particular place that is not available. It was suggested that the data could be presented in a way that shows a truer reflection of the reasons why some discharges are more difficult than others.
- It is thought that the NTC will help to address waiting times for certain areas such as Orthopaedics and that capacity here will be crucial.
- K Sutton noted that significant improvements have been made in terms of cancer delivery. However, recent system pressures and significant staff absence had affected the endoscopy service. Action has been taken for a tendering process to deliver diagnostics through independent sector activity.
- Breast surgery has been a particularly challenging pathway and the absence of one of the surgeons for a period has added to the pressure. A recovery programme is underway so that patients will be seen faster.
- A note of caution was raised in terms of how data is reported and then used in the public domain so it was suggested this should be considered when presenting data that could be misinterpreted. D Park acknowledged this and noted that the Annual Delivery Plan will set out plans to address and communicate improvement work where the data presents challenges.
- A Clark suggested that quality improvement work to address drug and alcohol MAT standards could be considered for scrutiny and L Cowie noted that this would be incorporated.
- F Hogg advised that flexible retirement has an agreed approach, addressing different scenarios where a member of staff may wish to claim their pension benefits but not

necessarily leave the organisation entirely. This is an extension of the Board's flexible working policies and is part of an approach to address the impacts of having an aging workforce. Local workforce planning and staffing conversations linked to performance management, appraisal and development conversations are key elements of this approach.

- F Hogg advised that recruitment was progressing well for the National Treatment Centre (NTC), with all of the key senior leadership and specialist posts having been filled. She also confirmed there are always pressures in any kind of recruitment drive and a large number of the roles at operational level within the NTC will be filled on a rotational basis enabling staff to have a good range of opportunities and use different skills. Advertising for the NTC is about to begin on the London Underground, and buses in Glasgow, Edinburgh and other parts of the Central Belt.
- L Cowie confirmed that there are some areas within the IPQR where the Board might wish to see alternative reporting because they are important for achieving strategic objectives, such as Maternity Services. L Cowie confirmed she will work with the Chief Officers, the Director of Nursing and the Medical Director to look at the key indicators in line with the strategy and return with a proposal to give oversight.

The Board **Agreed** to take **limited assurance** from the report.

## 8 Finance Assurance Report

D Garden introduced the report and noted that the Board is facing financial uncertainty for the third year running. He confirmed that the 2022/23 financial plan agreed by the Board in May 2022 had been submitted to Scottish Government. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26m proposed. No funding source was identified to close the residual gap of £16.272m. Work is ongoing, both within Board and nationally, to look at options and schemes to close identified gaps.

For the period to end June 2022, an overspend of £10.977m was reported. This overspend was forecast to increase to £33.446m by the end of the financial year. The YTD position includes slippage against the savings plan of £5.984m with slippage of £12.515m forecast at financial year end.

Scottish Government recognise the financial challenge on all Boards for 2022/2023 but the expectation is that local savings plans will be delivered to ensure achievement of a break-even financial position, without Scottish Government support, by the end of the financial year.

There were a number of national initiatives driven by Scottish Government to improve the financial position experienced by all Boards. It was noted that NHS Highland are not outliers and that the financial pressures are a national trend.

The current pay deal negotiated with unions is around a 5% uplift for NHS Agenda for Change contracts but this has not been accepted as yet. NHS Highland's financial plan only projected a 2% uplift that Government had advised will be funded. However, detail of how that funding will be applied is still to come.

During the discussion, the following explanations were offered;

- D Garden noted that there had been significant culture change with the implementation of 'Grip and Control' measures. It would now be a matter for L Bussell, K Sutton and F Hogg to consider whether to reintroduce this approach, and if so, when.
- D Garden confirmed that there are restrictions in terms of what the Board can do in terms of staff fuel reimbursement. F Hogg added that the rates went up nationally by 5p aligned to the Employee Agenda for Change. Colleagues have been encouraged and signposted to engage with the Employee Assistance Programme's Money Advice Service and legal advice services.

Other channels were noted such as the Occupational Health Service, Validium for counselling and related advice, and Wellbeing Wednesdays which acts as a point of focus for disseminating information.

- A Christie also added there is a Citizens’ Advice branch based at Raigmore, which takes a lot of referrals from staff and unions providing a valuable service with advice on money matters, welfare benefits, housing and energy.

The Chair thanked D Garden for his report and his work as Director of Finance.

The Board **Agreed** to take **limited assurance** from the report.

**GOVERNANCE**

**9 Strategic Risk Register**

B Peters introduced the item and noted that the Strategic Risk Register had been submitted to the Board having been reviewed at the Executive Directors Group. He also noted that the next step will be to align the Risk Register against the delivery of the Board’s emerging Strategy.

L Cowie added that the Risk Register will need to be reviewed with data and quality standards aligned with the financial position. This would be reported to the September meeting of the Board.

In discussion the following points were raised,

- Workforce Capacity had been given a medium rated risk level in light of the larger recruitment pressures locally and nationally. F Hogg advised that the methods for assessing risk were in the process of being refreshed to align with the Together We Care strategy.
- G Rodger commented that the Clinical Governance Committee reviewed its strategic risk at its last meeting and that the present paper may need amending to reflect that discussion:
  - In terms of the strategic risk 662, concerning Clinical Strategy and Redesign, it was felt that this no longer should sit with the committee but that it should sit with the Board for overall scrutiny.
  - Regarding strategic risks 715 and 959, on Public Health, the committee agreed that the EDG be recommended to reduce the current risk level assigned to risk 715 from ‘very high’ to ‘high’, but that the risk level for 959 be maintained as ‘high’.
- B Peters confirmed that the recruitment of a Risk Manager is ongoing and an interview date will be decided soon. A note of caution was raised that the Risk Manager role would not on its own address the issues around risk management but that a collective approach should continue. An update will come to the Board at a later date on links to the risk management network within the NHS.
- A Anderson advised that the next FRP Committee will consider the finance and performance risks.

The Board **Agreed** to take **substantial assurance** from the report.

**10 Board Blueprint for Good Governance Improvement Plan - Update**

N Ware introduced the report which had originally been brought to the Board in April 2019 and was last reported in September 2021. The EDG team have also considered the plan. Discussions are underway for an independent external review of the Board’s governance to be delivered following the publication of the next iteration of the Blueprint for Good Governance expected later in the year.

The Chair commented that the next iteration of the plan is due imminently and that this is in part the reason why the independent external review is to be deferred.

The Board **accepted substantial assurance** from the report and:

- (a) **welcomed** the significant progress made with the Engagement Framework,
- (b) **Agreed** the closure of the 2019 Blueprint for Good Governance Action Plan, and
- (c) **Noted** that discussions were underway for an independent external review of the Board's governance following the publication of the next iteration of the Blueprint for Good Governance expected later in the year.

## 11 Governance Committee Memberships

N Ware introduced the paper on behalf of R Daly and highlighted the committees on which the two new Non-Executive members of the Board will sit; that the Highland Health and Social Care Committee must now appoint a vice chair from its membership, and that a formal approach from The Highland Council is awaited to request the Board appointments to their Health, Social Care and Wellbeing Committee.

In discussion, A Clark noted that R Daly has raised the matter with The Highland Council and that a paper is likely to go to the Council's committee.

With regard to the appointment for a vice chair to the HHSCC, this will be taken forward once further discussion has been had with the members of the committee.

The Board **approved** the revised governance committee memberships and **accepted moderate assurance** from the update, **noting** the requirement for the HHSCC to appoint a new vice chair from its membership and that a formal approach was awaited from The Highland Council to request Board appointment to their Health, Social Care and Wellbeing Committee.

## 12 Gaelic Language Plan – Monitoring Report

The Chair introduced the Gaelic Language Plan Monitoring Report which had been submitted to Bòrd na Gàidhlig in early July as previously agreed by the Board.

P Dudek noted that the report had been approved by Bòrd na Gàidhlig and that the Board will be required to produce a new Gaelic Language Plan in the coming year.

During discussion, it was noted that;

- The Board had not had the full services of Nicola Thomson in promoting the plan over the past year and therefore activity levels had been lower than planned.
- In terms of recruitment, A Clark commented that it would be worth exploring how the Board can better address Gaelic language as a desirable skill among its future non-executive members. It was noted that Highland is in a similar position to other health boards in this regard but that this is an issue that could be taken to Scottish Government ahead of the next round of appointments.
- The Chair and the Chief Executive have raised the issue of a Gaelic form of the Board's logo with both the Director General and Cabinet Secretary and a response is awaited.

The Board **noted** the position.

## 13 Governance and other Committee Assurance Reports Escalation of Issues by Chairs of Governance Committees

### a. Audit Committee, draft minutes of 28 June 2022

A Christie noted two reports from Internal Audit on unfilled shifts and home working which he recommended for the Board's interest.



The Chair noted that the meeting had been the last with the Board's current external auditors and that the new external auditors are due to be appointed soon.

**b. Clinical Governance Committee, draft minutes of 30 June 2022**

G Rodger and B Peters acknowledged the systems pressures noted in the Chief Executive's report which were discussed in terms of the risk register and with regard to patient safety and quality and the challenges the service faced.

**c. Highland Health and Social Care Committee, draft minutes of 29 June 2022**

A Clark commented that the system pressures discussed earlier are fully reflected in the Minutes and is an issue that has affected Community Services and Adult Social Care as seriously as it has hospitals. Good discussion was had about key pressures such as recruitment and finance.

**d. Finance, Resources and Performance Committee, draft minutes of 7 July 2022**

A Anderson commented that helpful updates had been received from Estates on good progress with capital projects. He suggested that the digital strategy for 2022-23 should be discussed at a future Board development session.

**e. Area Clinical Forum, draft minutes of 7 July 2022**

C Sinclair thanked Caroline Morrison and F Hogg for their contribution to constructive discussion at the Forum regarding the Board's leadership and management development programme. Much interest was generated and this will encourage the message to be taken to the professional advisory groups.

**f. Staff Governance Committee, verbal update for meeting of 20 July 2022**

S Compton-Bishop gave a verbal update from the most recent meeting of the Committee. This meeting was not quorate due to some unforeseen absences, however the time was used productively as an opportunity to receive updates. Committee items for approval would be returned to the next meeting.

**g. Argyll and Bute Integration Joint Board, draft minutes of 25 May 2022**

S Compton-Bishop noted that the meeting had been the first with its new elected members from Argyll and Bute Council. Cllr Amanda Hampsey was appointed as Vice Chair. A positive provisional year-end financial position was welcomed and the strategic plan for the Health and Social Care Partnership was approved.

**24 Any Other Competent Business**

The Chair thanked David Garden on behalf of the Board for his work, dedication and sound advice as Director of Finance. His vast experience of the NHS, his institutional knowledge and his understanding of the Highland area had been invaluable to NHS Highland. He wished him well on his retirement.

**22 Date of next meeting**

27 September 2022 at 9.30am.

**The meeting closed at 1.10pm**