

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of BOARD MEETING Board Room, Assynt House, Inverness	29 September 2020 – 9:30am	

Present

Prof Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy, VC
Mr Alex Anderson, VC
Ms Jean Boardman, VC
Mr James Brander, VC
Mr Alasdair Christie, VC
Ms Ann Clark
Ms Sarah Compton-Bishop, VC
Mr Albert Donald
Mr David Garden, Director of Finance
Mr Paul Hawkins, Chief Executive
Ms Deirdre MacKay
Mr Philip MacRae, VC
Ms Heidi May, Nurse Director
Ms Margaret Moss
Mr Adam Palmer, VC
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, VC

In Attendance

Mr David Bedwell, Interim Director of Estates, Facilities and Capital Planning, VC
Ms Ruth Daly, Board Secretary
Ms Pamela Dudek, Interim Deputy Chief Executive
Ms Leah Girdwood, Committee Administrator
Ms Fiona Hogg, Director of Human Resources and Organisational Development, VC
Ms Joanna MacDonald, Chief Officer, Argyll & Bute, VC
Mr David Park, Chief Officer, North Highland, VC
Ms Katherine Sutton, Chief Officer, Acute Services, VC

Also in Attendance

Prof Sandra MacRury, University of the Highlands and Islands

1 Apologies for absence

There were none.

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 or insignificant to the agenda items under discussion 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.

Ms Heidi May recorded that she had considered making a declaration of interest as a member of 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.

The Chair formally congratulated Ms Pamela Dudek on her new role as Chief Executive starting Monday 5 October 2020.

3 Minute of Meeting of 28 July 2020 and Action Plan

The Board **approved** the Minutes of 28 July 2020 subject to the following amendment;

- Dr Tim Allison should be listed as 'Present' rather than 'In Attendance', as a member of the Board.

4 Matters Arising

There were none.

5 Chief Executive's Update

The following updates were provided to the Board:

- Remobilisation discussions with Scottish Government had been successful.
- Since the last meeting of the Board, a Performance Recovery Board had been established. Work was ongoing to establish a Workforce Recovery Board.

The Board **noted** the update.

6 Integrated Performance and Quality Report

Prior to consideration of the item, Paul Hawkins confirmed that this represented the first iteration of the Board's Integrated Performance and Quality Report. It underpinned the work of the Performance and Financial Recovery Boards. The report presented a fully integrated position on a range of performance measures for the Board and other measures would be added in time to ensure that the Board continued to receive the assurance it needed.

Pam Dudek introduced the report which had been previously submitted through Clinical Governance, Staff Governance, and Finance, Resources and Performance Committees in August and September 2020. Attention was drawn to the key changes and challenges on meeting the remobilisation plan up to July 2020. Challenges included 4 Hour Performance, USC Referrals, Cancer Waiting Times (31 days), New Outpatients, SAB (MRSA/MSSA), and CDI.

Executive Leads and Committee Chairs highlighted areas of significance within the report as follows:

Clinical Governance

Dr Boyd Peters introduced the clinical governance section of the report. The areas measured in the report were subject to change depending on the needs of the organisation. Areas for improvement and development could be selected. There was a focus on measuring adverse events and complaints to understand where improvements can be made. Heidi May drew attention to the reduction in fall numbers by 29%. She also highlighted the ability to use the data contained within the report to make clinical decisions. Dr Gaener Rodger further highlighted the improvements made to the complaints process. A particular area of interest for the Clinical Governance Committee is hospital re-admissions which would be added to a future version of the Integrated Performance and Quality Report.

During discussion, the following points were made:

- The 70% achievement rate for responding to complaints compared well with other Boards in Scotland and it would be a priority to maintain this level and exceed it where possible.

- The target for responding to complaints was within 20 days of receipt. However, it was important to note there were some complaints which were more complex and involved multiple parties across the organisation which meant achieving the target was more difficult.
- Consideration would be given to looking at patient experience indicators.
- There were a variety of work programmes which impacted clinical governance, such as the SPSO, some of which were under review. It was expected that the Integrated Performance and Quality Report would incorporate these additional work programmes.
- Additional measures would be added using indicators from the Excellence in Care initiative for NMAHP colleagues.

Finance, Resources and Performance

Chief Officers were responsible for the performance activity in each of their respective areas. Ms Katherine Sutton, Mr David Park and Ms Joanna MacDonald introduced each area, highlighting the following key points for consideration:

- Scottish Government had agreed a target for the step up of delivery of treatment time of 60% in June and 80% in July. The July target had been a significant challenge particularly in Belford Hospital and Argyll & Bute.
- Almost all backlog for diagnostic imaging had been cleared due to the investment in MRI capacity and scopes.
- Outpatient activity had been lower than anticipated which could be linked to some screening programmes not being reinstated yet.
- Acute services faced particular challenges due to social distancing measures. There were also challenges with clinician's confidence in using technology as a means to carry out appointments.
- Attendance at the Emergency Department had been higher than anticipated.
- There was a challenge in assessing children by virtual means which had a particular impact on the CAMHS service. A sub-group of the Performance Recovery Board would focus on finding a solution. Pam Dudek added NHS Highland was working with another Board which had made improvements to their CAMHS service to identify learning points which could be used in NHSH.
- A new manager for the CAMHS service in Argyll & Bute had been appointed and there was a focus on improvements to the service.
- Psychological Therapies waiting times were of particular concern in March and improvement work was ongoing. The waiting list had reduced by 500 patients between March and July which was a significant improvement. Patients who had been on the waiting list for over 18 weeks were prioritised.
- A&E performance in Argyll & Bute was monitored on a daily basis.

Mr Alexander Anderson advised lead indicators would be used for performance in future which would allow for a more proactive approach to performance improvement. He suggested that an additional purple colour rating could be included to indicate where performance was 20% or greater than the plan. This would highlight where resources could be better spent.

During discussion, the following clarifications were made:

- Emergency admissions had been higher in terms of overall numbers and there was work to redesign patient pathways so services could be accessed through alternative means. The proposals were to focus on the discharge process and opportunities for intervention before patients came to the Emergency Department.
- A £300k funding package had been negotiated with Scottish Government to increase nursing capacity in the Emergency Department in Raigmore, in particular for minor injuries, which may be redesigned and relocated outwith the Emergency Department.
- Measurements were made against the remobilisation plan rather than traditional measures.
- Discussions were ongoing with Scottish Government concerning the differing rates of remobilisation between NHSH and NHS Greater Glasgow & Clyde. A funding package had been agreed to allow additional activity in NHSH with some clinicians crossing to Argyll & Bute from North Highland to deliver services.

Mr David Garden went on to provide members with an overview of the financial position at months 4 and 5. It was hoped that month 5 would be the last month with uncertainty around Covid funding. At month 5 there was a potential overspend forecast of £75m. The year to date spend was reported as £22.2m. The Financial Recovery Board had been suspended when the coronavirus pandemic had emerged but had since been re-instated. The PMO had a target of £24m savings delivered against workstreams. David Garden confirmed there was a potential £13m shortfall in savings when looking at the adjusted figure. However, he assured the Board that the unadjusted figure was £18m and improvements were continuing to be made each month. The PMO continued to identify new schemes for savings delivery. With regards to capital schemes, David Garden confirmed £65m potential capital spend which was concerned with the Elective Care Centre and the redesign of service in Skye. NHSH was on track to deliver the capital programme and expected to break even. Scottish Government was aware of slippage on capital across all Board areas due to impacts of the coronavirus.

Members were advised there had been success in agreeing an SLA with NHS Greater Glasgow & Clyde for services in Argyll & Bute. NHSGG&C had agreed to build in a £650k recurring reduction to the SLA. The reduction would be applied to the SLA charge for 2020/21 and remain in place for future years. Joanna MacDonald recognised the collaborative approaches which led to the agreement and the improved relationship between NHSH and NHS GG&C.

Alex Anderson sought assurance there had been improvements to the estates backlog maintenance in month 5. David Garden advised that the Estates department had focussed on Covid-related work which would be charged to the Covid account.

Ms Ann Clark highlighted the risks relating to adult social care funding and sought an update on the establishment of a Project Management Office with The Highland Council to address the issue. David Garden confirmed that progress had been made with draft terms of reference for the PMO having been produced which would be considered at the next meeting of the Joint Monitoring Committee (JMC).

Staff Governance

Pam Dudek recognised the Staff Governance element required significant development. Ms Fiona Hogg added there were a range of indicators being developed on a lead and lag basis to cover metrics relating to culture, health and safety and statutory and mandatory training.

With regard to sickness absence, Fiona Hogg recognised that NHS Highland was in an improved position which could have been attributed to absence due to Covid-19 being recorded in a different way than regular sickness. This was in response to an instruction from Scottish Government to understand the impact of Covid-19 on staff absence. The reported figures for Covid-19 related leave were below 5% with improvements since shielding staff returned to work and childcare implications were reduced with children returning to school. The priority was to focus on long term sickness and the increasing prevalence of mental health issues causing sickness absence.

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

7 The Culture Programme Update

Fiona Hogg highlighted progress with the Culture Programme priorities. An engagement exercise across the Board had taken place with 6 priorities having been identified as follows; values and behaviours, people process review, management and leadership skills development, roll-out of 'Civility Saves Lives' approach, understanding lessons learned with root-cause analysis, designing and delivering culture metrics. These priorities would be taken forward with colleagues across the organisation. Fiona Hogg confirmed the next meeting of the Culture Oversight Group would focus on developing plans for the workstreams and engagement.

The review of partnership working was ongoing. A workshop was to be arranged after which a report would be presented to the Board outlining the outcomes and plans for the future. The work would be aligned with the culture priorities and there would be a focus on ensuring partnership working was embedded in all aspects of work in NHS Highland.

Fiona Hogg went on to advise that metrics had been received from the Employee Assistance Programme (EAP) and The Guardian Service. The EAP had received 47 calls in the first 3 months of operation, 16 of which were from individuals seeking support. 274 accounts had been created to use the EAP online services. With regard to The Guardian Service, it was reported that 51 calls and 68 emails had been received since the service began. There had been 32 cases raised with 17 having been closed by the end of August.

Joanna MacDonald provided members with a brief update on the Culture Programme in Argyll & Bute. The main focus since the Argyll and Bute local survey results were released had been on improving culture. Frontline staff who had been impacted by bullying and harassment had volunteered to be a part of the Culture Group to effect change. The first meeting had been chaired by George Morrison, Deputy Chief Officer, and 30 members of staff were in attendance. Joanna MacDonald recognised there was still a lot of progress to be made but was encouraged by the work carried out so far. Staff in Argyll & Bute had also undertaken the 'Courageous Conversations' training, feedback from which was positive.

During the discussion, the following points were considered:

- All members of staff in a supervisory role required an understanding that concerns raised should be taken seriously and to ensure they understood and applied people processes consistently.
- A new portal was being launched for managers which would contain information and support for their role.
- Recognition that early intervention was vital and 'Courageous Conversation's training was hoped to enable managers to increase early intervention by allowing staff to speak up.
- Online training for 'Courageous Conversations' was expected to be developed by the end of October. Members highlighted the need to set aside time for all managers to complete the training.
- Staffside colleagues continued to hear of cases where members of staff were still experiencing concerning behaviour. Members recognised culture change was a long process and there was still work to be done. It was emphasised that progress in improving NHS Highland's culture depended on the engagement and commitment of all involved.
- The number of formal grievance cases reported had reduced. Fiona Hogg suggested this could be linked to initiatives such as the EAP and The Guardian Service. Increasing staff engagement with these initiatives could further reduce the number of formal cases.

The Chair recognised the effort of the Culture Programme. Pamela Dudek added that the work would continue to be a high priority as she took on the role of Chief Executive.

The Board **noted** the update.

Members took a short break at 11.30am. The meeting reconvened at 11.50am.

8 Board Assurance Framework

Paul Hawkins introduced the Board Assurance Framework which was produced to provide the Board with oversight of risks across the organisation and influence Board strategy. Governance Committees would be responsible for reviewing their own risks and associated mitigations. Boyd Peters went on to acknowledge the work of Mirian Morrison and Louise McInnes in producing the framework. The key principle was for the Board to have oversight of the greatest risks and be assured there was a robust framework of Risk Management throughout the organisation.

During discussion, the following points were considered:

- A review of recruitment processes had been completed and a workshop had been scheduled to discuss the recommendations contained within the report. A Workforce Programme Board was being set up and this would act as the governance forum for workforce planning and strategy.
- Risks associated with staffing and medications in relation to the EU Exit were being dealt with by individual workstreams. Local resilience partnerships were preparing for other risks. Plans which had previously been drawn up for EU Exit were noted to still be functional.

- Ms Ann Clark suggested an update on the eHealth position regarding remobilisation and associated risks would be beneficial. Pam Dudek confirmed eHealth were in a position that an update could be brought to the next meeting of the Board.
- Paul Hawkins recognised the potential for negotiations with Scottish Government to pilot technology for the future in NHS Highland due to the large landmass of the area.
- The Board Assurance Framework was a high level overview of the risks. More detail of each risk could be viewed in the individual risk registers for the operational units. These could be shared with the Board where necessary to provide assurance.
- Standard maintenance for NHS estate was for buildings to be replaced once over 30 years old. This was covered on the risk register and would also be covered as part of the clinical care strategy. A rolling programme for estates could be considered. Mr David Bedwell assured the Board estates were looking ahead and identifying estates requirements in both acute and community services.
- Discussions were required to look at investments in relation to the direction of community-led service in NHH. Certain services would always remain in hospitals and funding for these services would be separate.
- Alexander Anderson highlighted the need to keep sight of risks which were legal requirements and investment to continue to mitigate these risks. Boyd Peters confirmed these were on the risk register and it was understood that legal compliance was required.

The Board **approved** the Board Risk Assurance Framework and **noted** that each of the Governance Committees would be asked to review their risks and identify any additional risks that should be on their own governance risk register. It was also **noted** that review of the risks registers would be undertaken on a quarterly basis.

9 North Highland Health and Social Care Integration

(a) Joint Monitoring Committee Changes to Terms of Reference

The Board **agreed** to a proposal from The Highland Council to appoint the Chair of their Health, Social Care and Wellbeing Committee, rather than the Leader of the Council, as co-Chair of the Joint Monitoring Committee (JMC).

This constituted a change to the current Terms of Reference for the JMC and would also require to be agreed by The Highland Council. The Joint Monitoring Committee Terms of Reference would be updated accordingly.

(b) Highland Health and Social Care Committee revision to Terms of Reference

David Park advised the Board of proposed interim changes for the Highland Health and Social Care Committee Terms of Reference. Updates included changes to membership with notable additions from The Highland Council. David Park also drew attention to the proposal for the Committee to focus on integrated community health and social care and removal of oversight of acute services.

Ann Clark added that the Committee was still to look at the Integrated Performance Report and how this would be used. She recognised the importance of ensuring a continued close relationship between acute and community services.

The Board **approved** the proposed revised Highland Health and Social Care Committee Terms of Reference which would be considered at the next meeting of the Committee.

10 Stepping up Gold, Silver and Bronze Command

Dr Tim Allison provided members with an overview of the position of NHS Highland in relation to the coronavirus pandemic. Almost 600 confirmed positive cases of Covid-19 had been identified in NHH since the beginning of the pandemic, half of which had been identified since summer which could be due to increased testing. A small number of outbreaks were being seen in combination with a number of closely linked family cases. The rate of infection in Argyll & Bute was higher due to closer geographical links with Glasgow which had a higher population density. There was a potential vaccine in development but it was unclear when it was likely to be ready for use or what level of effectiveness it would have.

Pamela Dudek went on to provide members with an update on the Gold, Silver and Bronze Command structures. An increase in requirements for Covid-19 or winter-related operations had been identified which presented a number of competing demands requiring effective management. The Executive Director's Group (EDG) had taken the decision to step-up the Command structure with learning taken into account from the implementation earlier in 2020. Katherine Sutton was leading on the Silver Command with the option for Gold Command to be called when required. Daily huddles were continuing and provided an important route for identifying areas of challenge.

Ms Margaret Moss noted a feeling of anxiousness amongst staff regarding remobilisation and a potential second wave of Covid-19. Clarity was required on the structure to ensure staff understood expectations. Pam Dudek confirmed the Silver Bulletin which had been introduced previously would begin to be sent to staff again and this would disseminate the key messages coming from Silver Command meetings.

Ann Clark sought more information on the extent to which NHS Highland had engaged with the independent sector providers and partners for learning from the first wave of Covid-19. Pam Dudek recognised there was extensive internal understanding of lessons learned but there was a lack of understanding from partners. Further discussion on this could take place at the Community Planning meetings.

With regard to contact tracing in NHS Highland, Ann Clark sought an update on the number of staff identified to help with the effort. Tim Allison confirmed the original capacity was 10 members of staff with a surge capacity of 22 who could be available when necessary. The capacity was gradually increasing to the target of 25 and it was expected this would be reached within the next 10 working days. Members were advised NHS Highland had been asked to help with the contact tracing effort in other Health Board areas.

The Board **noted** the decision of EDG to step up Gold, Silver and Bronze Command.

11 Blueprint for Good Governance

The paper was presented to the Board to show progress against commitments contained in the original Blueprint for Good Governance action plan. Further progress was expected on the remaining outstanding actions over the next year. The Board vision and strategy was also expected soon.

Ms Ruth Daly confirmed a self-assessment exercise was expected to be completed in early 2021.

The Board **noted** progress against the Blueprint for Good Governance Action Plan.

12 Draft Code of Corporate Governance

Ruth Daly spoke to the circulated report and explained that the purpose was to contain all of the Board's internal control documents in one Code which would synchronise review periods. The document would be accessible on the NHS Highland website. The Standing Financial Instructions had been rationalised and a Financial Operating Procedures document was expected which would contain guidance for staff on operational financial matters. The Scheme of Delegation had been reviewed and an improved description of delegation of the Executive cohort and delegation from the Board through the Governance Committee structure was produced. The document would be presented to each Governance Committee for discussion and input before being presented to the Audit Committee in December. The final version was expected to be brought back to the Board in January 2021.

Dr Gaener Rodger clarified that the Clinical Governance Committee Terms of Reference contained within the paper was out of date. The Terms of Reference had been updated on 2 September and would be ratified by the Committee on 6 October.

The Chair requested that any comments or input be directed to Ruth Daly.

The Board **noted** that:

a) a composite Code of Corporate Governance has been created,

- b) Governance Committees will be invited to consider the draft throughout the next cycle of meetings, concluding with Audit Committee in December, and
c) the final version of the draft will be submitted to the Board in January 2021 for final ratification.

13 NHS Highland Board and Governance Committees Work Plans

Paul Hawkins confirmed Governance Committees were required to produce work plans for the remainder of the financial year. This was expected to clarify expectations of the Committee and provide Directors with an overview of the papers to come throughout the year. There was a degree of flexibility for items which would come up in month. Ruth Daly confirmed there would be a Board Development session in March 2021 which would focus on planning the work for the next financial year.

The following clarifications were made:

- The Clinical Governance Committee work plan had since been updated to include a quarterly review of the risk register and a bi-annual review of the SPSO.
- The Finance, Resource and Performance Committee would meet in December 2020 but the meeting would take place earlier than in previous months.

The Board **agreed** the Board and Committee Work plans for the remainder of the current financial year.

14 Board and Committee meetings timetable 2021

Ruth Daly confirmed the Finance, Resource and Performance Committee would begin at 2pm throughout the whole of 2021.

The Board **agreed** the Board and Committee meetings timetable for 2021.

15 Governance and other Committee Minutes for information

- a) Highland Health and Social Care Committee of 5 August 2020**
- b) Clinical Governance Committee of 25 August 2020**
- c) Finance, Resources and Performance Committee of 28 August 2020**
- d) Staff Governance Committee of 1 September 2020**
- e) Audit Committee of 8 September**

Mr Alasdair Christie confirmed a special meeting of the Audit Committee had been scheduled for November to follow up on outstanding audit actions.

f) Integration Joint Board:

- approved minutes of 29 January 2020
- approved minutes of 25 March 2020
- approved minutes of 27 May 2020
- draft minutes of 5 August 2020
- Verbal update meeting of 16 September 2020

Ms Sarah Compton-Bishop confirmed the new SLA with Greater Glasgow & Clyde had been positive for the IJB. There was positive progress being made for the CAHMS service. There had also been focus at the last meeting on progress with the culture programme and an integrated approach was being taken to this in Argyll & Bute.

g) Area Clinical Forum of 3 September 2020

The Board **noted** the Minutes from the Governance and other Committees.

16 Any Other Competent Business

The Chair confirmed formal communication had been received from Argyll & Bute Council to confirm Councillor Hardie had been nominated as the Council's Stakeholder representative on the Board. The nomination would now require approval from the Cabinet Secretary.

It was also confirmed that Argyll and Bute Council Leader, Councillor Currie, would be joining the IJB following the resignation of Councillor Morton.

The Chair took the opportunity to thank Paul Hawkins for his strong leadership of NHS Highland since joining in January 2020. Paul had led the Board adroitly through the challenges of the Covid pandemic and his experience and guidance had helped the Board to foresee issues before they manifested themselves. The Chair wished Paul well in his retirement from the NHS. Paul Hawkins responded by thanking the Chair for his comments and paying tribute to the improvements made by the Board throughout the year. He paid particular tribute and thanks to the support he had received from the Chair and Vice-Chair, particularly throughout the height of the pandemic. He concluded by thanking all managers, MSPs and MPs who had supported the organisation during his time.

17 Date of next meeting 23 November 2020

The meeting closed at 13.10pm