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 Virtual Meeting Format (Microsoft Teams)	**28 September 2021 – 9:30am**

Present	Prof Boyd Robertson, Board Chair Dr Tim Allison, Director of Public Health and Health Policy Mr Alex Anderson Mr Graham Bell Ms Jean Boardman Mr James Brander Mr Alasdair Christie Ms Ann Clark Ms Sarah Compton-Bishop Mr Albert Donald Ms Pamela Dudek, Chief Executive Mr David Garden, Director of Finance Mr Graham Hardie Mr Philip MacRae Ms Heidi May, Nurse Director Mr Gerard O'Brien Mr Adam Palmer Dr Boyd Peters, Medical Director Ms Susan Ringwood Dr Gaener Rodger
In Attendance	Mr David Bedwell, Programme Director, Estates, Facilities and Capital Planning Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership Mr Stephen Chase, Committee Administrator Ms Ruth Daly, Board Secretary Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB Mr Ruth Fry, Head of Communications and Engagement Ms Fiona Hogg, Director of Human Resources and Organisational Development Mr David Park, Interim Deputy Chief Executive Ms Catriona Sinclair, Community Pharmacist and Acting Chair of Area Pharmaceutical Committee Ms Katherine Sutton, Chief Officer, Acute Services Mr Alan Wilson, Director of Estates, Facilities and Capital Planning
Also in Attendance	Ms Catherine Gillies, Day Care Officer, Health and Social Care (Item 3) Ms Kay Ferrett, Healthcare Worker, Health and Social Care (Item 3) Ms Jackie Hodgson, Head of Registered Services, Health and Social Care (Item 3) Ms Ariane Jamieson, Team Leader, Health and Social Care (Item 3) Prof Sandra MacRury, University of the Highlands and Islands Ms Louise Quinn, Healthcare Support Worker, Health and Social Care (Item 3)

1 Welcome and Apologies for absence

Apologies for absence were received from Deirdre Mackay. Albert Donald had noted he would join the meeting late.

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.

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 to the agenda items 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 – Social Care Covid19 Response Team

The Chair welcomed staff from the Social Care Covid19 Response Team who have been deployed at all the outbreak sites to provide an account of their experiences throughout the pandemic.

Jackie Hodges provided an overview of how the team was established after a directive from Scottish Government in March 2020, and how it had provided 36,000 hours of mutual aid throughout the pandemic. Despite the uncertainties regarding the impact of the pandemic, the approach from the outset was to recruit according to values and to provide a supportive experience for the new team, albeit mainly navigated online. Mandatory training was quickly adapted to ensure that infection prevention control, adult support and protection and welfare practices were prioritised. Once the team were deployed there was a sense of responsibility and a degree of apprehension, despite the training provided and the support from within the team. Once a team member was deployed, a team lead would always be on call and there would be daily debriefs at the end of each shift.

Ariane Jamieson joined the team from the Mackenzie Centre, Louise Quinn, from 22 years work in NHS, Catherine Gillies with 30 years in care work, and Kay Ferrett with 7 years working in the NHS. Each noted how proud they were to be offered a key role, while also noting the element of fear for what the job entailed, and concerns about establishing a new team from a mix of people who didn't previously know each other. For many it was the first time working away for extended periods from family but the team quickly started to bond. Despite personal worries when staff could see how the infection had taken hold, there was a determination not to walk away. It was noted how it was particularly difficult to socially distance on returning home from shifts for fear of passing on infection. This was challenging for members of the team with family members who were shielding. Allied to this was the worry of needing to travel alone, often with intermittent phone signals.

A wide range of skills were required beyond care work, which included cleaning, washing and making food for staff, offering support for fatigued care home staff and managers, and family members of patients, the latter of whom could on occasion present aggressively. The team formed a strong supportive bond which was essential to enable them to cope with patients dying and to support those at the end of life. There was a strong desire to ensure patients would not feel alone, and that comfort could be offered in their final moments. The experience had been challenging and had given the team an immense sense of pride.

Each member of the team noted the essential support from Jackie and the managers in escalating and triangulating support, even when understaffed. Members of the team frequently took on extra shifts to assist colleagues and to undertake regular training, especially in infection control. Jackie Hodges thanked the wider Adult Social Care management team and Public Health for their extensive support and noted the recent welcome addition of two nurses to the team.

Board members expressed thanks and appreciation for such a vivid insight into the personal experience of staff on the front line during the pandemic.

Board members asked:

- what the team would have done differently given the chance. Jackie Hodges advised that there had been lots of learning involved over the past year with the team 'greeting not retreating' from mistakes as learning opportunities, but as team manager she felt that the regular quick debrief after incidents was often too soon for some because of the emotional costs involved.
- what the Board can do further to help the team. This would be given further consideration later.

The Chair and Chief Executive thanked the staff for their informative presentations and their hard work and professionalism in delivering person centred care. The Board paid tribute to the way the team had confronted and dealt with the challenges associated with the pandemic. The Chair concurred with the Board's response to the team's presentation that they had acted according to their calling and passion, had made significant personal sacrifices and were truly unsung heroes of the health service.

The Board formally expressed their sincere thanks to the team for their exceptional efforts during the pandemic and for their presentation to the meeting.

4 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes of the scheduled meeting held on 27 July 2021.

With regard to the Action Plan, it was **Noted** that:

- Highland Partnership Agreement will remain on the Plan as part of the National Care Service consultation.
- Committee membership review would be submitted to the November Board meeting.
- Consideration would be given on how to indicate changes to risks in iterations of the Board Risk Register report.
- Future development sessions would consider the Integrated Quality and Performance report and an update on Cancer Services.

It was also **Agreed** that target dates should be included against entries in future Action Plans, where possible.

5 Matters Arising

There were no matters arising.

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

Ms Pam Dudek provided an update on system pressures:

- System pressures were continuing with Covid 19 infections being only one element, even bearing in mind the recent surge in cases. Acute Hospitals are mostly affected but community hospitals and every part of the system was feeling the pressure with significant staffing challenges.
- A permanent advert for nursing staff was placed recently and HR is looking at ways to promote this effectively.
- Winter preparations were now underway and staff support in terms of resilience and wellbeing would be key to its success.
- The leadership team is monitoring everything closely to find resolutions to problems.

In discussion, the following matters were raised:

- Concern was expressed about the pressures on staff especially as winter is likely to exacerbate this situation. Heidi May acknowledged the work undertaken with unions and the development of a practical real-time staffing tool. She urged that huddles and other staff communication channels be maintained. Reduced walkabouts and visits during the first Covid 19 lockdown now needed to be reassessed to better listen to staff and take every opportunity to support and welcome ideas.
- It is thought too early to properly understand the current surge in general activity across the system, although the Executive was seeking to understand the reasons. People who may have not presented due to lockdown are now presenting with worsened conditions, potentially exacerbated through chronic ailments and frailties. However, it was known that the widening inequality gaps went beyond acute admissions. Increased incidence of mental health issues and poverty have presented further problems for the service.

- It was queried whether there were plans to address the impact of winter pressures on already fatigued staff and to address public concerns for the NHS to meet the challenges ahead. It was acknowledged that there would be a need to recognise how changes would impact on access, and to feed this into RMP4 which would focus on the next 6 months. Plans were in place in terms of resources, mitigation, and mobilising staff groups, however, this was a significant challenge.
- Attention was drawn to an article in the Herald newspaper regarding shortages of anaesthetists across Scotland. It was acknowledged that there were recruitment challenges across all medical specialisms but NHS Highland had successfully made recent appointments in this field.
- It was asked if there is capacity to extend the approach used to helpfully manage the expectations of cancer patients awaiting treatment to other areas. It was felt that communications with the public, both general and bespoke, were crucial.

The Board **noted** the position.

7 Covid19 Update

Dr Tim Allison provided a verbal update on the current position highlighting the following points:

- The dedication of staff across public, voluntary and private sectors was noted, as was the way in which the pandemic has impacted on individual lives, each with their own story.
- Covid19 is not going away, however there is hope that the country will emerge from pandemic status in a few months.
- The case numbers for the last few weeks show a fall but are salutary when compared to the figures for this time last year. There had been 18,000 cases across NHS Highland since the start of the pandemic with half of this number since late July 2021. The rise in numbers is partly due to increased testing, but cases are now more widespread among older teens, those in their 20s, in schools and in some older groups.
- There have been some care home outbreaks and Covid19 is still a threat for the whole population and it is necessary to remain conscious of the potential for surges.
- Scottish Fire and Rescue have been assisting the programme working with isolated communities.
- Vaccination rates were good with 95% of those 18 or older having received one dose, and 89% having received two doses. This is 3% better than the average across Scotland.
- Immunity to other diseases is most likely down with Influenza and RSV (prevalent in young children) being areas of concern this winter.

During discussion:
- It was confirmed that Long Covid19 presented a variety of severe and mild effects requiring differing responses from primary and secondary care.
- In terms of day to day hospital practice beyond the pandemic, it was noted that the main learning outcome is the importance of general infection control and that this may have changed attitudes to dealing with any kind of outbreak. The Clinical and Operational leads for Argyll and Bute and Highland are working on setting up some dedicated services to address Long Covid19 but a blended approach is currently considered the most effective as the logistics are difficult when the results are so varied case by case.
- Health inequalities have been exacerbated by the pandemic.

The Board **noted** the update.

Members took a short break at 11.00am. The meeting reconvened at 11.15am.

8 Integrated Performance and Quality Report

Mr David Park introduced the report, noting that the Board delegates responsibility to its Sub-Committees for primary governance and review. He noted that not all national benchmarking was currently available. System pressures had been a significant factor in meeting remobilisation targets. It had been assumed that, by now, greater recovery from the pandemic might have been anticipated but this was not the case. Constant adaptation of plans and services was still required in evolving circumstances.

Performance:
Ms Katherine Sutton highlighted current performance in relation to referrals for outpatients, referrals for cancer and activity in terms of TTG. She confirmed that ED responses were struggling more than normal largely due to new flows put in place to manage Covid19. Close collaboration between the Chief Officers for Acute and Community services was underway to increase bed capacity due to higher than expected emergency admissions during May to June.

The new Outpatients Plan was being delivered well with the most significant challenges being experienced in Argyll and Bute. In this regard conversations were ongoing with Scottish Government and there was close collaboration with colleagues in Argyll and Bute and NHS Greater Glasgow and Clyde to increase capacity in this area.

Mr Alex Anderson, Chair of the Finance, Performance and Resources Committee, welcomed the update and reiterated the good work that the teams were doing. It was acknowledged that there were issues with numbers accessing ED. However, it was pleasing to note that there were improvements in the processes for cancer services.

Clinical Governance:
Dr Boyd Peters highlighted that the IPQR was used as an active part of the Clinical Governance Committee's assurance to the Board and confirmed that the contents of it would continue to be revised over the coming months.

He commented that an Internal Audit report was currently awaited on Adverse Events (to include a formal report and action plan), and work was ongoing to understand trends beyond the numbers. He also noted with regard to complaints against the 20-working day standard, that progress was still behind target with the reasons being complex and relating to the impact of Covid19.

Ms Heidi May confirmed in terms of infection control that the organisation was on track to meet the national targets for SAB. However, this was not the case for Clostridium Difficile and it was likely that the target would not be met by March 2022. The position has improved but remains enormously challenging. Acute occupied bed data is used to calculate these conditions, and due to Covid19 the data had reduced in line with the number of available beds. All Boards were in discussion with Government around this.

Ms Gaener Rodger, Chair of the Clinical Governance Committee, noted that the committee was considering a range of measures nominated for inclusion in the IPQR, and the measures overseen by the Committee would, therefore, likely change over the next few months.

Staff Governance
Ms Fiona Hogg highlighted that the indicators relating to sickness and staff turnover were consistently reported on and that other indicators would be included in the report over time.

Sickness absence had continued to rise but was tracking below the national average. Covid19 absences were a little higher (direct absence and through support for children). Days lost to mental health related absence over the last 3 full years was sitting at 9.1% of overall sickness rates up until the end of the last full year and at 8.4% until the end of June 2021. It was recognised that Covid19 could be a key factor. The wellbeing work stream would be starting in October and she highlighted the current support provisions available for staff. A psychologist has been recruited with Scottish Government funding to complement existing services.

Turnover has been higher during lockdown and focus was being directed to key areas to support. As part of the Recruitment and Retention Strategy, 18 newly qualified nurses have been recruited and an

'Always on' nursing recruitment advert has been posted which will be rolled out to other key recruitment areas.

Ms Sarah Compton-Bishop, Chair of the Staff Governance Committee, added that data on mental health-related absences will be key in implementing the Wellbeing work stream and that the Medical Education team gave a well-received presentation at the most recent meeting of the committee on the work they have been doing in hospitals to address staff wellbeing.

Finance

Mr Dave Garden provided an update on the figures included in the report with headlines for month 5. There were still uncertainties around funding but overspend had increased at month 5 to £19.2m. This included a particularly notable increase in spending within acute services. It was assumed that under delivery of £11.9m savings would not be funded by Scottish Government and further guidance was awaited on the national impact of this. Expenditure had been incurred as part of our remobilisation plan but confirmation of funding had not yet been received. A clearer picture was expected after quarter 2 returns.

The £19.2m overspend was split into two main tranches: £8m of pressures on the system and £11m of undelivered savings. £36.7m Covid19 funding had been assumed. The biggest areas of spend were £9m in the Vaccination programmes and £7m for contact tracing. Funding had been assumed for the pay uplift, however there was still not full certainty from Government yet. The main overspend area was within Acute Services with a £6.4m overspend forecast (split £4m Raigmore and £2.3m RGH).

Major capital programmes were underway with the National Treatment Centre and the Badenoch & Strathspey, and Skye hospitals with a spend of £14m between them. NHS Highland is forecasting breakeven on capital.

Mr Alex Anderson, Chair of the Finance, Performance and Resources Committee, welcomed the efforts of the Finance, PMO and Estates teams. It was unlikely that our savings targets would be met despite the significant efforts being made by all concerned.

In discussion, the following issues were raised:

- It was confirmed that the chaplaincy service was accessible for all.
- The 31 day cancer performance was welcomed, and it was confirmed that the 62day target had been achieved for August at 85.3%.
- Regarding adverse events, it was confirmed that over the reporting period there had been a surge in hospital activity as services opened up due in part to the dropping of most social measures. Longer term figures would be necessary to establish trends and the findings for 3 months are complex and depend on reporting. There is a need for constant monitoring as the system is subject to many variables, however it is unusual for serious events to slip through the net. Quality and Patient Safety groups scrutinised adverse events and promoted learning and improvements.
- It was confirmed that discussions with Government were ongoing regarding the challenges of achieving savings targets.
- The quality of responses to complaints is as important as the time taken to complete a response and, therefore, it is difficult to balance high targets against the need to provide a satisfactory response, and one which does not place staff under undue pressure. The Scottish Public Services Ombudsman would review complaints at appeal.
- Adult Social Care costs in north Highland were underwritten by Scottish Government funding this year, leaving a savings challenge of £3m. Next year would be very challenging as the funding support is non-recurrent and could leave a funding gap of £12-13m. As yet, there were no conclusions from discussions with Highland Council regarding how this would be addressed for next year.
- The resource impact of responding to Freedom of Information requests and Subject Access Requests had not been quantified. Further information on this would be provided.
- Robotic Surgery is going very well and has received positive reports from patients.
- The link between investment and performance was very clear as had been evidenced in the urology centre, and the additional endoscopy room.

Having discussed the information presented and considered the implications in terms of performance, the Board **Noted** the contents of the report and that:

(a) the format and content of the report was under review to meet the needs of the organisation.

(b) updates with regard to RMP4 would be included as well as other key areas of the organisation such as public health in the future.

9 The Culture Programme Update

Ms Fiona Hogg spoke to the circulated report and noted that good progress was being made with a trend moving towards green levels of assurance.

- 90 colleagues had signed up to the Leadership and Management Development Programme
- 'Shared Values' sessions would begin in October
- A report would be brought to the Board's November meeting on the Listening and Learning and the iMatter survey results which would be considered in parallel.
- The Wellbeing Strategic work stream for the next 6 months is underway.
- Prof. Gerald Hickson (Vanderbilt University Medical Center) has provided advice on the implementation of the 'Civility Saves Lives' programme with the assistance of Helen Freeman, the workstream lead.
- A shared vision, values and sense of purposes was at the heart of good working experiences.

Discussion ensued on the Leadership and Management Programme with the following areas having been raised:

- It would be useful to be able to track who was participating in the Programme and consider how to capture those who had not taken part and who viewed it only as something for newer staff. Phase 1 to 3 is self-nominating with the level 4 cohort nominated by senior management.
- It was confirmed that the opportunity for formal accreditation of the Programme through the University of the Highlands and Islands would be explored.
- It was asked if the Programme will be part of mandatory training. Long term, it is thought it will form a part of mandatory training.
- It was confirmed that the current executive cohort would participate in the Programme.

The Chair suggested a citizens' panel approach to our Listening and Learning survey and emphasised the need for good measurement of the progress of our culture work.

Having examined and considered the implications of the updated Culture Programme dashboard, the Board **noted** the update.

10 Update on Healing Process

Ms Fiona Hogg introduced the circulated report and confirmed the following:

- 177 participants had so far completed the process and 116 were still being worked through.
- Apologies have been provided to 85 people to date, with 35 cases deemed not appropriate by the panel.
- Two organisational learning reports had so far been presented to the Board and it was expected that a third report would be presented to the November Board meeting.
- Panels are currently scheduled to complete by the end of March 2022 with a full report to follow in June 2022.
- Costs and payments during the last financial year funded by Scottish Government had been included in the Annual Accounts statement for 2020-21. The latest position on payments and costs was reflected in the circulated report.

In discussion, Board members welcomed the update and raised the following matters:

- It was noted that participant feedback was captured in the first organisational learning report and will feature in the final report (with a summary in the November report to the Board).

- The Chief Executive commented on having had the privilege of writing apologies which has provided a better understanding for making a more open and transparent leadership example. The majority of direct feedback is positive but some participants felt that the process had not helped which was disappointing. It was necessary to recognise this as it provided sense checking value.
- Meetings have taken place to discuss the Information Asset Register arising from Internal Audit recommendations with regard to confidentiality and storing of sensitive information.

Having examined and considered the implications of the Healing Process update report, the Board **Noted** the position.

11 Quarterly Whistleblowing Standards Report

Ms Fiona Hogg spoke to the first quarterly report and the information contained within.
- The national standards applied across NHS in Scotland from 1 April 2021. The first quarterly report did not have any comparison data but future reports would be able to provide commentary on trends and outcomes.
- Nine individuals had raised concerns but not all of the concerns fell within the definition of whistleblowing. However, it was considered a good start to the process. Each potential case is overseen by the Director of People and Culture and is documented and shared where relevant. Two whistleblowing cases had been managed during the last quarter and were still ongoing so details could not yet be shared.
- Actions are being taken to make staff aware of Health and Safety contacts as this is an area of overlap in terms of staff concern and Turas Learn will be used to assist with propagating and embedding the message and to assist with signposting.
- A report will go to the Audit Committee in December in relation to the implementation of the Whistleblowing Standards and a report had also gone to the Argyll and Bute IJB.

Mr A Donald, Whistleblowing Champion, gave an overview of his involvement in the Whistleblowing Standards, noting that his role is to give oversight, governance and assurance. He noted that he was keen to highlight the connection to the Culture Programme agenda and patient safety. This is the first report on this work to the Board but work started a long time ago. He also noted that not all elements of the Standards were in place but work was progressing towards complete implementation and commended all involved. He noted that the Standards imposed challenging timescales and urged that, when they could not be met, the individuals concerned should be kept updated.

Ms Hogg thanked Mr Donald for his support, especially for his outreach work with staff and media. During discussion the following issues were raised:
- It was unclear how case findings, from both Whistleblowing cases and those that don't fall within the definition, generate learning and feed into the governance system. It was noted that there are a number of different routes through committees for the outcomes of these cases. Mr Donald noted also that part of his role is to ensure steps are taken to implement and sustain learning.
- The Guardian Service is an important facility for directing issues raised and provides a dedicated resource capturing data which feeds into the Culture Programme action tracker for organisational level actions.
- It was noted that getting people to come forward in spite of cases not necessarily being assessed as whistleblowing will be an area to manage carefully in terms of communications and addressing different kinds of concern.

Having examined the first quarterly Whistleblowing Standards report, the Board **Noted** the progress.

12a Risk Appetite and Risk Tolerance

Dr Boyd Peters introduced the circulated report and the information contained within.
- He noted that it has been a journey to improve standardised processes and an Executive Team development session was held to look at recommendations from Internal Audit relating to work implemented at NHS Lanarkshire.
- Several more steps will be explored in a development session with Board members to explore risk appetite.

In discussion,

- It was noted that the paper was a good start, and currently showed more risk tolerance than appetite. A medium to longer term goal would be to understand how the risk tolerance and appetite would be applied to the risk register on an ongoing basis. The challenges of finding a commonality of understanding of approach were noted; the Lanarkshire model was considered a useful, simple model to identify areas of risk and processes to address it.
- Governance Committees may have their individual approaches, however a degree of consistency would be helpful to ensure better ownership and to drill up and down different risk registers. It was acknowledged that there would be a need to reach a common understanding both within the Board and throughout the organisation.
- A concern was noted by the Audit Committee with regard to the vacant Risk Manager post. In response, an update on the recruitment process to fill the vacancy was provided as well as commentary on where this post should sit within the organisation.
- It was suggested that understanding what actions are required, the likelihood of impact and an appropriate timescale of actions to mitigate to tolerance level are key factors.

The Board **noted** the update, that the next steps would include a Board Development session and **agreed** the proposal for the revision to risk appetite and tolerance as set out in the report.

12b Strategic Risk Register

Dr Boyd Peters introduced the circulated report and the information contained within. The report author, Mirian Morrison, has met with those who hold risks over the last couple of months and additional actions will be incorporated into the next iteration of the register.

In discussion, the following matters were noted:

- The Staff Governance Committee have trialled a template at their September meeting to focus on strategic risks, identifying actions and further actions. The next Committee meeting in November would seek to gain assurance on operational risks at local level, for example, mandatory training.
- The Clinical Governance Committee had asked that Risk 662 (Clinical Strategy and Redesign) be reviewed. Item 14 on the Board agenda (Development of NHS Highland Strategy) referred and would link to Risk 662.
- It was queried whether the development of the National Care Service should be included in future strategic risk registers. It was confirmed that the consequences and opportunities associated with this should be considered at a future development session. Further consideration would be given to this.

The Board **noted** the update.

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

14 NHS Highland Strategy Development

Ms Lorraine Cowie gave a presentation speaking to the circulated report and highlighted the 15 strategic imperatives of the one-year breakthrough strategy. It was emphasised that a culture of ownership of the appraisal process needs to be embedded with success meaning care value, communication and engagement at all levels translating, action, performance, balance, and commitment into how this applies to each member of staff.

In discussion, the following points were raised:

- The ambition of the plans was noted and was encouraging, and the collaborative approach was deemed relatable and useful.
- A strategy for engaging the wider partnership was suggested, learning from independent and private partners and the third sector.

- It was noted that there were opportunities for collaboration with the academic sector, University of the Highlands and Islands in particular, especially in terms of evaluation of qualitative research, workforce development, work with the Faculty of Health, and issues of sustainability and achieving carbon zero, and that now is an ideal time for exploring collaboration. It was noted that partnerships are currently being mapped.
- It was asked how best to involve the general population, including 'well people', children and young people in this work, noting the challenge of the mixed urban and remote and rural geography. It was answered that mapping of vulnerable groups from Covid19 had presented useful data but that engagement was currently working well through social media, and Scottish Youth Parliament.
- The Employee Director noted the challenges especially in terms of time available to staff adding that staff side are keen to be involved through the workforce strategy group.
- It was commented that NHS Highland has not had such a multi-year strategy before (Grampian and Lanarkshire were noted as examples from which to learn).
- The plans are not static but dynamic and live layered. Health and Social Care have work underway with regard to the strategy.
- It was asked if the NHS Highland website could be modernised in conjunction with the launch of the engagement work. Ms Ruth Fry noted that consultation work is underway before tendering.

The Board:

1. **Approved** the development of the strategic plan focussing on active engagement and listening across our population, people and partners to ensure a shared strategic intent is developed
2. **Endorsed** the high-level approach being taken in the action section to develop the strategic plan
3. **Agreed** the expectations of the Board to engage and receive monthly updates on progress with the final draft plan being presented at the April Board meeting
4. **Noted** that engagement from senior leaders/EDG/board members to promote the strategy and the importance of active engagement/time to engage with the process will be key to its success
5. **Acknowledged** the current risks and that a more substantial risk register will be developed as we progress through the strategy development

15 National Care Service Consultation

Ms Louise Bussell provided a brief introduction to the circulated report and invited questions from the Board.

The Board **noted** the approach being taken in providing a response to this consultation..

16 Preparing for Winter Influenza: Immunisation

Dr Tim Allison spoke to the paper and noted that many of the issues discussed in the Covid19 update (item 7 refers) apply here too due to the overlap in planning.

- Nationally and locally it has been thought sensible that there be some merging of Covid19 and Influenza planning process.
- In terms of the vaccination process there are risks with flu this winter partly because of mitigation around Covid19, and therefore it is important to maximise immunisation with the widened cohorts. The paper set out a pragmatic model in terms of resources and with consciousness of staff capacity, therefore the plans involve a mixed model of primary care and Board delivery. This is a large task with consultation and preparation for further vaccinations through to tranche 3 (which is outwith the present paper).

The following matters were discussed:

- It was noted that a Local Enhanced Service (LES) nuance to the national programme (Direct Enhanced Service) for Highland and Argyll and Bute is in operation, partly to account for geographical reach. However, tranche 3 will have to address issues concerning the GP contract.
- It was asked what stage NHS Highland is at with regard to recruitment to support the mixed model. Precise figures were not available for the meeting but confidence was expressed that the balance is right with planning based on a realistic appreciation of staff challenges.

- With reference to the matter of parental permission for Covid19 and Flu vaccinations being communicated by NHS Highland, it was noted that this is a local programme and is becoming more bespoke due to the complicated nature of working with schools. Circumstances will vary for most young people with a mixture of school-based and drop-in vaccination.
- Encouragement for NHSH staff uptake is underway.

The Board **approved** the high-level plan for delivering the expanded Flu and COVID19 -booster campaign this autumn and winter.

17 Board Assurance Framework

Ms Ruth Daly spoke to the circulated report which sought to implement the findings of a recent internal audit review into the Board's Assurance Framework, and proposed improvements to the way the Board and its Committees receive and assess assurance. The report proposed:

- an improvement plan associated with the Internal Audit report
- introduction of a 'standard level of assurance' for Board and Committee reporting on the basis of significant, moderate, limited or no assurance.
- revisions to the report template to incorporate the standard level of assurance as well as reference to strategic objectives and a clear assessment of risks.

An incremental approach was proposed with Staff Governance Committee piloting the new system with a view embedding it into other Committees and the Board by the beginning of the next financial year.

In discussion,
- It was suggested that the actions from the item be included on the agenda for the Board's meeting in November so that progress can be reviewed, and left as a standard item until the Board is content that the pilot has worked effectively.
- It was suggested that actions associated with making strategic objectives timebound and measurable, and for performance reporting to be linked to strategic objectives should also be extended to RMP4.

The Board **noted** the improvement actions identified by internal audit and **agreed**:
a) the Improvement Plan associated with the BAF internal audit review and the Board's self-assessment exercise carried out in June 2021,
b) to adopt a 'level of assurance' model for reporting to Board and Committees as described in the report, and
c) to implement the proposed revised SBAR format, with a review to be included in the Board and Committee self-assessments scheduled for January/February 2022
d) the Improvement Plan be included on the agenda for the Board's meeting in November so that progress can be reviewed, and left as a standard item until the Board is content that the pilot has worked effectively.

18 Blueprint for Good Governance – Action plan

Ms Ruth Daly introduced to the circulated report and noted that,
- 14 actions were proposed in 2019 and good progress has been made with the improvement plan.
- The Blueprint Action Plan has increased Board effectiveness and has been supplemented by a local governance review which took place in 2020, and this year's Committee Self-Assessment Exercise.
- The Internal Audit review on the Board Assurance Framework recommends establishing an independent assessment of the Board's system of governance.

The Chair commented that there are likely to be substantial changes made to the Blueprint which are likely to be approved by the end of the year. This means that the document is likely to be received by early 2022.

The Board:
a) **Approved** progress made against the Action Plan commitments, and

b) **Agreed** to commission an independent review of its governance arrangements in 2022, noting that a further self-assessment exercise will be undertaken by the Board and Committees during early 2022.

19 Board and Committee meetings timetable 2022

Ms Ruth Daly introduced the timetable, noting that the year planner does not currently include committee development sessions. The full suite of meetings will be circulated once they are ready.

- The Chair advised that further consideration would be given before the end of the year to the format of development sessions usually scheduled on the day prior to Board meeting.
- It was noted that the Argyll and Bute IJB are yet to agree their meeting dates and confirmation was offered that discussions were underway to ensure the scheduling of the meetings avoided conflicts.
- G Hardie commented on the usefulness of the development sessions and the Chair confirmed that bi-monthly strategy meetings will still continue where topics will be considered in more depth.

The Board **agreed** the proposed dates for 2022.

20 Governance and other Committee Assurance Reports

(a) Finance, Resources and Performance Committee, 26 August 2021
(b) Highland Health and Social Care Committee, 1 September 2021
(c) Clinical Governance Committee, 2 September 2021
(d) Area Clinical Forum, 2 September 2021
(e) Audit Committee, 7 September 2021

The Committee Chair drew attention to item 10, Management Follow Up Report of Outstanding Actions, and encouraged sponsors to close off these actions by the next meeting of the Audit Committee.

(f) Staff Governance Committee, 8 September 2021

The Committee Chair noted the presentations at the meeting on medical education and the work in Acute Services. The committee would also look at how to use data for Staff Wellbeing in terms of mental health absence statistics and the on-going work on statutory mandatory training.

(g) Argyll and Bute Integration Joint Board, 15 September

The IJB had considered the Culture updates to establish how this work was being enacted locally.

The Board **confirmed** that adequate assurance had been provided from the Board governance committees, and **noted** the minutes and agreed actions.

21 Other Competent Business

The Chair wished Professor Sandra MacRury well on her retirement and thanked her for her contributions in effecting much collaborative work between the University of the Highlands and Islands and NHS Highland.

The Chair noted with regret that Margaret Moss has had to step down early from chairing the Area Clinical Forum due to ill health and asked acting chair Catriona Sinclair to convey the Board's best wishes to her, remarking on her substantial contribution to the Board's work.

The Chair thanked Adam Palmer on behalf of the Board for his work as Employee Director over the past eight years, having seen many changes within the Board. Adam will move to a project role as part of the Culture Programme and his continued input to the work of NHS Highland is welcomed.

22 Date of next meeting - 30 November 2021
The meeting closed at 3.30pm