

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	28 July 2020 – 9:30am	

Present

Prof Boyd Robertson, Board Chair, VC
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, VC
Ms Jean Boardman, VC
Mr James Brander, VC
Mr Alasdair Christie, VC (until 11am)
Ms Ann Clark, (In the Chair for the meeting)
Ms Sarah Compton-Bishop, VC
Mr Albert Donald, VC
Mr David Garden, Director of Finance
Mr Paul Hawkins, Chief Executive
Ms Deirdre MacKay (VC)
Mr Philip MacRae, VC
Ms Heidi May, Nurse Director
Ms Margaret Moss
Mr Adam Palmer
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, VC

In Attendance

Mr David Bedwell, Interim Director of Estates, Facilities and Capital Planning
Ms Ruth Daly, Board Secretary
Ms Pamela Dudek, Interim Deputy Chief Executive,
Ms Fiona Hogg, Director of Human Resources and Organisational Development
Ms Tracey Ligema, Head of Community Services
Ms Joanna MacDonald, Chief Officer, Argyll & Bute
Ms Emma Pritchard, External Culture Advisor (Item 10 only)
Ms Katherine Sutton, Chief, (Acute Services)
Ms Anna McNally, Board Services Assistant

Also in Attendance

Prof Sandra MacRury, University of the Highlands and Islands

Preliminaries

- Due to technical restrictions, Boyd Robertson asked Ann Clark to chair the meeting as she was present in the room.
- Boyd Robertson welcomed Tim Allison, Director of Public Health and Public Policy to NHS Highland and thanked Dr Ken Oates for his contribution as Interim Director of Public Health during the pandemic.
- Boyd Robertson congratulated Katherine Sutton on her appointment as Chief Officer of Acute Services.

1 Apologies

There were none.

2 Declarations of Conflict of Interest

Mr Alasdair Christie wished to record 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.

3 Minute of Meeting of 23 June 2020 and Action Plan

The Board **approved** the Minutes of 23 June 2020 subject to an amendment to the attendance register to show that Margaret Moss was present in the room rather than participating through VC.

4 Matters Arising

There were none.

It was agreed to take Audit Minute of 17 June 2020 at this point of the meeting as Mr Christie would leave the meeting early.

11a Audit Committee 17 June 2020

Alasdair Christie advised the outcome of the Internal Audit Review on Business Continuity Planning had been discharged to the Finance, Resources and Performance Committee for routine oversight and an update would be provided in due course.

At this point, the meeting returned to the agenda running order.

5 Chief Executive's Update Paul Hawkins, Chief Executive

It was confirmed the capital funding for the Elective Care Centre had been agreed with the Scottish Government and construction was due to commence shortly.

Mr Hawkins advised Alan Wilson had been appointed as Director of Estates, Facilities and Capital Planning but the start date was yet to be confirmed.

The Board **noted** the update.

6 Finance Update Mr David Garden, Director of Finance

David Garden provided an overview of the circulated report regarding the financial position at Month 3. The position at Month 3 indicated an overspend of £12.2m against the budget and this comprised of £10m of expenditure due to COVID-19 and £3m of slippage in savings from the cost improvement programme. The slippage in savings was due to the temporary pause of the programme to enable mobilisation for the pandemic. To date, £4m of COVID-19 funding had been received as pass through monies for The Highland Council for Adult Social Care. Operationally, the units reported an underspend against their budgets but this had been offset against the £12m overspend.

The target for the cost improvement programme for 2020/21 was a recurrent savings target of £24m and a non-recurrent savings target of £4.7m. The savings target for the Project Management Office in the first quarter of the year was £4.1m and to date £0.8m of savings had been delivered resulting in an adverse movement of £3.3m. It was anticipated a portion of the slippage would be recovered. At the most recent meeting of the Financial Recovery Board, it was confirmed the value of the risk adjusted pipeline had increased to £7.7m, which represented an improvement of £2m in two weeks. The non-recurrent savings were yet to be identified. A full report outlining the cost improvement programme would be presented at the meeting of the Finance, Resources and Performance Committee. It was confirmed contingency plans were in place in the event of a second wave of the virus to avoid another pausing of the programme.

David Garden highlighted several areas of financial uncertainty. The level of funding the Board would receive for COVID-19 was yet to be confirmed and the remobilisation plan was yet to be costed. In August, all health boards would be required to submit a financial return to the Scottish Government outlining expenditure in quarter one and, following consolidation, the first allocation of funding would be confirmed. To ensure a consistent approach to the financial returns, government guidance had been issued and regional peer review panels had been established.

There was continued uncertainty regarding the financial framework of the Lead Agency Model with The Highland Council and the Service Level Agreement with NHS Greater Glasgow and Clyde for services used by patients in Argyll and Bute. With regards to the Lead Agency Model, a small group had been established between NHS Highland and The Highland Council to examine adult social care with the intention of generating efficiencies. In relation to the SLA with NHS GG&C, discussions had been paused due to the pandemic and would recommence when appropriate. It was confirmed that, during the pandemic, patients from Argyll and Bute were not seen by NHS GG&C as services had been suspended and the Scottish Government had been involved in examining potential funding solutions. Ms MacDonald highlighted that the funding element of the SLA for the previous two years was still to be resolved.

In response to questions regarding the future resourcing of the Project Management Office, it was confirmed Mark Wilde, Scottish Government Strategic Advisor had left NHS Highland but Adrian Ennis would remain as Director of PMO for the foreseeable future. While Mark Wilde was in post, the strategy workstream was embedded and NHS Highland was in a strong position to build on the work already initiated.

Katherine Sutton advised funding of £1.3m had been received from the Scottish Government for the Endoscopy Department at Raigmore Hospital to improve the performance of the department. The funding would be used to bring a Vanguard unit onto the site. Moreover, further funding had been received from the Scottish Government to increase MRI capacity at Raigmore Hospital.

Following discussion, the Board:

- **Considered** the financial position of the Board to Month 3 noting the overspend within the revenue budget of £12.261m.
- **Noted** the continued expectation of the need for £8.800m of financial brokerage.
- **Noted** the financial risks associated with the Covid-19 Mobilisation response and cost of Remobilisation.
- **Noted** the capital spend level at the end of Month 3 of £2.819m.

7 Annual Operating Plan Performance Report Report by Pam Dudek, Deputy Chief Executive

Pam Dudek advised the circulated report was based on the May data at which time COVID-19 was at its peak in the Highland area and this had been reflected in the data.

In relation to cancer waiting times, performance had improved slightly through the period and this was primarily due to prioritisation of the most urgent cases, the reduced volume of referrals and the suspension of the screening programme. In relation to the 18 week waiting list target, the position had deteriorated due to the suspension of all non-urgent treatment during the period. Going forward, there would be challenges in meeting the targets for new outpatients appointments and the Treatment Time Guarantee target because of reduced capacity due to social distancing but urgent cases would be prioritised. Discussions were ongoing with the Scottish Government regarding increasing capacity and tackling the longest waits on the waiting list. Clinicians regularly reviewed the waiting list and patients were contacted to discuss their care. The Royal Colleges had provided guidelines to assist the clinical prioritisation of cases.

During the pandemic, there had been a significant increase in the number of virtual and telephone consultations and it was intended to retain this method of service delivery in the future because of the continued reduced capacity for face to face appointments due to social distancing. Guidelines were in development to establish what types of appointments required a face-to-face appointment.

In response to questions raised by Adam Palmer, Fiona Hogg confirmed the Workforce Board was to provide a cross-organisation view of the operational workforce and would oversee the longer priorities. Furthermore, the future of the Workforce Resource Centre, set up at the beginning of the Covid19 pandemic, was under consideration as it proved successful in flexibly deploying staff when needed.

With regard to Argyll and Bute, Joanna MacDonald advised a number of tertiary services were provided by NHS Greater Glasgow and Clyde whose remobilisation plans were slightly different to those of NHS Highland. It was confirmed that cancer treatment and testing had remobilised and work was ongoing to restart the chronic pain clinics. Within Argyll and Bute, there was specific focus around smoking cessation and alcohol brief interventions in the period post-lockdown. In relation to delayed discharges, the number of patients remained very low and this was due to maintained hospital flow.

Ms MacDonald drew attention to the maternity pathway from the Argyll and Bute Islands to Glasgow. During the pandemic, however, a number of mothers had opted to give birth at Campbeltown Hospital which had proved very successful.

In response to concerns by Adam Palmer regarding the increasing waiting times for access to psychological therapies, Pam Dudek confirmed this formed part of the remobilisation plan and there were discussions about the provision of mental health services for both young people and adults and opportunities for improvements.

In relation to waiting times for psychological therapies in North Highland, Tracey Ligema advised there had been a significant increase in the number of referrals but fewer numbers of patients had been seen during the lockdown period. During lockdown there had been a reduction of older adults referred to mental health services but referrals had now returned to normal levels. Moreover, following lockdown there had been an increase in referrals to the adult learning support services. Work was required on the data recording method to ensure accuracy and a review of the methodology was underway.

In response to concerns raised by Alexander Anderson regarding the challenges to meet the targets in a COVID-19 environment, Paul Hawkins suggested that remobilisation plans would influence how services could be framed henceforth and could also influence the future targets which would apply. Within NHS Highland, performance would be measured against the remobilisation plan and the national targets.

The Board **noted** the update.

8 NHSH Senior Leadership and Management Structure **Pamela Dudek, Deputy Chief Executive**

Pam Dudek provided an overview of the circulated paper outlining the proposed Senior Leadership and Management structure. The purpose of the revised management structure was to capitalise on the whole system approach adopted during the pandemic. The document set out the roles and responsibilities of each layer of the system and the relationship between senior management, staffside, clinical colleagues and the professional advisory committees. In drafting the structure, there had been extensive engagement with staffside and the Area Clinical Forum.

During the discussion, the following points were considered:

- Margaret Moss advised there had been good engagement regarding the remobilisation and a further session with the ACF had been arranged and highlighted the need to clarify the relationship between the Clinical Expert Group, and other professional advisory committees such as the Area Drug and Therapeutics Committee and the NMAHP Leadership Group.
- Adam Palmer requested staffside representation on the groups outlined in the structure where appropriate.
- A piece of work regarding business continuity planning and compliance against the civil contingencies standards was underway. This workstream would be reported through SLT in the first instance and then to EDG.
- Sharon Hammell was investigating the range of tools available to collect feedback on patient experience.
- In relation to staff redeployment, a more planned approach was required to understand staff supply and demand across the organisation.

- It was confirmed there was an organisational change policy and it would be reviewed by the Organisational Change Oversight Group.

There was a discussion regarding the relationship between NHS Highland and third parties, in particular the University of the Highlands and Islands to develop training and apprentice posts. At this point, Heidi May recorded that she was a member of the Court of UHI and would remain in the room but would leave if discussion led to a conflict of interest. Fiona Hogg advised work was required to understand how the relationship with UHI could be used to assist with long-range planning for the workforce strategy.

The Board **noted** the update.

9 The Culture Programme Update
Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer

Fiona Hogg highlighted the proposed changes to the Culture Programme Board outlined in the report which were expected to take effect from September. The membership of the group would be limited to include representatives for the four operational culture groups and the workstreams along with a few key stakeholders. It would have oversight of all the culture activity and plans across the organisation. A key component of the proposed changes was a more inclusive approach and the encouragement of involvement in culture change at an individual level. Colleagues from across the organisation would be encouraged to assist implement and embed the culture programme. The approach to the workstreams would be tailored to suit the capacity of the organisation and not all would be running at once or for long period of time . To provide additional support to the Culture Programme and the workstreams, Emma Pickard External Culture Advisor, would also take on a project management role for the programme.

Ms Hogg drew attention to the addition of Inclusion and Diversity in the workstreams. The workstream would focus on inclusivity in the broadest sense, including protected characteristics but also ensuring individuals and the Board have the skills to be inclusive of everyone and to value difference. The Insights and Learnings workstream would take a structured approach to validate whether the plans were addressing the issues raised though the Sturrock Review, the Argyll and Bute Review and feedback from staff.

With regard to the Argyll and Bute 100 Day Plan, a second Partnership Working Workshop had been scheduled for 14 August. It was anticipated the findings and action plan generated by the workshop would be completed by 1 September. In relation to the external diagnostic review of people processes, the formal invite to quote would be released shortly and it was hoped the review would commence at the end of August.

During the discussion, the following points were considered:

- The communication plan for the Culture Programme would be refreshed to take account of the Guardian Service and digital means of working, such as Microsoft Teams. Feedback received regarding the recently initiated all-user 'Wellbeing Wednesday' emails suggested that staff prefer a more informal communication and this would be explored by operational groups.
- The workstreams would be tasked with looking at methods of providing peer support within the organisation, using the Civility Saves Lives approach.
- Work was underway to ascertain the best method to deliver Courageous Conversations across the wider organisation following the success in Argyll & Bute.
- Anecdotal feedback suggests the Employee Assistance Programme had been positive with the money and debt advice having been well received by staff.

The Board **noted** the update.

10 Approval of Mobilisation Plan August 2020 – March 2021 Delegation of Authority
Pamela Dudek, Deputy Chief Executive

Pam Dudek confirmed health boards were asked to submit a second version of the Mobilisation Plan to the Scottish Government by Friday 31 July. The second version was expected to outline how the Board intended to provide services between August 2020 and March 2021.

In order to meet the Scottish Government deadline, the Board was asked to delegate authority to the Chief Executive, Chair and Vice Chair to approve the Mobilisation Plan on behalf of the Board. Prior to sign off and final submission, the Plan would be discussed at the System Leadership Team, the Executive Directors Group and the Finance, Resources and Performance Committee.

The Board **agreed** to delegate authority to the Chief Executive, Chair and Vice Chair to agree the final version of the Board's Mobilisation Plan which requires to be submitted to Scottish Government by 31 July 2020.

11b Minute of the Staff Governance Committee 21 July 2020

Sarah Compton-Bishop advised there had been good attendance at the recent meeting at which the Committee Terms of Reference had been approved. A Vice Chair would be appointed at the next meeting. In congruence with the revised terms of reference, standing agenda items had been refreshed in line with the staff governance standards. As well as the regular workforce reports, each meeting would have a spotlight session to allow senior management to provide an update of HR related issues from a divisional or professional perspective.

11c Minute of the Area Clinical Forum held 2 July 2020

Margaret Moss advised an additional meeting of the Forum had been scheduled for the afternoon of 28 July to discuss the Remobilisation Plan and the Senior Leadership Structure. It was confirmed Fiona Hogg and Emma Pickard would attend the meeting in September to provide an update on the Culture programme.

The Board:

(a) Confirmed adequate assurance has been provided from Audit and Staff Governance Committees
(b) Noted the Minutes and agreed actions from Area Clinical Forum.

13 AOCB

The Chair confirmed a number of matters of information:

- Mr Mark Wilde, Special Advisor, had left the Board at the end of June. On behalf of the Board, Boyd Robertson thanked Mark Wilde for his contribution to NHS Highland
- Ann Pascoe had submitted her resignation as a non executive board member and the Chair thanked Ms Pascoe for her contribution to NHS Highland during her time as Non-Executive Director.
- The recruitment exercise to fill non executive positions would now be extended to fill three vacancies

14 Date of the next meeting: 29 September 2020.

The meeting closed at 12.15pm.