

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/ 
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	30 January 2024 – 9.30am

Present

Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health and Policy
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director (from 10.37am)
Elsbeth Caithness, Employee Director
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Albert Donald, Non-Executive, Whistleblowing Champion
Pamela Dudek, Chief Executive
Karen Leach, Non-Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Steve Walsh, Non-Executive
Emily Woolard, Non-Executive

In Attendance

Gareth Adkins, Director of People & Culture
Lorraine Cowie, Head of Strategy & Transformation
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership
Ruth Fry, Head of Communications and Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Prof. Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands (from 11.30am)

1.1 Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press. She congratulated Fiona Davies on her appointment as Chief Executive for NHS Highland who will undertake her new role on 1 April 2024. She also confirmed that Evan Beswick had been appointed as Interim Chief Officer for Argyll and Bute Health and Social Care Partnership and Richard MacDonald had been appointed as Director of Estates, Facilities and Capital Planning for NHS Highland.

The Chair welcomed Karen Leach, Steve Walsh, and Emily Woolard into their roles as Non-Executive Directors.

Apologies for absence were received from Board Members Ann Clark, Catriona Sinclair and Gaener Rodger.

It was noted that Pamela Cremin, Chief Officer Community, would not be in attendance.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this was not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 28 November 2023.

Board Members sought clarity on action number one relating to risks and opportunities associated with the National Care Service. The Chair noted it may be more appropriate to include this action in the Corporate Risk Register under the wider sphere of transformation. The Head of Strategy and Transformation confirmed she would take this away and consider how best to incorporate it into the Risk Register.

The Board **noted** the Action Plan, as amended, and **agreed** to close the two actions noted for closure.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive advised that following the December budget statement, it was clear that the organisation's financial challenge would continue to be significant for the forthcoming years, with additional national pressures emerging. She confirmed there would be an impact on capital spend at least for the coming two years. This would impact the Caithness and Lochaber redesign, Cowal refurbishment and the Maternity redesign programme with NHS Grampian which would be very disappointing for communities and staff, and yet was reflective of the situation across the country. The ongoing dialogue with communities, elected member, staff and stakeholders would nonetheless continue as the challenges were navigated.

The Director of Finance and her team had been working on what this means for the Board and how best to plan for the immediate future. This work was being done at pace as the three-to-five-year recovery plan must be developed with a significant balance improvement for next year. The work will set out what is required to deliver services in a remote and rural health board so that Scottish Government understand the challenges and choices being faced.

The Chief Executive highlighted the need to retain awareness of the critical importance of social care. Partnership arrangements were important and adult social care services created a direct impact on other services provided by the Board. Continued dialogue with both local authorities would remain a high priority. She also reiterated that the National Care Service was still being considered but the Board's focus would have to be on immediate challenges.

The Chief Executive reiterated that she didn't want any underestimation of the financial and leadership challenge ahead. During discussion the following points were made:

- The Board Chair confirmed that given the significant financial concerns, this area was being more closely scrutinised with the introduction of monthly Finance, Resources & Performance Committee meetings. She also acknowledged the additional pressure being faced across the organisation, particularly in the remote and rural settings and supported exploring opportunities that may involve working out with traditional borders to maintain service sustainability.
- Board Members sought clarity on the impact this would have on the redesign of services and whether more definitive guidance was expected from Scottish Government and if information sessions were planned for Executive Directors that Non-Executive Directors could attend. The Chief Executive confirmed at this stage Chief Executives and Directors of Finance were working

collectively from all Boards to discuss the impacts and some guidance would come from Scottish Government on areas to consider.

- Board Members made reference to the Deputy First Minister's previous comments, noting that the NHS was protected; however, in real terms this was not the case and sought clarity on what might be expected in future years. The Chief Executive confirmed that further detail would be explained in the Finance item on the agenda but did expect this to be a longer and more intense period of challenge than hoped.
- Board members asked if the financial pressure on all NHS Boards could encourage opportunities of regional collaboration. The Chief Executive explained that all opportunities were being investigated to understand the complexities around regional working as any agreement would need to consider sustainable models of care and optimise the delivery of services.

Reference was made to the vaccination programme and how the future model would aim to improve uptake and positive outcomes for the population whilst balancing a challenging workforce situation in delivering at a local level. It was also mentioned that the MMR and Measles concern was a national challenge but principally a societal issue that required easy access for children to be vaccinated.

In final comments, the Chief Executive advised that the healthcare team located in HMP Inverness had been subject to an inspection in August 2022 and a recent review of the improvement plan resulted in a positive outcome and no follow-up being required. She extended congratulations to Paul Rusk, a member of the team, who had been invited to join the Queen's nursing course and had accepted the place.

The Board **noted** the update.

3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system. The Board were asked to take moderate assurance and note the continued sustained pressures facing both NHS and commissioned care services.

The Deputy Chief Executive spoke to the circulated report and noted:

- Vaccination was a key element of prevention; however, he drew attention to the point that uptake locally and nationally was low; therefore, it was important to engage with the public and highlight the importance of prevention/vaccination.
- Child and Adolescent Mental Health Services (CAMHS) were still showing moderate improvements; the Neuro Developmental Assessment Service (NDAS) remained a complex area involving multiple disciplines, and work was underway on how best to manage the appropriate pathways in conjunction with The Highland Council's Education department.
- Unscheduled Care remained challenging with delayed discharges continuing to have a significant impact overall.
- The Treatment Time Guarantee (TTG) remained a national challenge, but performance had been maintained locally.
- Cancer performance had declined. The Chief Officer for Acute explained some analysis and review had taken place indicating capacity issues around MRI access and accessing imaging/radiology. Assistance had been provided by NHS Lothian and improvements were expected within the next few months. She also noted that a national cancer delivery performance board had been set up. Earlier detection caused unintended consequences by increasing the volume of referrals and impacting on a service currently dealing with capacity issues.

During discussion Board members welcomed the format of the report and made the following points:

- Board Members sought clarity on the decline in cancer performance. The Deputy Chief Executive confirmed the impact overall had been caused by a shortfall in capacity, and discussions were underway nationally on how best to address this.
- The Chair sought clarity on vaccination uptake and how staff uptake compared to previous years. The Director of Public Health explained that staff uptake in NHS Highland was higher than the national average but still lower than had been hoped. The Chair suggested a summary sheet

could be included to incorporate a wider range of health prevention information. The Deputy Chief Executive advised he'd take this away to consider how best to implement.

- Board Members raised concerns at the noted appraisal completion across the organisation sitting at only 27% and sought clarity on what actions were being taken to improve this figure significantly. The Director of People & Culture shared these concerns and advised that a paper had been taken through the Executive Directors Group (EDG) proposing an improvement plan for appraisal completion rates. The initial focus over the coming year would be on managers and then cascade throughout the rest of the organisation. He also confirmed that a Short Life Working Group (SLWG) had been meeting and a revised suite of reporting will now go to EDG and be shared with managers to enable a transparent approach.
- In terms of Statutory and Mandatory training compliance rates, the Director of People and Culture advised that a lack of suitable venues and the Board's rural geography presented a challenge in the delivery of practical face to face training.
- Board Members sought clarity on the reasons behind an increase in 'time to fill' vacancies; the Director of People and Culture explained that the presentation of the data did not truly reflect the work underway. However, he acknowledged that improvements were necessary and commented that recruiting managers were often impacted by service pressure leading to delays in the recruitment process. Board members suggested a traffic light system on the IPQR to identify the recruitment and retention challenges in each area, rather than repeating similar narrative each cycle.
- Additional detail was sought around appraisal rates across each employee group and to permit clarity on rates being achieved by registered professionals. The Director of People and Culture advised this would be an area the Staff Governance Committee would review to ensure the appropriate assurance was given to the Board.
- Board members recommended that the IPQR executive summary should focus on all health, care and prevention outcomes. Referencing the rates of delayed discharges, the view was expressed that improvements were required to the integrated care model in Highland. The Chief Officer of Argyll and Bute drew attention to the different performance rates of the Argyll and Bute, and Highland Health and Social Care Partnerships. She cautioned making direct cause and effect links between the integration models and their outcomes. There were aspects of the agreed strategy in Argyll and Bute that had been supportive in managing delayed discharges and treating people closer to home. She was confident the differences in how services were commissioned would be something she could help address in her new role as Chief Executive.
- Board Members sought clarity around the metrics within the ADP and queried whether interim targets were being considered in an attempt to maintain staff encouragement/motivation to maintain improvements, The Head of Strategy and Transformation mentioned work was underway to consider the elements of work required to meet the performance targets taking into account service planning, workforce capacity and the current and future financial challenges.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the continued and sustained pressures facing both NHS and commissioned care services.
- **Considered** the level of performance across the system.

4 Finance Assurance Report – Month 8

The Board had received a report from the Director of Finance which detailed the financial position at Month 8 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Board were invited to discuss the financial position and take limited assurance due to current progress made on savings and the ongoing utilisation of locums/agency staff. It was noted that the delivery of a robust recovery plan was required to increase the level of assurance throughout the period of financial challenge.

The Director of Finance advised that for the period to end November 2023 an overspend of £45.948 million was reported, forecast to increase to £55.975 million by the end of the financial year. This was marginally over the planned overspend of £55.8 million agreed with Scottish Government. She confirmed that the month nine position was indicating the forecast overspend was set to reduce slightly. The key areas

highlighted were that the Highland Partnership and Acute expenditure had deteriorated but a month-on-month improvement to support services and Argyll and Bute. She noted the savings forecast had reduced to £15.73 million with planned reductions not having been achieved to the extent previously expected, despite a significant reduction in supplementary staffing. Non-pay controls had been implemented across the organisation and it was expected that some of the risks initially identified were now less likely to materialise.

Capital expenditure was in line with the current plan with major projects reaching RIBA stage two at the end of the financial year. The recent budget announcement required all developments to be paused, subject to contractual commitments.

The initial high-level draft financial plan for 2024-25 had been submitted to Scottish Government. The plan recorded a financial gap of £121 million for 2024-25, which included £24 million for Adult Social Care as part of the lead agency model. Government had advised on maximum brokerage levels available to Boards which had impacted on the current 3–5-year plan to bring the Board back into balance. Directors of Finance were working collaboratively to identify national and regional opportunities and a final plan would be submitted to Scottish Government in March.

During discussion the following points were raised:

- Board Members asked if there were plans to give Scottish Government a fuller understanding of the cost of delivery of services in remote, rural and island areas. The Director of Finance confirmed that she had asked to meet with Scottish Government's finance team to compare and contrast benchmarking data on how other large boards delivered services over a wider landmass and population. She was waiting for a response to her request.
- Board Members enquired if penalties might be incurred due to pausing capital projects. The Director of Facilities, Estates and Capital planning confirmed that there would be no penalties and that legally committed work would progress. He advised that Scottish Government had asked for a report detailing the outstanding backlog maintenance.
- Board Members asked for an update on the progress of discussions with The Highland Council for both financial years 2023-24 and 2024-25. The Director of Finance advised the Board was progressing on an assumption that £3million was due from The Highland Council to off-set the current year's deficit. In line with the Integration Agreement a formal request for this funding would be made to the Council. Initial conversations had taken place with The Highland Council about the 2024/25 projected deficit of £24 million for Adult Social Care. The Council was aware of the Board's expectations that a break-even position against the Health budget would be achieved.

Following consideration of the financial position and its implications, the Board took **limited assurance** from the report and otherwise **noted** the position.

The Board took a short break at 11.35am and the meeting resumed at 11.45am

5 Director of Public Health's Annual Report

The Board had received a report by the Director of Public Health & Health Policy as a requirement to report on local population health. The theme for the annual report was medication and public health, subtitled 'Do the Right Thing'. The Board were asked to discuss the report and take substantial assurance.

The Director of Public Health summarised the key points noted below:

- There was an increase in life expectancy for people in Highland over recent years. This had begun to stall over the last year but remained higher than the Scottish average in terms of years in 'good health'.
- There were a wide range of conditions contributing to population health loss, particularly heart disease, Alzheimer's and various cancers.
- Health inequalities played a large part of deaths at a younger age from heart disease and suicide.

During discussion the following points were raised:

- Board Members sought clarity on how progress on the report's recommendations would be taken forward and overseen. The Director of Public Health confirmed that the report provided a public statement on areas identified for improvement rather than an action plan with specific recommendations. He acknowledged further development in the delivery and application of the findings may be beneficial. He also mentioned that Public Health annual reports are independent of Health Boards, yet the organisation needed to consider the findings and determine what may be a worthwhile focus to improve the health of its patients.
- Board Members asked whether more of the public health service planning data could be used to improve services such as prescribing and the unintended consequences of opioid prescribing. The Chair also queried the risk of exacerbating health inequalities if we pursue social prescribing without considering how geographical and socio-economic barriers may impact people's ability to access these services. The Director of Public Health confirmed that we make use of demographic and epidemiological information but there was still a gap between how we plan services and what we know about health needs. It would be important to implement targeted interventions and provide clear guidance on where support was available for the population we serve.
- Board Members suggested that whilst the paper recorded no financial implications, it would be helpful to identify system wide financial implications if the recommendations were actively incorporated into health and social care redesign.
- The Chief Executive advised that the annual report needed to be taken into account with emerging programmes. She also referenced it should be part of the outcome improvement plans as part of the community planning partnership with the measurement being the success of those programmes.
- The Chief Officer for Argyll and Bute explained that the public health intelligence was key to the strategic improvements made on the Island of Coll and enabled significant partnership working.
- The Head of Health and Social Care Sciences, UHI advised that he would share a report he wrote on social prescribing with the Board.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the 2023 Director of Public Health Annual Report

6 Corporate Risk Register

The Board received a report by the Medical Director that provided an overview from the NHS Highland Board risk register, awareness of risks that were being considered for closure or additional risks to be added. The Board were invited to take Substantial assurance from the report.

The Medical Director spoke to the circulated report and noted there were some additions to the Risk Register to account for some likely forthcoming risks expected in the coming months; he also referred to the continued work aligning the register with the Boards Together We Care Strategy and Annual Delivery Plan (ADP) in conjunction with discussions being held at Clinical Governance Committee to express appropriate clinical risks.

During discussion the following points were discussed:

- Board Members welcomed the report format and sought clarity on the scores noted and whether these were post-mitigation; and if so, what was the pre-mitigated score associated with the risks. The Head of Strategy and Transformation confirmed that there was a format to display the information requested in hand. She confirmed that an update on implementation of the revised format would be given at the next Board meeting.
- In response to a question from Board Members, the Director of Estates, Facilities and Capital Planning confirmed the pre-agreed funding remained in place relating to work to improve fire compartmentation in Raigmore Hospital (risk 712).
- Board Members sought clarity around the risks associated with vaccination uptake. The Medical Director advised the situation was changing rapidly and was being monitored closely.

Having examined and considered the report, the Board:

Took **substantial assurance** in terms of compliance with legislation, policy and Board objectives, and **Agreed** the risks that were recommended to be closed or added.

GOVERNANCE

7 **Blueprint for Good Governance 6 monthly update**

The Board had received the six-month update on delivering the actions included in the Board's Blueprint for Good Governance Improvement Plan. The Board were invited to take substantial assurance from the report. The Board had also been asked to note that informal oversight of progress would be undertaken by the Chairs group and Governance Committees in May 2024 and a further Board-level update would be provided in July 2024.

The Board Secretary confirmed that other Boards had completed their self-evaluation surveys towards the end of 2023. Surveys would be undertaken every two years, and it was expected that NHS Highland would engage in that process towards the end of 2025 and would continue to review progress against its existing improvement plan up to that point. She also confirmed that the Chair's Group discussed the concept of 'Frugal Governance' whereby the use of Governance Committee time is efficient and appropriately used; an update with further information would come to Board as soon as possible.

Board Members suggested that the improvement action relating to the launch of Care Opinion remain open until that process had fully completed with an appropriate update. The Chair confirmed that amendment would be updated on the improvement plan.

The Board:

- **Agreed** to take **Substantial** assurance.
- **Noted** the informal oversight of progress of the improvement plan delivery undertaken by the Chairs group and Governance Committees in May 2024.
- **Noted** a further update would be provided in July 2024.

8 **Committee Memberships Review**

The Board had received a report that outlined proposed to Governance Committee memberships with immediate effect.

The Board **approved** the proposed changes and took **substantial** assurance.

9 **Governance and other Committee Assurance Reports**

(a) **Draft minute of Finance, Resources and Performance Committee of Friday 8 December 2023 and Friday 5 January 2024**

The Chair of committee spoke to the circulated minute and confirmed that given the current budgetary situation, the impact on services because of the financial challenges is a heavily scrutinised item in each meeting.

The Chair of the Board invited Board Members to join any of the Finance, Resources and Performance Committee meetings they could so that they could keep abreast of the financial challenges in real time.

(b) **Draft minute of Highland Health and Social Care Committee of Wednesday 17 January 2024**

The Chair spoke to the circulated minute and confirmed the Quality Review Framework and how it would be applied was discussed; he also mentioned extensive discussions took place around the approved Joint Strategic Strategy for Adult Social Care.

(c) **Draft minute of Clinical Governance Committee of Thursday 18 January 2024**

There were no additional comments.

(d) Draft minute of Area Clinical Forum of Thursday 11 January 2024

There were no additional comments.

(e) Draft minute of Staff Governance Committee Tuesday 16 January 2024

The Vice Chair confirmed that the Statutory/Mandatory Training item mentioned earlier in the Board Meeting was being actively discussed within Committee, alongside regular updates on the agreed improvement plan.

(f) Draft minute of Argyll and Bute IJB of Wednesday 29 November 2023

There were no additional comments.

The Board:

- Took **substantial assurance** from the Board Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB minutes, and
- **noted** the content of the minutes and associated agreed actions.

16 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting - 26 March 2024

The meeting closed at 1pm