

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)	31 January 2023 – 9.30am	

Present

Prof. Boyd Robertson, Chair
 Ann Clark, Vice Chair, Non-Executive
 Dr Tim Allison, Director of Public Health
 Alex Anderson, Non-Executive
 Graham Bell, Non-Executive
 Jean Boardman, Non-Executive
 Elspeth Caithness, Employee Director
 Alasdair Christie, Non-Executive
 Muriel Cockburn, Non-Executive
 Sarah Compton-Bishop, Non-Executive
 Heledd Cooper, Director of Finance
 Garrett Corner, Non-Executive
 Albert Donald, Non-Executive
 Pamela Dudek, Chief Executive
 Philip Macrae, Non-Executive
 Joanne McCoy, Non-Executive
 Gerard O'Brien, Non-Executive
 Dr Boyd Peters, Medical Director
 Susan Ringwood, Non-Executive
 Dr Gaener Rodger, Non-Executive
 Catriona Sinclair, Chair of Area Clinical Forum

In Attendance

Gaye Boyd, Deputy Director of People
 Louise Bussell, Chief Officer, Community Services
 Lorraine Cowie, Head of Strategy and Transformation
 Ruth Daly, Board Secretary
 Fiona Davies, Chief Officer, Argyll and Bute HSCP
 Ruth Fry, Head of Communications and Engagement
 Deborah Jones, Director of Strategic Commissioning, Planning & Performance (afternoon)
 David Park, Interim Deputy Chief Executive
 Elisabeth Smart, Consultant in Public Health, Item 10
 Katherine Sutton, Chief Officer, Acute Services
 Nathan Ware, Governance & Corporate Records Co-Ordinator (from 12.30pm)
 Prof. Brian Williams, Head of Health and Social Care Sciences, UHI
 Alan Wilson, Director of Estates, Facilities and Capital Planning
 Natalie Booth, Board Services Assistant

1 Welcome and Apologies for absence

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

Apologies for absence were recorded from Fiona Hogg and Kate Patience-Quate. Gaye Boyd was in attendance deputising for Fiona Hogg. Brian Williams had noted that he would have to step out during the meeting.

The Chair thanked Kate Patience-Quate for her work as Interim Director of Nursing and congratulated L Bussell on her appointment as Nurse Director.

Congratulations were expressed to Dr Andrew Kent from the Trauma and Orthopaedic Unit at Raigmore who had been awarded the OBE for his services to UK health support overseas and during the pandemic in the New Year Honours list, which follows his recent Global Citizenship Award at the Scottish Health Awards.

Congratulations were also given to Dr Iain Kennedy on his appointment as Chair of BMA Scotland.

2 **Declarations of Conflict of Interest**

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

3 **Minutes of Meeting of 29 November and Action Plan**

The Board **approved** the minutes of 29 November 2023 as an accurate record subject to an amendment to item 9, NHS Highland Engagement Framework, third bullet point as follows: "Careful thought should be given to **the commissioning of** advocacy services especially in relation to work with those with lived experience and groups such as Highland Senior Citizens".

The Board **Noted** the Action Plan, with attention having been drawn to the actions now closed.

4 **Matters Arising**

There were no matters arising.

5 **Chief Executive's Report – Verbal Update on Emerging Issues**

The Chief Executive acknowledged the dedication of the workforce in facing the challenges during the winter months with December having proved a particular challenge across health and social care throughout the region, and similarly in other health boards.

- Feedback from teams had noted the usefulness of the new Operational Pressures Escalation Levels (OPEL) notification system which helps to assess the level of activity at Raigmore Hospital. Plans are underway to roll out this system across NHS Highland. This will assist with planning around unscheduled care resilience and both scheduled care and waiting lists.
- Work was ongoing to strengthen the relationship in Integrated Children's Services that sit within Highland Council to address early intervention and arrangements.
- Work to improve Maternity Services and address the significant workforce challenges had begun and progress had been made to ensure a balance between midwifery-led births and Community Midwifery Units. A full business case would return to the next meeting of the Board.
- The Chief Executive commented that progress with the National Treatment Centre (NTC), referred to at item 11, had been very positive and the forthcoming opening of the NTC was greatly anticipated.

Following discussion, the Board, **noted** the update.

6 **NHS Highland Dual Language Logo and Branding**

R Fry introduced the report and confirmed that NHS Highland's Gaelic Language Plan (GLP) included a commitment to develop and use a dual-language Gaelic/English logo. This action was dependent on approval from NHSScotland and, ultimately, the Cabinet Secretary. Approval had now been granted and NHS Highland would shortly be able to begin using the new logo with a gradual roll-out focussing on the areas where replacement signage was needed.

In discussion, the following points were addressed:

- It was confirmed that the new logo would be available for the Board to see imminently, and it was expected that it would be similar to the one used by NHS Western Isles.
- It was asked if the rollout of the logo should start with patient-facing facilities. Once the design was available roll-out could be planned according to the most suitable sites. The Chair confirmed that funding would be available from Bòrd na Gàidhlig for some aspects of the signage.
- A Wilson confirmed the National Treatment Centre would have to adhere to signage plans for the UHI Inverness campus. Further details would be supplied concerning the nature of bilingual signage for the site. On this matter, P Dudek confirmed discussions were continuing about the Memorandum of Understanding with the University of Highlands and Islands.
- The Chair referred to the discussions he and the Chief Executive had with, the Director General, Caroline Lamb, and the Cabinet Secretary at the opening of Badenoch and Strathspey Hospital, and acknowledged that they had been very receptive to the idea of the new logo.

Thanks were expressed to R Fry and her team and to Nicola Thomson, Gaelic development officer.

The Board **noted** the report and took **Substantial assurance**.

PERFORMANCE AND ASSURANCE

7 Integrated Performance and Quality Report

D Park provided an overview of the report the contents of which had been seen in separate parts by the relevant governance committees. He highlighted that the Vaccination programme was ongoing, but uptake had been lower than anticipated particularly for COVID boosters but was in line with national uptake rates. There were improvements in the waiting times delivery of Drug and Alcohol services. Scheduled Care had faced challenges to return to full capacity since the pandemic, but progress continued to be made. While Cancer Services 31-day performance had shown further improvement, the 60-day performance had seen some deterioration. This was particularly a challenge across urology and colorectal pathways and an alignment of the Cancer Performance Recovery Board with the Scheduled Care Performance Recovery Board was underway.

In discussion, the following questions were raised:

- Responding to queries about Cancer Services data, it was explained that Governance Committees were presented with the data closer to its live status. The consolidated Board report was presented for assurance purposes.
- K Sutton noted a significant challenge around both the 31-day and 62-day cancer targets. Work was underway to derive predictive performance measures to help assess the volumes of patients passing through the pathways. B Peters commented that Scottish Government strategy and policy addressed early diagnosis and a couple of Health Boards had invested in creating early diagnostic centres. K Sutton advised that Highland was engaged with the Centre for Sustainable Delivery and that specialist nursing roles had been developed to look at how the workforce can be enhanced locally to address the challenges in areas such as Urology.
- Consideration was being given to developing local access to Pituitary MRI scanning and there were questions around the capital infrastructure for buildings and accommodation for cancer treatment.
- T Allison noted that NHS Highland vaccination rates had risen to above the average for Scotland since the publication of the Board report. Formal confirmation from the Joint Committee for Vaccination Immunisation of a vaccination programme for the coming year was awaited. A limited COVID vaccination programme was expected in the spring for

particularly vulnerable people, and it was anticipated that the main programme would align with the programme for influenza in the autumn.

- L Bussell noted that work was underway to address delayed discharge figures in several different areas of the service across Highland.
- There were significant challenges around delays related to Care Homes and Care At Home where issues of capacity and sustainability of service needed to be addressed.
- T Allison noted that action needed to improve alcohol and drug interventions had recently been raised at the Performance Oversight Board. From a national perspective, T Allison chaired the Public Health Group addressing maximizing alcohol interventions.
- As well as addressing the impact of lifestyle choices to reduce the risk of developing cancer, the impact of inequalities on health outcomes was an important consideration.
- In terms of encouraging smoking cessation, there is a need to revise the approach to address tobacco control and tackling addiction.
- It was possible that a degree of public complacency had contributed to the recent lower take-up rates of COVID vaccination. Higher numbers of vaccination uptake could be found among the older people due to a greater awareness of vulnerability.
- G Boyd advised that retirement data for December and January had not yet been collated and there was significant work underway to collate sickness absence and staff turnover data.
- K Sutton noted that the dedicated Unscheduled Care Performance and Recovery Board within Acute Services worked closely with clinicians to ensure their involvement in decisions. Clinicians had proposed ways of keeping elective activity going through the winter period and elective orthopaedic operating had continued throughout winter by ringfencing the ward for high priority cases.
- B Peters noted how clinicians had been key to managing the additional safety and infection control measures and other challenges since the pandemic, and there were plans to extend the ringfencing approach to other surgical areas.
- L Bussell noted significant improvement in waiting times for psychological therapies and paid tribute to the Director of Psychology, Alison Turnbull-Jukes, who had been instrumental in leading this piece of work.
- Post diagnostic support for people with dementia had seen lower figures in North Highland as opposed to Argyll and Bute. Work was underway to understand how parity could be achieved.

Following discussion, the Chair commended staff for their performance in the face of difficult circumstances.

The Board took **Limited** assurance and **Noted** the content and form of the report.

The Board took a short break at 10.55am and the meeting resumed at 11.10am

8 Finance Assurance Report

Heledd Cooper reminded the Board that the 2022/2023 financial plan submitted to Scottish Government in March 2022 showed an initial budget gap of £42.272m with a proposed Cost Improvement Programme of £26.000m. No funding source was identified to close the residual gap of £16.272m. The circulated report summarised the position at Month 9 and provided a forecast through to the end of the financial year.

For the period to end December 2022 (Month 9), an overspend of £24.488m was reported. A year end position of a £22.631m overspend was forecast based on the current operational position, mitigating actions from the recovery plan, benefits from the New Medicines fund and a reduction in CNORIS expenditure. The year to date position included slippage against the savings plan of £12.488m with slippage of £16.962m forecast at financial year end.

H Cooper provided a verbal update on the budget position for 2023-2024 for which planning guidance had been received with the first draft Plan to be sent to Scottish Government by 9 February 2023. Pay allocation had been confirmed and it was assumed that funding on any pay inflation would be fully funded with the allocation for next year showing an additional 2% uplift on the baseline. A savings target of £25 million to reduce the budget gap was proposed, which represented just over 3% of the overall allocation. A National Sustainability and Value Programme had been established by Scottish Government to examine opportunities for reductions in spending and areas of better value, such as realistic medicine, cost improvement programmes, and supporting workforce and supplementary staffing at a national level. Work was ongoing to look at different savings opportunities across Health Boards with the intention of sharing good practice. Projections for next year did not include any carry forward or brokerage assumptions.

During discussion, H Cooper confirmed that there were still some reserves for Adult Social Care but that their use was part of an ongoing conversation with Highland Council around managing the financial position into next year, in the knowledge of anticipated additional pressures. It was noted that the financial position was similar across all Health Boards and Highland was not an outlier. The Chair noted there was an intense focus on this topic by the national Chairs Groups and the national Chief Executives Group.

Following consideration of the report, the Board took **Limited** assurance and **Noted** the content and form of the report.

9 Director of Public Health's Annual Report

The Board had received the 2022 Director of Public Health Annual Report which focussed on the prevention of ill health. The Report included case studies that demonstrated the value of prevention, and recommendations for action for both NHS Highland and partners.

Speaking to the Annual Report, T Allison highlighted the importance of raising the profile of prevention in Public Health. Themes such as Disability Adjusted Life Years, a measure of the impact of different diseases on health were explored in relation to areas such as efforts to tackle the impact of smoking on lung cancer. Further development in the systemisation of preventative activities would contribute to the aim of raising the prevention profile.

In discussion, the following matters were addressed:

- It was queried whether the government's Levelling Up Agenda and Green Freeports could contribute to the Public Health agenda to reduce inequalities. Discussion was invited outwith the meeting to identify collaborative opportunities with the University of the Highlands and Islands (UHI). T Allison noted the financial challenges for the work and that there is a need to be clear about the outcomes in addressing and engaging with opportunities.
- Reference was made to the use of Community Link workers and a recent Argyll and Bute IJB development session on the theme of GIRFE (Getting it Right for Everyone). T Allison noted the opportunity for Highland to learn from the GIRFE work as piloted by Argyll and Bute and how learning could be shared and effectively applied throughout the whole Board area. F Davies, Chief Officer Argyll and Bute IJB, commented on the benefit of a shared responsibility to the population across public bodies to address the issue of prevention. The IJB's Transformation Board was determined to progress its prevention workstream even in the context of financial challenges.

During discussion, the following comments were made:

- It was suggested that the report be shared with the Highland Community Planning Partnership for its consideration, together with a recent report from the Health Foundation about implementation of collaborative policy and practice on health inequalities.
- It was recognised that identifying the precise level of public expenditure on prevention was a challenge as there was an overlap between prevention and treatment. Nonetheless, previous work carried out by Scottish Government on the percentage of budget spend on prevention would be a helpful starting point to focus this activity in conjunction with delivery of the Together

We Care Strategy theme 'Stay Well'. Board members supported this approach as an area for more detailed analysis to better embed the principles of prevention and relate it to NHS Highland's performance framework and to quality impact assessments.

- Responding to a comment on the need to promote individual responsibility, T Allison highlighted the need to focus on education and behavioural change. He drew attention to the numerous influences on health and wellbeing which could render behaviour change more difficult.

The Chair asked for a progress report on recommended actions in six months' time.

Following discussion, the Board **NOTED** the Annual Report, took **Substantial** assurance from it and **AGREED** that a progress update be brought back for Board consideration in six months' time.

10 Alcohol and Drug Partnership Annual Report

The Board had been provided with the Highland Alcohol and Drugs Partnership Annual Report agreed by the Highland Community Planning Partnership on 9 December 2022 and submitted to the Scottish Government. Introducing the item, T Allison advised that the report before the Board related only to the Highland Council area and that a report for Argyll and Bute would be submitted later.

Alcohol continued to be a leading cause of illness and early death in Scotland. 1245 people died from conditions caused by alcohol in Scotland in 2021 and in the Highland Council area this number was 61. Drug-related deaths had increased since 1996 but since 2013 the upward trend had been steeper. For Scotland, in 2021, there were 1,330 drug-related deaths and in Highland the number was 35. Scottish Government had made substantial investment into reducing drug related deaths. Of relevance to the NHS was the introduction of the Medication Assisted Treatment (MAT) Standards.

It was noted that implementation of the MAT standards would require significant effort and that the teams involved had limited capacity. Links were now in place with external organisations such as Planet Youth or Winning Scotland to assist with evaluation work. Universities were also involved and the national data collection system, DAISy (Drug & Alcohol Information System) for Scotland assisted with assessing treatment and implementation of standards.

The following points were made in the discussion on the Report:

- The central role of NHS Highland as a lead agency and integration authority was fully acknowledged in terms of carrying out due diligence. The common aim between the ADPs for Highland and Argyll and Bute was to encourage a mature approach to alcohol and its health effects.
- Discussions had been held with the Minister for Drugs Policy to discuss the practical challenges of delivering a same day or rapid service across the geography of Argyll and Bute. While recognising the challenges, additional focus would be required to adopt the MAT standards and make them relevant and effective for the region.
- It was confirmed that a recent Scottish Government consultation had discussed these issues in a broad sense.

Following discussion, the Board **AGREED** to take moderate assurance from the report and **NOTED** the challenges relating to service delivery and health improvement.

Members took a lunch break at 1.05pm. The meeting reconvened at 1.35pm.

11 National Treatment Centre (NTC) Progress Update

The Board had received a progress report on the development of the National Treatment Centre (NTS-H) covering construction and technical commissioning, tenders and mobilisation, and recruitment and staffing.

Speaking to the report, D Jones advised on the progress being made across all areas of the programme and the range of risks and associated mitigation plans in place aimed at ensuring the Centre could open as planned on Monday 3rd April. Significant effort has been made to secure the clinical and support staff required with further recruitment effort ongoing. A detailed process of transfer and mobilisation had been developed to ensure that the building was equipped, that staff would be fully orientated to the location and receive training ready for the opening in April. Scottish Government had confirmed the Cabinet Secretary for Health and Social Care's availability to officially open the National Treatment Centre Highland on Monday 5th June 2023.

In discussion,

- It was acknowledged that some staff would transfer from Raigmore Hospital and their transition was being supported through the commissioning model. A detailed programme of work was underway to address any potential impact. In the short term, some agency staffing would be used to address any shortfall of NHS employed staff. Ophthalmic nursing staffing will be phased in at the NTC and it was expected that ophthalmic theatres would be open by July and operating at capacity by September.
- A handover plan had been put in place to provide assurance on the commissioning and delivery of the building and its workings.
- Given the high-profile nature of the project, there was a need for clear communications to manage patient and community expectations in terms of where treatments would take place. It was important to highlight that the Centre was a 'national' treatment centre dealing with speciality treatment and addressing national rather than local hospital wait times. Further communication work would be addressed through the associated website, social media and in discussion with the NTC-H Clinical Director.
- A series of open day events were planned for staff and Primary Care colleagues who work within the Third and Independent sector partners based on the campus. The Scottish Ambulance Service also planned to hold a media day.
- Letters were to be sent imminently to pre-assessed patients about which facility they would be asked to attend.

The Board **noted** the report and took moderate assurance from the information provided.

12 Corporate Risk Register

The Board had received a report providing an overview extract from the Corporate Risk Register, awareness of risks that were being considered for closure or additional risks to be added and an update on the processes being developed.

Speaking to the report, B Peters commented on how the Corporate Risk Register was now aligned closer to NHS Highland's strategic intent. Executive ownership of risks was scrutinised through Governance Committees and risks were reviewed by the Risk Management Steering Group and the Executive Director Group. Financial risks would be aligned with the 2023-24 financial position at the beginning of the new financial year. There was progress on the overall risk system and a report would be submitted to the March meeting of the Audit Committee.

In discussion the following comments were made:

- The rating for some of the new risks would be assigned in early course. These risks had been included in the report for the Board's early awareness and ratings would be assigned for the next iteration of the report.

- Risk 1056, on Statutory and Mandatory Training compliance, had been an ongoing risk with no discernible improvement. A request was made that examples of good practice should be sought from other Boards to assist with improvements in levels of compliance. The Board's Whistleblowing Champion relayed feedback he had received on Statutory and Mandatory training from visits he had held. The challenges around recruitment and capacity for trainer sessions had since been followed up.
- The Board would consider risk matters and risk appetite at a future development session with a report to be brought to a future Board meeting.

The Board took **Substantial** assurance from the report and agreed to undertake further work in a development session where risk appetite and alignment with the Board Strategy would be considered ahead of a decision paper.

GOVERNANCE

13 Annual Review of Code of Corporate Governance

The Board had received a report seeking approval of revised sections of the Code of Corporate Governance that had been considered and recommended by the Audit Committee on 6 December 2022.

In speaking to the report R Daly advised that the updates related to reviews of some of the Board's Committee Terms of Reference, confirmation of inclusion of the new Board members Code of Conduct and revisions to the Fraud Policy and Action Plan. The Terms of Reference for Staff Governance and Remuneration Committees would be brought for final approval at the Board meeting at the end of March. It was also noted that due to recent changes of Committee Chair positions, details of the Fraud Champion would require to be revised.

Taking into consideration the comments raised, the Board took substantial assurance from the report and:

- (a) **Approved** the revisions to the Code of Corporate Governance as proposed by the Audit Committee;
- (b) **Noted** that Remuneration and Staff Governance Committees' ToRs would be considered by the Audit Committee and brought to the Board in March; and
- (c) **Noted** that the Revised Code of Corporate Governance would be published on the Board's website after the meeting.

14 Governance and other Committee Assurance Reports

The Board confirmed that assurance had been provided by the Board Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB, and **Noted** the minutes below and associated agreed actions.

(a) Draft minute of Audit Committee 6 December 2022

The Committee Chair advised that an additional meeting had been scheduled for February to address management progress with audit actions and to receive some Internal Audit reports to relieve pressure on the scheduled meeting in March. It was also noted that the Information Commissioner Office was currently carrying out an audit of NHS Highland's compliance with data protection legislation.

(b) Draft minute of Staff Governance Committee 11 January 2023

The Committee Chair advised that a qualitative overview had been received from the Whistleblowing Champion. Important discussion had been held about metrics for workforce reporting with helpful contributions from Staff Side to consider how the data might be used for planning and forecasting. An update was also given on Medical Education's innovative work.

(c) Draft minute of Highland Health and Social Care Committee of 11 January 2023

The Committee Chair highlighted that an update had been presented on the ongoing fragility of the Care Home and Care at Home sectors. The Committee received its first district level reports which provided a good insight into local level work. The Committee would experiment with the structure and content of the district level reports with a view to achieving comparability. A Community Risk Register had been considered by the Committee. Discussions were ongoing to better address health improvement, public health and prevention and embed it more fully in the Committee Work Programme.

(d) Draft minute of Clinical Governance Committee of 12 January 2023

The Committee Chair drew the Board's attention to the substantial assurance received by the Committee on Infection Prevention and Control. The report showed the diligent work carried out during a time when flu was rife across Raigmore Hospital and that targets for two of the key indicators had been met, only just missing out on the third target.

He requested that the Board minutes record a formal note of thanks to those individuals involved.

(e) Draft minute of Area Clinical Forum of 12 January 2023

The Forum Chair said that the meeting had been productive and thanked the members of the Board and Executive team who attended and contributed to the discussion.

(f) Draft minute of Argyll and Bute IJB of 23 November 2023

The IJB Chair noted that in addition to the minutes of the November meeting, a more recent meeting had been held the previous week. She advised that performance data for Argyll and Bute could be found on the IJB's website together with the Annual Report. The Chief Social Work Officer report from the same meeting was also recommended to colleagues.

(f) Draft minute of Finance, Resources & Performance Committee of 06 January 2023

The Committee Chair noted that productive discussion had taken place on the current financial position, on the funding of Adult Social Care and on plans to address the gaps in funding.

15 Any Other Competent Business

None.

Date of next meeting - 28 March 2023

The meeting closed at **2.23pm**