

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)	26 January 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
 Ms Deirdre MacKay
 Mr Philip MacRae
 Ms Heidi May, Nurse Director
 Ms Margaret Moss
 Mr Adam Palmer
 Dr Boyd Peters, Medical Director
 Mr Gerard O'Brien
 Ms Susan Ringwood
 Dr Gaener Rodger

In Attendance

Mr David Bedwell, Interim Director of Estates, Facilities and Capital Planning
 Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership
 Ms Veronika Burgess, Committee Administrator
 Ms Ruth Daly, Board Secretary
 Ms 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 Joanna MacDonald, Chief Officer, Argyll and Bute IJB
 Ms Katherine Sutton, Chief Officer, Acute Services
 Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

Also in Attendance

Ms Annie MacLean (Item 3)
 Ms Cathy Shaw (Item 3)
 Mr Charlie Bloe (Item 3)
 Prof Sandra MacRury, University of the Highlands and Islands

1 Welcome and Apologies for absence

No apologies were received.

The Chair welcomed Mr Graham Bell, Mr Gerard O'Brien and Ms Susan Ringwood as new non-Executive members.

Congratulations were extended to Ms Joanna MacDonald, Chief Officer Argyll and Bute IJB, on her appointment to Deputy Chief Social Worker for Scotland by the Scottish Government.

2 Declarations of Conflict of Interest

Mr Alasdair Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt his status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting.

Ms Heidi May recorded that she had considered making a declaration of interest as a member of University of the Highlands and Islands Court but felt her status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test and, on that basis, she felt it did not preclude her participation at the meeting.

3 Recognition of Staff Achievements

The Chair welcomed Ms Annie MacLean, Ms Cathy Shaw and Mr Charlie Bloe to the meeting and invited Heidi May to briefly update the Board on their recently achieved awards. Ms Annie MacLean had successfully completed the Queen's Nursing Institute Programme for Development; Ms Cathy Shaw won the Leader of the Year at the Scottish Health Awards; and Mr Charlie Bloe had won the Cardiovascular Nurse of the Year award by the British Journal of Nursing.

Ms Annie MacLean, based in west Lochaber, is an advocate for the value of advancing district nurse practice in remote and rural areas. Ms MacLean started the Queen's Nursing Institute Programme nearly two years ago which helped her become confident in her leadership skills and confirmed her dedication to providing care in the community. The programme also helped her to see that the value she places on herself directly reflects the value her team and patients see in her, leading to stronger trust. Ms MacLean acknowledged the challenges of attracting district nurses to rural areas. The offers of dedicated support, mentorship and educational opportunities were important elements in attracting new team members. Team dynamics were also important to retain staff and virtual meetings through MS Teams had helped to prevent isolation.

Ms Cathy Shaw is the lead for a remote and rural support team of advanced practitioners covering the west of the Highlands. The team supports local GP practices, particularly single-handed practices, allowing them to have study days and annual leave. The team also work out of hours in urgent care covering the very remote areas. Ms Shaw was nominated for the Leader of the Year by a group of GPs in Portree in Skye. She was grateful to have been recognised and paid particular tribute to her excellent team and support network. She confirmed that a positive culture within her team relied on respect and opportunities for every member to talk with her, share experiences and participate in finding solutions. She also made sure she is physically available in the different areas. The team works closely with others and members attend advanced practitioner forums and conferences. Sharing the success of the team throughout university student cohorts would help to inspire and challenge future nurses and AHPs, as would sharing the success of the team with other NHS Highland colleagues.

Mr Charlie Bloe received the UK Cardiovascular Nurse of the Year award for the work he and his team have undertaken for early management of heart attacks patients. Certain types of heart attacks require the early administration of a thrombolytic (clot buster) drug, and research has shown that every one minute delay in administering the drug reduces life expectancy by 11 days. Mr Bloe's team set up IT infrastructure that allows paramedics to transmit ECGs from a patient's home to the Coronary Care team within minutes of arriving to treat an emergency. His team can then offer support to the paramedics in interpreting the ECG. This has made a significant improvement in care and Mr Bloe confirmed that the ECG program covered the whole of the Highlands with all ECG readings being transmitted to Raigmore Hospital. He further confirmed that emergency defibrillators are not linked into the programme, as they do not have the necessary infrastructure to transmit an ECG.

Ms Pam Dudek commended all three staff for articulating leadership at its best, showing the respect, support and value within teams, as well as great use of integrated care.

The Chair expressed the Board's pride in its staff, and that they are a credit to themselves and NHS Highland. Thereafter the Board expressed its thanks and congratulations to all three staff members for their hard work and commitment.

4 Minute of Meeting of 24 November 2020 and Action Plan

The Board **approved** the Minutes of 24 November 2020; subject to the following amendment:

Page 7: 'route-cause analysis' to be amended to 'root cause analysis'

Regarding Item 11 of the minutes, Ms Ruth Daly confirmed that the revised minute of the Staff Governance Committee will be circulated to the March meeting of the Board, along with the February Staff Governance minutes.

5 Matters Arising

There were none.

6 Chief Executive's Update

Ms Pam Dudek provided the following updates to the Board:

- There had been a significant increase in Covid infection rates over the Christmas / New Year period. The vaccination programme is well under way and her thanks were extended to the many individuals who had worked tirelessly to make that happen.
- In January the Chief Executive, Board Chair, Director of Finance and Director of Public Health represented the Board at the Scottish Government Health and Sports Committee. Feedback had been positive.
- Ms Dudek paid tribute to staff commitment which has been amazing; continuing to understand how the positive culture and wellbeing of staff can be supported.
- Despite the Covid19 challenges, NHS Highland was making every effort to operate a level of business as usual, which was a fine balance.
- Revised remobilisation plans are expected by the end of February. These will go through the Board for approval before the start of the new financial year.
- She and the Chair attended a national meeting yesterday with Chairs, Chief Executives and officials from the Government, including the Cabinet Secretary. Looking to the future was the key discussion, what would be different, what has been learnt throughout the pandemic, and how to improve going forward. Ms Dudek intended to share the NHS Highland presentation with the Board at a future occasion.

Mr Graham Hardie enquired about the EU restricting the importing of vaccinations outside the EU and if there was any information regarding this. Ms Dudek confirmed that a full answer to this question could not be given at this time; however, there had been no indication of the UK being directly affected so far.

The Board **noted** the update.

7 Integrated Performance and Quality Report

Mr David Park introduced the report and confirmed that the timing of the data for the report goes up to the end of November, with commentary on some elements up to the end of October. He further confirmed that these are not all the metrics, the various Committees will have an extended view; this is a compilation of summaries.

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

Clinical Governance

Dr Boyd Peters highlighted the following key points: 4

- Adverse events and complaints / FOI requests; the service was focusing on identifying opportunities to improve and maintain a high customer focus.
- Readmissions; approximately 1 in 10 patients will be readmitted within 28 days. This area will be looked at in more detail to determine the reasons and decisions behind this, whether it be clinical, geographical, demographical or other factors. There is also a pattern of higher readmission rates within mental health; this will also be looked at in more detail to see what this is related to. He confirmed that these areas have been affected by the pandemic, and most likely will continue to be.

Ms Heidi May highlighted the following key points:

- Pressure ulcers; there has been a sustained reduction in the numbers of grade 2, 3 and 4 pressure ulcers. New guidelines have been published and were currently being worked through to improve the care for patients and residents. A large proportion of the care provided is for people being admitted into hospital with a pressure ulcer from home; in light of this, focus will be on working with care at home teams and carers through the community nursing and specialist nursing teams.
- Infection prevention and control; she confirmed that the figures continue to be encouraging. The national target for SAB (staphylococcus aureus bacteraemia) is 15.3 cases per 100,000 acute occupied bed days; NHS Highland is currently at 5. However, the national target for C Difficile is 14.9 cases per 100,000 occupied bed days and NHS Highland is at 23.5. She confirmed that there are a number of actions in place to improve this situation and the timeline to reach this target is March 2022. Focus was now being directed to antimicrobial prescribing. There has been a reduction in this during the pandemic and it was hoped this effort would have a positive impact on the rates.

Dr Gaener Rodger, Chair of the Clinical Governance Committee, confirmed that the Clinical Governance Committee has agreed to review the performance measures for adverse events and serious adverse event reviews.

Mr Alex Anderson enquired as to the Freedom of Information requests and if there are enough resources to complete these within the required time limits. Dr Peters confirmed that there is a dedicated member of staff assigned to this role while acknowledging that there is no predictability about the numbers of requests. Resources would be addressed if the numbers of requests escalated beyond the organisation's capacity to deal with them.

Mr Anderson further enquired regarding readmissions and if there will be a set target for NHS Highland or will it be a benchmark against other boards. Dr Peters confirmed that readmissions has been an ongoing item for awareness and discussion and, prior to the pandemic, the intention was to review targets and for this to become an item for the Clinical Governance Committee. This will be dependent on the year ahead.

Ms Ann Clark suggested that the Integrated Performance report should also address the implications of inequalities in health that are being further highlighted by the pandemic and, if possible, include recommendations / targets for how these are being addressed. Ms Clark also enquired if training to deal with pressure ulcers would be extended to carers and their families. Ms May confirmed that the current processes will be considered and ensured that this training, education and support is provided to carers and families.

Ms Sarah Compton-Bishop enquired about the rise in adverse events in November and if this was a result of the change in policy and procedure. Dr Peters advised that adverse event numbers can go up and down unpredictably at times; it is important to look at the trends and patterns over a period of time, and ensure all are being identified and put through the correct process in the right timeframe. He further confirmed that the procedures have not changed greatly, and that staff have been provided with the necessary training.

Mr Albert Donald referred to the significant number of complaint responses that exceeded 300 days and enquired what could be done to improve both timeframes and the quality of responses. Dr Peters advised that while the benchmark is to respond to complaints within 20 working days, the complaints that exceed this are often complex, involve a lot of staff and have other issues that make them difficult to

close. Response letters must not only address the specific issues raised in complaints in simple terms but also reflect that the organisation is on an improvement journey.

Finance, Resources and Performance

Chief Officers were responsible for the performance activity in each of their respective areas.

Ms Katherine Sutton highlighted the following key points:

- Activity across outpatients and TTG is now very close to the original plan.
- Cancer delivery continued to create challenges; there is a sub group of the Performance Recovery Board dedicated to looking at the necessary required action. Further collaborative work with NHS Grampian and discussion with Scottish Government were being undertaken to improve delivery
- In regard to performance and the number of patients waiting, the number has been significantly impacted as a result of the action taken to increase capacity. The building of the fourth endoscopy room is advancing and should be completed by the end of the financial year.

Ms Louise Bussell highlighted the following key points:

- Work was progressing to provide pan-Highland data on CAMHS and psychological therapies. The waiting times for CAMHS are stable and slightly above the Scottish position. Referral rates are a particular challenge, receiving almost three times the amount of referrals compared with April 2020. For psychology services, there has been a deterioration in the 0-18 week wait times, but with a three-fold increase in referrals. Focus was now being given to manage these pressures and show improvement. The new Performance Programme Board will look at the data and improvement plans for each of the key areas, along with benchmarking.
- There was a dedicated programme in place to improve delayed discharges. There has been improvement particularly in relation to mental health and the enhanced community service is showing early signs of progress. This time last year the average length of stay in the RNI was 30 days, it is now 9.3 days.

Ms Joanna MacDonald highlighted the following key points for consideration:

- A&E admissions are being monitored on a daily basis.
- There is a continued focus on people who are delayed in hospital and ensuring their pathway.
- There had been a focus on care homes, and the care and commitment to residents and families had been maintained throughout the pandemic.
- Ongoing issues around elective surgeries and the ability of NHS Greater Glasgow and Clyde to support due to the prevalence of Covid.

Mr Alasdair Christie enquired at what point cancer delivery numbers were expected to improve. Ms Sutton advised that she anticipated improvement in February and March. She expected a significant improvement to be achieved as a result of the one-stop clinic space for urology patients within Raigmore; this would reduce the length of time through the cancer pathway. There is also work happening with partners in Grampian to increase staffing capacity, particularly in urology. In addition nursing roles are being developed so that they are able to support this area. Significant effort was being undertaken to ensure that every service is prioritising cancer patients.

Mr David Garden introduced the finance section and advised he will provide an update between the month 8 report provided and month 9 numbers which had recently become available. He advised that the report included a formatting error in Table 1 - all numbers in the bottom line should be red and in brackets. He further advised that the final draft submission in relation to Covid costs had now been submitted to the Scottish Government, and an imminent announcement was expected on funding. The numbers included in the month 8 and 9 positions assumed that funding would be received. The following updates were provided:

- The month 8 position shows an £11.2m year to date overspend; month 9 has increased to £12.3m. The forecast outturn remains at £8.8m.
- Cost improvement delivery as at month 8 shows there is a £28.8m savings target to deliver at the start of the year. All Financial Recovery Board work was paused during March, April, May and part of June, with it restarting in July, so there was always the anticipation of slippage in terms of financial recovery. Against the £24.1m that was allocated to the Financial Recovery Board there has currently been £8.3m delivered at month 8; this has increased in month 9 to £10.5m. It was

anticipated that there will be a savings target delivered of around £20m, including around £8m within the Covid delivery.

- Capital; there have been two adjustments to funding for expected slippage in the Skye, Badenoch & Strathspey Hospital bundle, as well as the Raigmore Maternity Capacity. Plans are in place and he was confident that the organisation will be able to deliver the capital position at the end of the year.

Ms Ann Clark enquired if the savings work streams that were paused could be restarted or are these opportunities now lost. Mr Garden confirmed that those that are appropriate will be carried over to next year, however, remobilisation may mean that some areas of service delivery would be different.

Mr Gerard O'Brien asked for clarity as to whether savings opportunities would be deferred or lost. Mr Garden confirmed that some will be deferred and some will still be developed and go into next year. At this point in time, it was not possible to be certain if all savings opportunities could be deferred to the next financial year.

Staff Governance

Ms Fiona Hogg spoke to the Staff Governance section of the report which currently contained a single metric relating to overall staff absence levels. In October, absence rates had fallen to 4.8% and had stayed stable in November. There were ongoing short and long terms efforts to support absence management and local targets would be set. To date, absences associated with Covid19 were relatively low, around 30 to 40 absences at any one time, plus 80 members of staff shielding. Further intensive work was being undertaken on data capture as it was anticipated there was a higher prevalence of Covid absences than currently recorded so as to provide the necessary support.

Ms Sarah Compton-Bishop, Chair of the Staff Governance Committee, advised that the next Staff Governance Committee meeting would take place in February when further consideration would be given to the metrics going forward. It was expected that the metrics would connect directly with the Board Assurance Framework, along with developing metrics around culture.

Mr David Park proposed that the Integrated Performance and Quality Report be sent to the Board members as soon as it becomes available; then, if there are any questions, these can be directed to the relevant Sub Committees and Chairs and addressed at that time.

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

Members took a short break at 11.05am. The meeting reconvened at 11.20am.

8 Board Assurance Framework

Dr Boyd Peters introduced the report which provided an update on progress with embedding risk management across NHS Highland, beginning with the high-level framework. In the course of this year, assurance will be sought that appropriate risk registers and systems are in place; this is an ongoing process. There will be further work which will be required to review and redefine some of the risks and escalation processes, including the layers of risk registers which exist across the organisation, and the overall organisational approach to risk.

During discussion Dr Peters confirmed the following points:

- The Risk Management Steering Group met in January and believed that some of the risks were not strategic in nature; these will be reviewed and brought back to an Executive Directors Group and a Board Development Session. Scoring techniques have been used to inform escalation and will be reviewed to ensure that high level strategic risks are captured.

Ms Fiona Hogg gave the following progress update regarding the three workforce risks outlined in the report:

- From a culture perspective there was a dedicated session at the Culture Oversight Group to look at the programme level culture risks, and take into account the recent internal audit on culture. They will

now look at the board level risks to ensure it is sufficiently strategic and aligned to the work happening at the lower levels.

- In regard to the risk on general workforce availability and mental health; two workforce planning colleagues have been appointed, along with the recently set up Workforce Board; this will create the capacity to work with colleagues across the specialist roles and functions to build long term workforce plans.
- The columns relating to mitigation and reducing risk that are currently empty will be reviewed and updated.
- In regard to a recruitment strategy, it was hoped that a version would be completed in the next couple of months and it would be reviewed by the Staff Governance Committee.
- In response to Ms Sarah Compton-Bishop's query on risk associated with Statutory and Mandatory training, Ms Hogg confirmed that this risk had been discussed, but work needs to be completed with the Chief Officers to confirm that they are consistent in terms of recording the risk at an operational level. She confirmed that a plan for statutory and mandatory training was currently being developed. Mr Alex Anderson suggested that there be some sort of marker / flag for issues like this so that nothing falls through a gap.

Dr Gaener Rodger referred to Risk 538 – IT and digital safe information handling. Currently this has its assurance source as the Finance, Resources and Performance Committee but, as the Information Assurance Group and GDPR risk report to the Clinical Governance Committee, Dr Rodger enquired whether this should be updated. Mr Alex Anderson commented that the Finance, Resources and Performance Committee will be looking at the framework and any higher level strategic risks.

Dr Peters responded to the above comments and reiterated that the report provided is a first version of the framework, an interim report; they will be ensuring the risks are in their right places and that it is clear as to the routes that risks report.

Mr Gerard O'Brien commented that risks and issues should be separated as how these are managed are two separate processes. Dr Peters confirmed that the Board Assurance Framework will be updated in the coming months.

The Board **approved** the Board Risk Assurance Framework, **noted** the progress made and that further work is required to review and redefine some of the risks and escalation processes.

9 Covid Update

Dr Tim Allison provided an update on Covid highlighting the following points:

- There had been an upsurge in community progress of the virus over the last few weeks, numbers were now slowly declining. The cause for this upsurge seems to be a combination of social contact prior to the Christmas period, and also the emergence of the new variant.
- Case numbers and rates remain highest in the Highland Local Authority area, notably East Ross. This includes outbreaks within care homes; two in Invergordon, one in Dingwall and one in Inverness.
- Covid testing: The UK postal testing service has been expanded resulting in access across the whole of the mainland and Skye. There are now fixed sites in Oban and Wick and tests were available in fire stations in Lochgilphead and Thurso. Testing for people with no symptoms are available for NHS staff and has been expanded for hospital admissions.
- Vaccinations: Both the Pfizer and Astra Zeneca vaccines are available now, and it is likely that further vaccines will become available in the next few months. The latest figures show that GPs have now vaccinated 13,797 people and the overall number will soon reach 30,000. In regard to availability of the vaccine, with the flexibility of the programme, it is felt there is the ability to cope with some changes in availability. The care home programme has been completed except for those where there are outbreaks; the uptake has been excellent with 81% of staff and 90% of residents. Due to advice from the Chief Medical Officers and the Government the gap between first and second doses has been extended up to 11 to 12 weeks.
- The Scottish Government has set out target dates for vaccination of the remaining cohorts and remained confident they could be met.

In response to questions, Dr Allison confirmed the following points:

- In regard to the gap between the two doses, the advice from the Chief Medical Officer is based on the recommendation of the Joint Committee for Vaccination and Immunisation. There is not unanimity on this across the world due to the new nature of the vaccines and the limited time to study; while a lot of the research has been based on two doses three to four weeks apart, there is good evidence to support both the effectiveness of one dose and the delayed second dose.
- Dr Allison confirmed that good use is being made of the NHS Highland laboratory capacity; the Raigmore laboratory is close to capacity for Covid testing.
- In regard to providing data for effectivity and transmissibility post vaccine, there are studies and research taking place regarding transmissibility, but a lot of this evidence will most likely come from population studies over the next few months based on observation.
- Dr Allison confirmed that for the current cohorts NHS Highland's vaccination programme relies on GPs as the official channel for inviting people, and would never ask for personal information via an email. Any emails sent out asking for this type of information are most likely a scam.
- In regard to the risk of staff or patients not taking the vaccine; Dr Allison confirmed that the vaccine is not compulsory, but everyone is encouraged to take it. People who receive the vaccine still need to follow the precautions in place.
- In response to a query regarding reports about the lack of effectiveness of the Astra Zeneca vaccine in those over 65, Dr Allison confirmed there is good evidence, on the basis of clinical trials, as to the effectiveness of Astra Zeneca in a variety of age groups.

Ms Pam Dudek provided feedback as to how NHS Highland is performing against national targets:

- All care homes that could be completed were completed by 20 January, the target date was 6 February. Administering the vaccine to 81% of staff and 90% of residents was an impressive performance in national terms.
- Between 60% and 70% of frontline staff have been vaccinated.
- Over 80s; the national system that picks up the data had not been processing the GP data, but this has now been added and the count is currently at 13,797 out of 18,427 to be completed by 6 February. This is 74% and is a very impressive result in comparison with other Boards.

Both the Board Chair and Ms Dudek commended the teams involved for their motivation, support and hard work. Dr Allison acknowledged that this applies very widely across the whole of the Health Board and partners, as well as local authorities and communities.

The Board **noted** the update.

10 The Culture Programme Update

Ms Fiona Hogg provided an update on the culture programme highlighting the following points:

- Culture change takes time; it takes each and every colleague to both create and change the culture. Culture is what is experienced on a day to day basis while at work.
- The last 18 months have rightly focused on addressing the issues of the past, supporting people with healing and ensuring there are channels to both support and report concern but it will now be moving into a different phase. This phase is about creating conditions across the organisation to make sure that every single colleague is treated with kindness, respect and compassion.
- Work would continue with the Head of Communications and Engagement to ensure active engagement with colleagues to build awareness and understanding of individual roles and responsibilities, as well as providing support across the organisation.
- Culture Plans would continue to be tailored and adapted throughout the pandemic to ensure proper priorities are maintained and resources balanced
- Organisational learning would be the subject of a detailed report and plan bringing together all of the insights that have been gathered so far, identifying what the gaps are and what needs to be tailored going forward. Development of this report is well under way and a detailed update will be provided to the Board.
- Measuring progress on culture is particularly challenging; it needed to have an organisation-wide focus and be specific enough to capture individual team level views as well.

Ms Hogg also provided an update on the healing process highlighting the following key points:

- All of the recommendations from the Independent Review Panel have been accepted in full by the Remuneration Committee.

- There has been good feedback from a number of participants who have found the process very helpful. For a small number of participants, the process has not delivered what they had hoped for which the organisation is sorry to hear.
- The organisation was keen to make sure that those who have not yet taken up the process do feel encouraged to come forward with registration still open until the end of February.
- Ms Hogg expressed her apologies that the matter of whether financial payments should be subject to tax had not been picked up as a potential issue earlier. Ms Hogg confirmed that clarification was still awaited from HMRC as to whether financial awards under the Healing Process would be subject to tax and national insurance payments. This is not a matter that NHS Highland has discretion on, and, as matters currently stand, it was understood that the payments should be subject to tax. As soon as feedback is received from the HMRC, the co-production group will be reconvened to work through the feedback and agree the communication plan and action to be taken.

In regard to the Whistle Blowing Standards, Ms Hogg confirmed the following:

- The national standards are due to be implemented from 1 April 2021.
- There is an oversight group in place, and a detailed action plan will soon be created. From a timing perspective it will be challenging, as there was a need to engage across the organisation and with external partners.
- The Guardian Service is already in place as an independent 'speak-up' channel for people to escalate their concerns. The Guardian Service is a key part of the implementation group and approach going forward.
- The organisation continued to work closely with the office of the Independent National Whistle Blower.
- It was expected that the Guardian Service would be in place for at least two to three years.

Ms Compton-Bishop commented on the need for clarity in the definition of whistle blowing and requested assurance that safeguards would be put in place to ensure full understanding of the term and accepted that certain cases may not be clear-cut. Ms Hogg agreed the importance of checking that the most appropriate process is being used.

Ms Jean Boardman asked for clarity on the Culture Programme roadmap and whether the planned 'Calling it out with Compassion' workshops are based on the 'Civility Saves Lives' model and principles. Ms Hogg confirmed that Civility Saves Lives is the umbrella of the work being done and within that are a number of different tools and approaches – one of which is the 'Calling it out with Compassion' workshops.

Mr Adam Palmer enquired about the pace of change, and whether there is the organisational capacity to complete the changes fast enough to make a change where needed. Ms Hogg agreed that there is the desire to do things as quickly as possible, but also the need to make sure the right thing is being done, noting that this is a delicate balance. Working closely with the Head of Communications and Engagement would be particularly helpful.

Ms Susan Ringwood commended the Board for operating in an authentic way that underpins the cultural change and she believed this was evident throughout the way the Board operates.

Mr Albert Donald, Whistle Blowing Champion, provided the following update on his activities:

- The collaborative approach with NHS Grampian would continue to reap benefits moving forward.
- Physical visits to Argyll and Bute were currently not possible but meetings were being held virtually. There were some legacy issues still to be addressed and a root-cause analysis would also be undertaken.
- Implementation of the new whistle blowing standards would be significant and challenging due to the pressure and constraints that staff are currently under. However, every effort would be made to continue to work towards the implementation date of 1 April.

The Chair thanked Ms Hogg, and reiterated that this is a multi-layered, multi-faceted piece of work. He acknowledged that culture change would take time as there is a past to be addressed, a present to deal and engage with, and a plan required for the future. He reiterated that the organisation was determined to see this through.

11 Winter Plan

Ms Louise Bussell reminded the Board that a draft of the Winter Plan had been reviewed at the September Board meeting. The plan has been accepted and commented on by Scottish Government and the Board was now invited to formally adopt it. There were links between the Winter Plan and the Remobilisation Plan. Ms Bussell confirmed that there has already been a lot of work completed on the enhanced community service, with the flow navigation centre and mental health assessment unit already up and running.

Mr Alex Anderson suggested in future the Finance, Resources and Performance Committee should see the plan prior to the Board as performance indicators would emerge from the plan.

Dr Gaener Rodger confirmed that the Clinical Governance Committee would take on any concerns or issues relating to the Winter Plan with regard to quality and safety of services, as these could be escalated at any time to Clinical Governance. The expectation is that the next Winter Plan will come to Clinical Governance in September 2021 before submission to Scottish Government.

In response to questions from Ms Sarah Compton-Bishop and Dr Gaener Rodger, Ms Bussell confirmed:

- In recent times, there have been some elements of additional support provided to single handed GP practices and island communities with nurse practitioner roles for example. There had not been any particular Covid specific hot spots.
- The amber and red actions in the appendix to the Winter Plan had been attended to with several actions now having been completed.

The Board **approved** the Winter Plan and **noted** that the plan had been adopted by Scottish Government.

12 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports

(a) Highland Health and Social Care Partnership

Ms Louise Bussell advised that work was still being undertaken to finalise this. Approval had been received from the Scottish Government for the report to go to the March Health and Social Care Committee and be published at that point. It would be submitted to the next Board meeting.

(b) Argyll & Bute Health & Social Care Partnership

Ms Joanna MacDonald introduced the report and highlighted the following key points:

- The report relates to national health and wellbeing outcome indicators, finance and best value, and inspection of services.
- Child protection and adult protection were critical areas. In Argyll & Bute, children's services are delegated to the partnership, the delivery of the service plan has been a key area of work. Argyll & Bute was one of the first areas to have children's services undertake a joint inspection. Argyll & Bute is one of two HSCPs selected by Scottish Government to lead on the GIRFEC Leadership Programme and to develop and deliver leadership across a range of services relating to children's services. For 2021, the impact of Covid on child poverty and children's rights will be looked at.
- Telecare development has been progressed.
- There has been huge progress in the delayed in hospital discharge position, in occupied bed days and numbers, by over 20% in comparison to the previous year.
- Carer strategy and working with the communities has been critical, to the delivery and support of individuals. This is a key area that third sector and community councils have been working closely with.
- There had been significant effort and focus on culture
- In 2018/19, the partnership had an overspend of £6.7m of which £3.5m was related to health; the outturn of 19/20 was a significant improvement where the overspend was reduced to £2.5m of which £1.2m was health related.
- The challenges with NHS Greater Glasgow and Clyde regarding agreement of the funding levels for the Service Level Agreement for acute services had been resolved.

The Chair congratulated The Chief Officer on the progress made with 27 out of 43 targets met.

Ms Pam Dudek confirmed the differences in accountability in regard to the IJB and Lead Agency model reports. The Argyll & Bute Health & Social Care Partnership report is an IJB report which is a public body in its own right; the report was therefore presented for noting. However, the Lead Agency report would be submitted to the Board in March for its approval.

The Board **noted** the Argyll & Bute HSCP Annual Performance Report 2019/20.

13 Director of Public Health's Annual Report 2020

Dr Tim Allison introduced the report; he advised that due to Covid there has been less time available to produce and finalise the report and, therefore, the report is still a draft version, although no major changes are expected.

The report highlights three elements:

- The epidemiology and background to Covid
- The wider effects of Covid such as social factors, income, children, poverty, employment, as well as the importance of developing and implementing social mitigation.
- Also included is a section on alcohol and drugs and the connection with Covid.

In response to questions, Dr Allison confirmed the following:

- The Child Poverty Action Plan is well in development for Highland and will be ready in February or March as part of the Integrated Children's Plan.
- The recommendations made by the report are largely covered by the work on the Social Mitigation Plan; there may be some which need a separate approach. Ms Ann Clark suggested that these recommendations be also considered when looking at the Remobilisation Plan and how they can be incorporated.
- Regarding the rise in drug related deaths and what action can be taken, Dr Allison confirmed that, while the rate across NHS Highland is better than across Scotland, it is still a very significant problem. Areas to be looked at are around access to, and engagement with, services leading to better outcomes.

Ms Pam Dudek commented that this report was of particular significance for the Board as it raises the question of future priorities and recognises the widening gap of inequalities as a result of Covid. NHS Highland needed to form a clear position on how communities are supported and connected. Ms Dudek recommended looking at some of the early studies completed on Covid and its impact, as well as the Board having further discussion on this topic.

The Chair agreed that further discussion / development session would be helpful on this topic.

The Board **noted** the 2020 Director of Public Health Annual Report.

14 Alcohol and Drug Partnership Annual Report

Dr Tim Allison advised that the Alcohol and Drug Partnerships are multi agency bodies that are closely associated with the Health Board. Their reports and strategies offer a useful insight and are brought to the Board for noting, comment and to spark future discussion regarding the importance of these subjects. Dr Allison confirmed that the reports had been submitted to Scottish Government.

Ms Ann Clark commented that work was currently underway as to how and where reporting of this should take place within NHS Highland. She welcomed the report which would also be of assistance to Community Planning partnerships.

Ms Pam Dudek commented that ADPs reported directly to IJBs. However, this was not the case for the Lead Agency. Work was underway to map out how the activity of the ADPs could contribute to, and be incorporated within, the Board's governance structure.

The Board **noted** the Alcohol and Drug Partnership Annual Report and Strategy.

15 Code of Corporate Governance

Ms Ruth Daly invited the Board to ratify the Code of Corporate Governance, which has been considered by all Governance Committees and agreed at the Audit Committee on 8 December 2020. Ms Daly confirmed that the document takes into account the UK's withdrawal from the EU, that it would be reviewed annually and presented to the Board for approval, as well as uploaded to the website.

Mr Albert Donald highlighted an inconsistency on page 112 regarding reference to the Culture Programme Board and the Culture Oversight Group; as well as a reference to dates that are in the past on page 135. These inconsistencies will be amended; the Chair suggested that any similar points be submitted to Ms Ruth Daly for amendment.

The Board **approved** the Code of Corporate Governance.

16 Governance and other Committee Assurance Reports

a) Clinical Governance Committee of 1 December 2020

Dr Gaener Rodger advised that there had also been a meeting held on 14 January 2021 and, at this meeting, the Area Drugs and Therapeutics Committee highlighted a lack of clarity over which groups were responsible for the review of non-medicine related clinical policy and guidelines, and that this could pose a risk to both patients and staff. Currently an appropriate solution is being sought and an update would be given to the Clinical Governance Committee in July.

b) Highland Health and Social Care Committee of 2 December 2020

c) Audit Committee of 8 December 2020

Mr Alasdair Christie advised that the GDPR internal audit report still has items outstanding which, if not finalised by the next Audit Committee, will be escalated to be discussed at Board level. Progress is being made on the outstanding management actions and feedback. Mr Christie has circulated to the Committee Chairs a list of their outstanding actions and he hoped to have as many cleared as possible before the end of the financial year.

d) Area Clinical Forum of 29 October 2020

Ms Margaret Moss advised that there had also been a meeting held on 14 January 2021 and, at this meeting, Professor Sandra MacRury gave a presentation regarding the opportunities for joint working between UHI and NHS Highland. It was felt that a joint event / conference to open up awareness would be a good starting point.

Ms Pam Dudek confirmed that she has met with Professor Sandra MacRury and had discussions around this.

e) Argyll and Bute Integration Joint Board of 25 November 2020

The Board:

- (a) **Confirmed** adequate assurance had been provided from the Governance Committees, and
- (b) **Noted** the Assurance Reports/Minutes and agreed actions as detailed in the circulated minutes.

17 Any Other Competent Business

No items were raised.

18 Date of next meeting: 30 March 2021

The meeting closed at 1.45pm