

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of BOARD MEETING Board Room, Assynt House, Inverness	24 November 2020 – 9:30am	

Present	Prof Boyd Robertson, Board Chair, by VC Dr Tim Allison, Director of Public Health and Health Policy Mr Alex Anderson, by VC Ms Jean Boardman, by VC Mr James Brander, by VC Mr Alasdair Christie, by VC Ms Ann Clark (In the Chair) Ms Sarah Compton-Bishop, by VC Mr Albert Donald, by VC Ms Pamela Dudek, Chief Executive Mr David Garden, Director of Finance Mr Graham Hardie, Teleconference Ms Deirdre MacKay by VC Mr Philip MacRae, by VC Ms Heidi May, Nurse Director Ms Margaret Moss, by VC Mr Adam Palmer, by VC Dr Boyd Peters, Medical Director, by VC Dr Gaener Rodger, by VC
In Attendance	Mr David Bedwell, Interim Director of Estates, Facilities and Capital Planning, by VC Ms Louise Bussell, Interim Chief Officer, North Highland Ms Ruth Daly, Board Secretary Ms Leah Girdwood, Committee Administrator Ms Fiona Hogg, Director of Human Resources and Organisational Development Mr David Park, Interim Deputy Chief Executive Ms Katherine Sutton, Chief Officer, Acute Services
Also in Attendance	Ms Charlotte Craig, Business Improvement Manager (Item 9) by VC Prof Sandra MacRury, University of the Highlands and Islands by VC

1 Welcome and Apologies for absence

Professor Boyd Robertson welcomed Ms Pamela Dudek to her first Board meeting as Chief Executive, Mr David Park as Interim Deputy Chief Executive and Ms Louise Bussell as Interim Chief Officer for North Highland. As he was joining the meeting remotely, he asked Ms Ann Clark to Chair the meeting on his behalf.

Apologies for absence were received from Ms Joanna MacDonald.

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. Mr Christie confirmed that he would leave the room should any discussion at Item 8 concern contractual issues.

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 Minute of Meeting of 29 September 2020 and Action Plan

The Board **approved** the Minutes of 29 September 2020.

4 Matters Arising

There were none.

5 Chief Executive's Update

Pam Dudek invited Dr Tim Allison to provide members with a brief update on Covid-19 in NHS Highland. There had been reasonably high numbers of Covid-19 cases in recent months compared to early summer, but there was also increased testing being undertaken. There were now signs of a decrease in cases across NHS Highland. North Highland figures were reported as 20 cases per 100,000 population, and Argyll & Bute as 30 cases per 100,000 population. There had been no reported outbreaks, only sporadic cases and small clusters. With regards to contact tracing, 100% of people notified with Covid-19 were contacted and 96-97% close contacts with positive cases were contacted. North Highland remained in a modified version of Tier 1 and Argyll & Bute were in Tier 2. There was optimism regarding the vaccine and NHS Highland was making preparations for the potential for vaccination beginning in December, dependent on guidance on licensing and safety.

Pam Dudek provided the following updates to the Board:

- She and the Chair had attended the Scottish Government PAPLS Committee on 8 October. This was in relation to the Section 22 report issued as a result of NHS Highland's financial position in 2018/19. Informal feedback on the session with the Committee had been positive.
- The NHS Highland Annual Review had taken place on 23 November 2020. The key messages had been around finance, operations and culture which were all underpinned by good governance. Notwithstanding the challenges ahead, assurance was able to be provided and confidence in the progression of NHS Highland given.
- There had been a focus on winter preparedness and emergency care. The key priorities would be monitored closely, ensuring that staff resilience was maintained.
- She had been on visits to Caithness, Lochaber and Argyll & Bute which had been positive. The visits provided an opportunity to build new connections with members of the community and the staff working in the areas.

In response to a question regarding the flu vaccination programme in NHS Highland, Tim Allison confirmed that the programme was in two phases. The first phase was for vaccination of over 65s and those who were more vulnerable, which was largely finished and uptake had been successful. Phase 2 was for younger groups, and was yet to begin. There was a possibility of an overlap between the flu vaccination programme and the Covid-19 vaccination programme. The biggest implication of an overlap would be for the workforce.

Mr Alex Anderson sought clarification on which Covid19 vaccine would be preferred, particularly in respect of the low temperatures needed to store the Pfizer vaccine. Tim Allison confirmed it was too early to be certain, however, it was likely different vaccines would be used dependent on the logistics

and the patient being vaccinated. There were facilities in place in hospitals to store and distribute the Pfizer vaccine if this was licensed first.

Boyd Robertson added that there had also been discussion with the Cabinet Secretary and the Director General regarding the Board's de-escalation from Level 4. He believed this could be possible if NHS Highland remains on its current improvement trajectory.

The Chair sought assurance that NHS Highland was going to meet the deadlines which were set by Scottish Government for the switch from unscheduled care to scheduled care. Pam Dudek confirmed 1 December 2020 was the target date for a soft launch of scheduled care. A readiness assessment of NHS Highland showed it was on track but the risks around change management were acknowledged.

The Board **noted** the update.

6 Integrated Performance and Quality Report

David Park introduced the report which had been previously considered at Clinical Governance, Staff Governance, and Finance, Resources and Performance Committees in October and November 2020.

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

Clinical Governance

Dr Boyd Peters introduced the clinical governance section of the report. The metrics contained within this section of the report would be modified and updated over time. Work was ongoing to improve the complaints performance which had already improved significantly but had been affected by some of the other pressures faced by the department recently.

Ms Heidi May spoke to the infection control section of the report. She advised the figures were encouraging in terms of the new standards which had been introduced. The SABs national target was 50.3 cases per 100,000 occupied bed days. The NHS Highland figure was reported as 4.9 so the target was being exceeded. The national target for C Difficile was 14.9 cases per 100,000 occupied bed days and NHS Highland was reporting 17.8 cases. This was not on target yet, however, Heidi May confirmed the target was not due to be reached until March 2022. Health Improvement Scotland (HIS) had completed an unannounced visit to Cowal Community Hospital on 27 October. The comments from the scrutiny team had been focussed on excellent standards of cleanliness and patient care. Good compliance with PPE usage was also noted and there was also commendation for the visibility of guidelines for visitors to the hospital. Heidi May confirmed that the areas for improvement included standards of documentation and it was noted that a number of patient assessments had not been carried out within the requisite timeline. The learning from the visit had been shared across the organisation to help operational units with improving standards. The final report was expected to be received on 21 January 2021.

Dr Gaener Rodger, Chair of the Clinical Governance Committee, confirmed that the assurance provided to the Board would be in better sync in 2021. She hoped to add readmissions data to the report. It was noted that the data contained within the pie charts did not match the data in the tables, so corrections were required.

On the point of the data, the Chair drew members' attention to a system which Mr David Garden and Ms Fiona Hogg had seen in use in England. The system allowed the organisation to view live data and the Chair queried whether investment in a similar system would be beneficial to NHS Highland. Pam Dudek suggested it would be worth revisiting the potential of a system which provides real time data; however, in the meantime it was important to look at the timing of the Governance Committee meetings to ensure the most up-to-date data can be provided for assurance purposes.

Mr Bert Donald sought assurance that the policies and procedures for Significant Adverse Event Reviews (SAERs) were being followed. Boyd Peters confirmed SAERs were looked at initially by clinicians who would then report to the Quality Patient Safety (QPS) meeting. NHS Highland was in the process of making changes to the QPS structure, including where SAERs would be discussed in the future. The intention would be to continue with the current process until a new process was identified.

Boyd Peters advised it was likely that SAERs would be looked at by the Clinical Governance Committee. The Chair questioned whether the figures in the table had increased as a reflection of the remobilisation of services, rather than being a reason for concern. Boyd Peters confirmed that if there were concerns regarding the increase these would have been escalated. There was an expectation that metrics used in future iterations would be more understandable.

Finance, Resources and Performance

Chief Officers were responsible for the performance activity in each of their respective areas. Ms Katherine Sutton and Ms Louise Bussell introduced each area, highlighting the following key points for consideration:

- NHS Highland was delivering against the target of 4 hours for emergency access. There was recognition of the challenges moving into winter and a number of actions were outlined within the report including changes being made to the minor injuries service.
- There were a number of proposals for improvements in Raigmore, including increasing capacity for ambulatory care by moving the infusion suite out of Raigmore.
- Plans to schedule unscheduled care were moving in line with the national direction. Belford and Caithness hospitals had already taken action to reduce obstacles to the work and increase capacity.
- The flow of patients in and out of hospital continued to be a cause for concern.
- There were challenges faced in relation to outpatient activity. There were a reduced number of outpatient appointments in Argyll & Bute which had been due to a challenge with the service in NHS Greater Glasgow & Clyde (NHSGGC). NHSGGC had not planned to meet the 80% target activity level until December so there was no alignment with the plan in NHS Highland.
- The Treatment Time Guarantee (TTG) targets were being reasonably met in terms of step up of activity. The main challenge had been in relation to the step up of services in NHSGGC and in rural general hospitals.
- Cancer screening had been stepped down so there was a reduction in the number of patients on the urgent pathways. Service planning was looking at how to articulate performance against pathway targets for cancer waiting times.
- Katherine Sutton confirmed the new appointment in Oncology had withdrawn their acceptance of the post. There was work to improve the recruitment which was being helped by the view of the Highlands being a safe place to live amid the pandemic. The capacity in Oncology was no more of a challenge at the time of the report than it had been pre-Covid. The additional challenge post-Covid was the social distancing measures introduced which impacted the layout of the hospital.
- Some areas were behind the targeted position for the recovery of performance since August, particularly those facing challenges with providing face to face capacity for delivering services.
- There were improvements required to psychological services. There had been a significant reduction in the 0-18 week waits in September, but there were still a large number of people waiting. Additional resource and support had been identified to further reduce the waiting lists.

Pam Dudek highlighted that there were a number of measures for social care not contained in the report which would provide a fuller picture of patient flow and the issues related to this.

In response to a question relating to NearMe, David Park confirmed there was a team which was leading on the drive for use of NearMe. The initial phases had been to look at the infrastructure to match the application with the relevant hardware. This phase had now been completed and the team were now considering more versatile ways to use the technology. The onus then moves to the individual services to decide what was most appropriate for service delivery. Margaret Moss noted that there had been issues with using NHS laptops from non-NHS buildings, which was proving problematic for clinical uptake of NearMe. David Park agreed to follow this up with Iain Ross to identify possible solutions. On this point, Pam Dudek advised feedback was still being received from patients that telephone was preferred which could be due to connectivity issues, particularly in remote and rural areas.

Mr Graham Hardie sought clarification on the ease of access to psychological services in NHS Highland and more information on the length of the waiting times. Louise Bussell advised that there were still improvements to be made for access to psychological services, with some areas being more challenging than others. It was hoped NearMe could help to improve access. In regard to waiting times, Louise

Bussell confirmed the length of time was dependent on the individual's needs as some required more specialist psychological services which were not as readily available.

Mr David Garden went on to provide members with an overview of the financial position at months 6 and 7. Some funding had been received for Covid-19 during month 6 which was reflected in the figures for month 7. There was a projected overspend in month 7 of £11.3m, made up of a planned deficit of £8.8m and the remainder was related to slippage. There was still an expectation that £18m savings could be delivered by the end of the financial year. Some of the issues with slippage may be related to schemes which could not be implemented due to Covid-19. There was potential that there would be funding from Scottish Government for savings slippage, however, David Garden noted that would be non-recurrent support which would make the 2021/22 financial year more difficult.

During discussion, the following clarifications were made:

- NHS Highland had asked Scottish Government for £34m Covid-19 funding which would cover spending, savings and social care. There had been no confirmation on the funding level from Scottish Government yet, and there may be an impact from the Covid-19 vaccination programme.
- Scottish Government would pay for the cost of any Covid-19 vaccinations. There was an agreement between Government and GPs for a fee to deliver the vaccine which was approximately £12 per vaccination.
- The SLA between Argyll & Bute and NHSGGC was for a 1 year settlement, however, ambiguity remained on cross board charging and Scottish Government had been asked for clarity on this.
- The capital programme had increased to £65m in the current year but only £11.7m had been spent. This was not unusual as most spend comes towards the end of the financial year. Work was ongoing to get a contract in place for the additional funding for imaging equipment so it could be accounted for in 2020/21 financial year.
- The Estates project team were at capacity so the estates backlog maintenance was still of concern. The team were working closely with managers on all projects to understand spend.

Staff Governance

Ms Fiona Hogg spoke to the Staff Governance section of the report. The only metric contained within the report was relating to sickness absence as there was still work ongoing to understand the correct metrics to use to show progression. Sickness absence from September 2020 had increased above 5% which reflected the same position as had been seen at the corresponding time in 2019. At the peak of the pandemic, absence was lower which was due to Covid-19 absence being reported separately. Current daily totals for Covid-19 sickness reported was 14-15 absences which reflected the lower prevalence of the virus in North Highland and Argyll & Bute. Work to analyse absences on a divisional level was ongoing which was expected to provide better understanding of where interventions could be used to reduce levels of absence.

With regards to the national target of 4% absence levels, Fiona Hogg confirmed tracking against this was not helpful in the short term as it was unlikely the target would be achieved. She suggested it would be more beneficial to have stepped targets which were achievable. She also noted that the culture work should have a significant impact on absence levels, including upskilling managers to manage absence locally and ensure staff felt supported to return to work.

Ms Sarah Compton-Bishop, Chair of the Staff Governance Committee, advised members that the report was reviewed at the Committee in conjunction with the workforce report and the Committee were looking at how to integrate the two.

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

At this juncture, members took a short comfort break at 11.15am. The meeting reconvened at 11.35am.

7 The Culture Programme Update

Fiona Hogg highlighted progress with the Culture Programme priorities as follows:

- The newly reformed Culture Oversight Group was now in place, having met for the first time on Monday 26th October.
- Work on the six agreed culture priorities was underway, led by colleagues from across the organisation.
- Two of the workstreams identified were up and running. These were noted as the diagnostics workstream and the people processes workstream.
- Three workstreams were in the formation stage, plans and programmes for these were to be discussed at the next meeting of the Culture Oversight Group.
- The workstream on culture metrics was not being treated as a priority until the other 5 workstreams were up and running. This would allow a fuller picture of the metrics which would be beneficial.
- The independent review of the people processes had concluded at the end of October 2020.
- An update on the situation in Argyll & Bute was being taken to the next meeting of the IJB and the group would discuss culture progress in the area. Two of the workstreams identified were being led by colleagues from Argyll & Bute to improve engagement in the area.
- The Argyll & Bute culture group had begun to meet and was co-chaired by the Deputy Chief Officer, George Morrison.
- NHS Highland was developing a campaign to run in December 2020 called 'Speak Up, Listen Up'. The campaign would promote ways in which staff could raise concerns and guidance on how to respond to concerns.
- Positive progress was being made with the Healing Process. Of the 42 recommendations from the independent panel which had been taken to the Remuneration Committee so far, none had been changed or rejected.
- The internal audit on culture had been completed and it was agreed this would be carried out annually and presented to the Audit Committee in December.
- It was hoped that the Everyone Matters survey and iMatter survey results could be looked at by the Staff Governance Committee in January.

During discussion, the following points were raised:

- There had been a review of the recruitment processes and part of this work was now being taken forward by a partnership group.
- The partnership working review had been completed and some outcomes had been incorporated into the people processes workstream. There was a separate workstream taken forward from the review which would look at facility time for trade union members.
- It was expected that a learning report from the independent panel of the Healing Process would be made available on a quarterly basis. The first of these was expected soon and the intention was to ensure the information was shared and built into the diagnostics workstream to ensure no actions were missed.
- The Chair suggested that a development day with the internal auditors present to discuss the outcomes of the culture audit would be beneficial to identify areas for improvement and best practice. Boyd Robertson echoed these views.
- In response to concerns regarding the pace and size of the culture work, Fiona Hogg confirmed there was a project plan being developed and it was hoped this would be available for the Board meeting in January 2021. This plan would look at the outcomes from the Gallanders Report and Sturrock Report and identify the extent to which issues had been addressed or were still outstanding.
- Information would be shared across the organisation for staff to get involved in the culture workstreams.

- In response to concerns regarding the anonymity of the healing process, Fiona Hogg confirmed the information received by the Chief Executive and the Remuneration Committee was high level and redacted. Anonymity was protected and only a very small number of staff were provided with details of applicants to enable processing of the panel's recommendations, such as to provide an apology or make a financial payment.
- The Independent National Whistleblowing Standards would be launched on 1 April 2021. A working group was being set up in NHS Highland with a number of people across the organisation to plan the approach.

Pam Dudek acknowledged that there had been a request from some politicians in Argyll & Bute for a further independent review of the situation in the area. A second review was not supported at this time on the basis that the focus at the moment should be on interventions to improve staff experience. An organisation-wide culture survey would be carried out in future. There had been calls on social media platforms for staff to be suspended. NHS Highland acknowledged the concerns raised but social media was not a route by which action could be taken. Pam Dudek noted the encouraging outcomes from the Healing Process.

Boyd Robertson highlighted the substantial steps and actions which had been taken by NHS Highland since the Sturrock Report was released:

- Culture Oversight Group had been formed and was meeting monthly
- An external culture advisor had been appointed
- A national whistleblowing champion had been appointed
- Board members had met with staff in engagement sessions, 23 in total.
- There had been co-production of the Healing Process which was now in operation
- Civility Saves Lives and Courageous Conversations training initiatives had been implemented for staff
- An Employee Assistance Programme was up and running
- The Guardian Speak-up Service was up and running
- A staff survey had been conducted in Argyll & Bute
- There had been a review of the people processes and the recruitment processes

Notwithstanding the above, Boyd Robertson recognised there was still work to be done to improve culture at all levels of the organisation. There was an opportunity to become the model for culture in the NHS across Scotland. May 2021 would be the second anniversary of the Sturrock Report and would present an opportunity to review the efficacy of the action which had been taken so far. In the meantime, there were still some steps to be taken including developing the communications strategy, reviewing the learning from all process reviews and extending the root cause analysis into Argyll & Bute.

Heidi May noted the powerful message from the Chair and suggested this could be communicated more widely with the organisation. The Chair agreed, and it was suggested something could be developed from the Board meetings which were similar to the short videos which were sent to staff reviewing discussions from the Gold Command meetings.

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

8 Update on Review of Integration Scheme with The Highland Council

On 24 June 2020, the Interim Head of Service Adult Social Care formally responded to Scottish Government on behalf of The Chief Executive for The Highland Council and the Chief Executive of NHS Highland, indicating that both partner agencies had carried out an initial review and had jointly agreed that detailed revisions are required. The expectation of both parties was that a revised agreement should be in place within the next 6 months. It was stressed within the communication that there was a joint commitment to carrying out a further and more detailed review of the scheme which was currently in place. It was also accepted that the financial position was challenging and this would be amplified by the challenges presented in managing the pandemic.

A number of actions had been agreed prior to the pandemic with a view to driving change in terms of both the financial position and the outcomes for Highland's communities. Those actions had been taken forward in terms of the establishment of a Project Management Board.

However it had become clear that the timescale of 6 months was not achievable. It was now proposed that the revised content would require to be substantially agreed no later than mid-February 2021, and for formal sign off by The Highland Council and NHS Highland at their planned meetings in March 2021 and at a meeting of JMC, to be scheduled for March 2021.

The Board **noted** the update, **agreed** to extend the existing integration scheme to 31 March 2021 and that revised content to the Scheme would be agreed no later than mid-February 2021, with formal sign-off by the Board and The Highland Council at planned meetings in March 2021.

9 Argyll & Bute Integration Scheme

The review of the Scheme in Argyll and Bute was required by law to be completed by 27 June 2020. Following a joint consultation exercise, a number of revisions were made to the Scheme to take account of the feedback received and approved by NHS Highland Board and the Business Continuity Committee at their respective meetings in March and April 2020.

It was the intention to submit the revised Scheme to Scottish Ministers in April for review, but due to Covid-19, Scottish Government advised the parent bodies that they did not wish to receive any updated Integration Schemes until the pandemic had subsided. On this basis, the Scheme was not submitted to Scottish Government until July 2020.

Scottish Government had completed their review of the Argyll and Bute Integration Scheme and provided both verbal and written feedback on 7th and 28th October 2020 respectively. The Scheme had been further updated to take account of Scottish Government comments, which were summarised in the circulated paper.

A report would also be submitted to Argyll and Bute Council to obtain their approval. If agreeable, both parent bodies would arrange for the revised Scheme to be jointly submitted to Scottish Ministers for final sign off.

The Board:

- **Agreed** the revised Integration Scheme, which had been further updated to take account of feedback received from Scottish Government as part of their review.
- **Noted** that a similar report is being tabled at the Argyll and Bute Council on 26th November for their approval.
- **Agreed** that the Chief Executives of the two parent bodies jointly submit the revised Scheme to the Scottish Government for final approval.

10 Co-option of a Member of Audit Committee

There had been circulated a paper outlining the need to fill a gap in knowledge and experience on the Audit Committee. The Board Chair and Audit Committee Chair had assessed this situation and proposed that an independent member with relevant skills should be co-opted on to the Committee to enable it to support the Board as soon as possible. The Terms of Reference for the Committee make provision for a member to be co-opted for a period up to one year, subject to the approval of both the Board and the Accountable Officer. The role would be offered on a non-remunerated basis; however travel, subsistence and caring expenses would be reimbursed for the term of the contract.

The Board **agreed** to initiate the process to co-opt a suitably experienced individual to the Audit Committee for a period of one year.

11 Governance and other Committee Assurance Reports

- a) Clinical Governance Committee of 6 October 2020**
- b) Staff Governance Committee of 3 November 2020**

Heidi May had provided Committee members with a presentation relating to workforce in the NMAHP Directorate, however, some amendments were required to the minute to accurately reflect the presentation. A new version of the minute from 3 November 2020 would be taken to the January Board meeting for assurance.

- c) Audit Committee of 8 September and 10 November 2020**
- d) Highland Health and Social Care Committee of 7 October 2020**
- e) Finance, Resource and Performance Committee of 30 October 2020**

Alex Anderson advised that due to time constraints there had been little discussion relating to risks and asset management. These discussions would be picked up at the November meeting.

- f) Pharmacy Practices Committee of 9 October 2020**

Gaener Rodger confirmed that, following the decision made by the Committee, an appeal had been lodged which would be presented to the national appeals panel. A response was expected within 21 days.

- g) Area Clinical Forum of 29 October 2020**
- h) Integration Joint Board of 16 September 2020**

The Board:

- (a) Confirmed** adequate assurance has been provided from the Governance Committees, and
- (b) Noted** the Assurance Reports/Minutes and agreed actions as detailed in the circulated minutes, and
- (c) Noted** that a revised minute of the Staff Governance Committee would be circulated to the January 2021 meeting of the Board.

12 Escalation of Issues by Chairs of Governance Committees

Gaener Rodger and Sarah Compton-Bishop had received a letter relating to culture and safety concerns in the Argyll & Bute CAHMS service as the chairs of the Clinical Governance Committee and IJB respectively. The Clinical Governance Committee had requested that a report be brought to the next meeting which would highlight key matters for the Board's attention. Sarah Compton-Bishop confirmed that there was work ongoing to improve the CAHMS service in Argyll & Bute, including filling vacancies, and the IJB Clinical Care Committee would keep oversight of this. The Staff Governance Committee had also been made aware of the concerns.

Pam Dudek confirmed the detail of the issue was confidential but there was a general awareness of concerns with CAMHS across NHS Highland and there were processes being introduced in a supportive way to improve the performance of the service.

13 Any Other Competent Business

Boyd Robertson intimated that there would be 3 new Non-Executive Directors in post for the January meeting, and an announcement regarding this would be issued soon.

14 Date of next meeting 26 January 2021

The meeting closed at 12.40pm