

<b>NHS HIGHLAND BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>27 July 2021 – 9:30am</b>	

<b>Present</b>	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 Mr Gerard O'Brien Mr Adam Palmer Dr Boyd Peters, Medical Director Ms Susan Ringwood Dr Gaener Rodger
<b>In Attendance</b>	Mr David Bedwell, Programme Director, Estates, Facilities and Capital Planning Ms Veronika Burgess, Committee Administrator (minute) Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership Ms Ruth Daly, Board Secretary Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB Ms Fiona Hogg, Director of Human Resources and Organisational Development Mr David Park, Interim Deputy Chief Executive Ms Catriona Sinclair, Community Pharmacist and Chair of Area Pharmaceutical Committee Ms Katherine Sutton, Chief Officer, Acute Services
<b>Also in Attendance</b>	Mr Edward Bateman, Chair of Area Dental Committee & Principal Dentist, Tain Dental Care (Item 3) Ms Rhona Gunn, Associate Director of Pharmacy (Acute) (Item 3) Mr John Lyon, Director of Dentistry & Clinical Dental Director (Public Dental Service) (Item 3) Prof Sandra MacRury, University of the Highlands and Islands Ms Sharon Pfleger, Consultant in Pharmaceutical Public Health (Item 3) Mr Thomas Ross, Associate Director of Pharmacy (HHSCP) (Item 3) Mr Ian Rudd, Director of Pharmacy (Item 3)

## 1 Welcome and Apologies for absence

Apologies for absence were received from Ms Margaret Moss and Mr Alan Wilson. It was noted that Ms Catriona Sinclair was deputising for Ms Moss.

## **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 to the agenda items 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 the University of the Highlands and Islands Court but felt her status was too remote to the agenda items 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 Staff Recognition**

The Chair welcomed staff from Dental Services and Pharmacy Services to provide an account of their experiences throughout the pandemic.

Mr John Lyon and Mr Edward Bateman gave a slide show presentation which provided an overview of the experience of Dental Services including a timeline, dental staff experience and General Dental Practice experience.

Mr Ian Rudd, Ms Catriona Sinclair, Mr Thomas Ross, Ms Rhona Gunn and Ms Sharon Pflieger gave a slide show presentation which provided an overview of the experience of Pharmacy Services and highlighted the challenges, successes and ongoing issues within Community Pharmacy, Primary Care, Raigmore Hospital, Rural General Hospitals and Vaccination Planning.

In response to questions from Board members, the following areas were discussed:

- Pharmacy First; Ms Sinclair confirmed that this has been extremely successful despite the challenges faced. She noted that all members of the public are eligible for this service and it is consistent throughout Scotland. The recorded levels coming through show that the uptake has been very successful and continues to grow.
- Stock piling and disposal of expired medicine; Ms Sinclair agreed that there will most likely be an increase in waste over the coming months, but she confirmed that all Community Pharmacies take back expired medicine for correct disposal; this continued all throughout the pandemic and will continue to be promoted in the future to ensure waste is disposed of correctly.
- Staff roles in Pharmacy going forward; Mr Rudd provided further information on the professional development taking place. This includes Pharmacy First in Community Pharmacy; in Primary Care, the new pharmacotherapy service as part of the GMS contract; and in Secondary Care, support for cancer services and mental health services.
- The impact of BREXIT on Pharmacy Services; Ms Sinclair confirmed that any shortages that are currently happening are not unexpected and are standard; they are not related to BREXIT and there is no indication that they will be in the future. Ms Gunn further noted that, in Secondary Care, a lot of work and planning regarding BREXIT shortages had taken place prior to the pandemic and they were well prepared.
- Inequalities within the population regarding access to Dental Services, and what can be done to mitigate this; Mr Lyon confirmed that restarting Oral Health Improvement Programmes will start to address some of the inequalities, along with the revision of the Infection Prevention Control Guidelines later this year.
- Pharmacy Services cost implications; Mr Rudd advised that these have been quite significant as prices have been quite volatile for medicine and availability. Many medicines are produced out of the country and in areas that were affected by lockdown and, as such, prices have fluctuated. He noted that, prior to BREXIT, the Scottish and UK Governments worked well to build stockpiles in the UK; while this was not needed as much as a result of BREXIT, it was needed and benefitted from during Covid.

The Chair and Chief Executive thanked the staff for their informative presentations and their hard work and professionalism in confronting and dealing with the challenges associated with the pandemic.

The Chair congratulated Ms Pflieger on her achievement in being one of 100 women in STEMM from across the globe who have been chosen for the Homeward Bound leadership programme; this is a one year programme that culminates with a three week expedition to Antarctica where they will study the effects of climate change on the planet.

#### **4 Minutes of Previous Meetings and Action Plan**

The Board **approved** the minutes of the scheduled meeting held on 25 May 2021 and the Special Meeting held on 22 June 2021, and **noted** the action plan.

#### **5 Matters Arising**

There were no matters arising.

#### **6 Chief Executive's Report – Verbal Update of Emerging Issues**

Ms Pam Dudek provided the following updates to the Board:

- The Listening and Learning Staff Survey has been completed and the analysis process is now taking place. Once analysis is complete, findings will be worked on with people who work in the services to collectively understand the areas that need improvement. Ms Dudek expressed her thanks to everyone who participated.
- Ms Dudek discussed the significant system pressures currently being felt and the contributing factors. These pressures apply to all of the hospitals and community services, both health and social care. The factors discussed were:
  - The level of activity going through the health and care system is back to how it was pre Covid; there also seems to be an increase in the complexity and level of illness when people are presenting. The reasons behind this will be looked into.
  - The Staff Isolating Policy and the impact on services is also being looked at and what part this plays in the current pressures; this has the most significance and challenge in small teams.
  - Another aspect is staff leave; it was noted that this leave needs to be taken after such a tough year.
- Ms Dudek confirmed the commitment to remobilise, along with the understanding of the impact of the backlog on people. She assured that this issue is being looked at, across the country, with the goal to quickly work together or change how things are completed locally, to address the backlog.
- The focus for the months ahead will be the strategic direction and how to work with communities and our workforce to transform services so that they are sustainable; this will be an inclusive process across the health and social care system.

Mr Adam Palmer commented that some of the challenge results from the need to ask staff to change roles to help manage the pressures; he noted the importance of ensuring that staff are informed of these changes in advance and are part of the decision making process. Ms Dudek agreed communication is essential and noted the need for all to comply with the Staff Governance Standard.

The Board **noted** the position.

#### **7 Covid Update**

Dr Tim Allison provided a verbal update on the current position highlighting the following points:

- Levels are around 60 cases per day; the arrival of the Delta variant accounts for the majority of cases.

- There are encouraging signs and improvement in rates across NHS Highland.
- Testing is continuing well, particularly lateral flow testing within the community.
- Contact tracing continues to face challenges in terms of numbers but the situation has considerably improved.
- There are currently 17 people admitted to hospital with Covid, with single figures in ICU.
- Vaccinations; currently 92% of the eligible population within NHS Highland has received their first dose, with 72.8% having had their second dose. This is approximately 3% higher than the Scottish average. Age groups: 40-49 year olds – 90%; 30-39 year olds - 84%; 18-29 year olds - 74%.
- There is still a lot of work to be completed; immunisation programmes will start in Autumn, along with social mitigation work.

Dr Allison expressed his thanks to Dental Services, Pharmacy Services and all others involved in the vaccination programme for their hard work and contribution.

In response to questions from Board members, Dr Allison provided the following information:

- While immunisation offers very good protection it doesn't offer total protection against Covid; but it reduces the chance greatly. It is important to have both doses of the vaccine as the second dose gives a considerable increase in protection compared with the first.
- Post viral illness is a developing picture but there are reasonably high levels being seen; there currently seem to be two types, one for those who had no or light symptoms of Covid, and another for those who were very ill with Covid. There has been a group established to look at developing services for long Covid.

The Chair noted the recent positive report on the Home Farm Care Home in Portree and the very significant progress that had been made. He congratulated the team and all staff involved. The Chair also expressed his congratulations to the team and staff at Raigmore Hospital who were involved in an unannounced inspection and received a positive report.

The Board **noted** the update.

**Members took a short break at 11.05am. The meeting reconvened at 11.15am.**

## **8 Integrated Performance and Quality Report**

Mr David Park introduced the report, noting that the Board delegates responsibility to its Sub-Committees for primary governance and review. He noted that the format of the report had changed since previous reports; any feedback or comments on the new format is welcomed and can be discussed outwith the meeting.

### **Resources and Performance:**

Ms Katherine Sutton spoke to the circulated report and highlighted current performance in relation to outpatients, cancer waiting times and activity in terms of TTG. She confirmed that, due to recent code black pressures, some staff from the outpatients department have been reassigned to other areas and some activities have been stood down temporarily. She further confirmed that plans are in place to bring orthopaedic capacity online and double capacity along with the introduction of the ring fence at the end of June.

Ms Louise Bussell spoke to the circulated report and highlighted current performance in relation to mental health; CAHMS and Psychology. She provided further information on the additional funding from the Scottish Government and noted that part of this is to recruit to the positions of Director of Psychology and Clinical Director for CAHMS; both posts are pan Highland and will be advertised soon. The teams have a comprehensive recruitment plan in place for all other positions and these will be advertised across the UK not just locally. She further confirmed that the first Unscheduled Care Programme Board took place on 6 July which will bring together all the individual pieces of work regarding unscheduled care and will span both acute and community.

Ms Fiona Davies spoke to the circulated report and confirmed that the patterns across Argyll and Bute are generally consistent with the patterns across the rest of NHS Highland. She highlighted the increase in emergency presentations, as well as a difficulty to deliver care at home services due to workforce supply issues; this has had a knock on impact on delayed discharge numbers.

### **Clinical Governance:**

Ms Heidi May spoke to the circulated report and highlighted the infection prevention and control data. She confirmed that updated data has now been received; cDIFF infection rate target is 14.9 per 100,000 occupied bed days, current rate is 15; SAB infection rate target is 15.3, current rate is 13.5. In regard to the E.coli data, the target is 17.1 and the current rate is 31.8; key pieces of work are underway to try and improve this figure. She also highlighted inpatient falls and advised that Health Improvement Scotland is launching an 18 month Acute Adult Collaborative that starts in September; they are looking for a 29% reduction in falls to be achieved by 2023 and a 30% reduction in falls with harm; it was noted that NHS Highland already has an excellent track record of falls reduction.

Dr Boyd Peters spoke to the circulated report and highlighted current performance in regard to HSMR, complaints and freedom of information requests. He confirmed that the Complaints Performance Manager is now in post and a three month improvement programme will be initiated.

Dr Gaener Rodger, Chair of the Clinical Governance Committee, confirmed that the Committee continues to scrutinise the data and give assurance to the Board, as well as oversee the development of clinical governance performance measures.

### **Staff Governance:**

Ms Fiona Hogg spoke to the circulated report and advised that the same indicators will not be reported on each time; there will be a rolling plan to track progress. She confirmed that the Culture and Metrics workstream is working on developing further culture indicators for future reports. It was noted that a key part of the approach to the sickness absence plan is the development of a Wellbeing Strategy and Plan; this includes tactical interventions, the recruitment of a Project Lead and implementing feedback from the Listening and Learning survey. Along with this, additional recruitment into key posts will be critical in improving resilience; in line with this, a major recruitment campaign is being planned for key acute and community posts. Ms Hogg further highlighted the information in the report regarding the Employee Assistance Scheme, the Guardian Service and Bullying and Harassment.

Ms Sarah Compton-Bishop, Chair of the Staff Governance Committee, confirmed that the Committee is reviewing which metrics to present to give assurance to the Board that the processes are working and that the correct outcomes are being achieved.

### **Finance**

Mr David Garden spoke to the circulated report and highlighted the figures laid out in the report.

In response to questions from Board members, the following information was provided:

- Assurance was requested regarding the 60+ day cancer waiting time and when this will improve; Ms Sutton confirmed that an action plan and target date will be discussed and finalised by the Cancer Recovery Subgroup when this meets next; this target date will be weeks not months. Ms Sutton will advise of this date when it is available.
- Further clarity was requested regarding the new Scottish Government Guidance for cancer investigations and how this will affect cancer referrals and investigations; Ms Sutton confirmed that the referral process, as well as the classification of cancer referrals, is being looked at as they have noticed that there is a high number of referrals classified as cancer. This work will ensure that services are not overloaded with unnecessary referrals. Ms Sutton noted that there is a lot more detail regarding this and she would be happy to bring more information to the Board at another time.
- Further information was requested about the £11m Adult Social Care risk identified; Mr Garden confirmed that, for this year, this has been mitigated by £4m allocated from prior years funding along with £2m from NHS Highland and £2m from the Council, bringing the gap to £3m. In terms of delivery, the unadjusted savings figure is just under £2m so there has been good progress made.

- Clarification was asked regarding the capital position and if there is provision for additional capital at Raigmore as a consequence of issues identified in the recent inspection; Mr Park confirmed that the items identified in the inspection report involve relatively small modifications only and can be contained within the current budget.
- Further information was requested regarding the decline in performance around first presentation for antenatal services; Ms Heidi May confirmed that this is a data collection error as a manual review of the data was shown to be compliant.

**Action:** Further information around cancer services to be presented to the Board at a future meeting or development session.

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

## 9 The Culture Programme Update

Ms Fiona Hogg spoke to the circulated report and the information contained within. Ms Hogg confirmed that the first quarterly report on the Whistleblowing Standards will come to the September Board meeting and will cover the period 1 April to 30 June 2021.

In response to questions from Board members, Ms Hogg provided the following information:

- HR / Staffside Development Session; this included trade union representatives who regularly support staff with cases. Over 40 people attended and the session included getting to know each other and understanding each other's roles; future sessions will look at more focused topics. Going forward including managers in these sessions will also be looked at.
- Manager cascade; this is a preferred method of communication as it gives staff the opportunity to ask questions and discuss issues with their managers. There can be a variance in effectiveness and practical challenges involved with this type of communication but it is of great importance and a priority.
- There is regular ongoing dialogue with the Scottish Government regarding the culture programme. Regular updates are also provided to the councils and elected members on a weekly and monthly basis. This is an important part of continued communications.
- Leadership and Management Development Programme; this programme will ideally start before staff become a supervisor or manager to equip them with the skills and knowledge needed. This will involve core modules that can then be built on.
- Balance between external resources and internal support, while ensuring sufficient resources; Ms Hogg confirmed that, going forward, there will be more reliance on external support for the piloting and delivery stages for both capacity and a transfer of knowledge and skills. The design stage required internal understanding and awareness to define the priorities; now this is complete, there will be a blended delivery model with a balance of internal and external. Ms Hogg further confirmed that there are a number of internal staff who are skilled and experienced in the areas needed and recruitment has taken place, and is continuing, for a number of positions to support the delivery.
- An upcoming challenge will be ensuring the programme is delivered to the right people at the right time and they are given the resources and time needed to complete.

The Board **noted** the update.

## 10 Board Risk Register

Dr Boyd Peters spoke to the circulated report and the information contained within. He confirmed that this is an ongoing piece of work as risk is active and will vary according to mitigations and circumstances.

Dr Gaener Rodger, Chair of the Clinical Governance Committee, advised that the Committee had reviewed the Risk Register on 1 July 2021. In regard to the three risks that sit with the Clinical Governance Committee, the Committee had agreed the following:

- Risk 662 Clinical Strategy and Redesign; it was agreed that limited assurance could be provided to the Board due to the risk of a final Clinical and Care Strategy not being developed before the interim one year strategy had elapsed. It was agreed to recommend to the EDG to review the current medium risk level. Ms Pam Dudek agreed that this is a challenge due to the current circumstances and there will be continual uncertainty and change to work through. She advised that the Strategic Needs Assessment is currently being revised and will be available soon to consider.
- Risk 715 Public Health Risk around Covid19 and influenza; it was agreed that significant assurance could be provided to the Board and it was agreed to recommend that the high risk level be maintained.
- Risk 877; it was agreed that significant assurance could be provided to the Board and it was agreed to recommend to maintain the current level of risk assigned.

In response to questions from Board members, Dr Peters provided the following information:

- Development sessions will continue with non-Executive and Executive members to work through risks. As most risks sit at a departmental level these will be part of the operational units. Risks that have a greater strategic importance and relevance will be escalated to Board level. The Risk Register will be a combination of these risks.
- Internal audit will follow normal process and any challenges will be worked through. The September reporting should hopefully see most of the audit achieved.
- Risk is something that should be managed by all staff; there is already a lot of risk activity and consideration throughout the organisation. Pulling all the elements of risk together and ensuring there is an overall system in place is the process that is underway. Currently there is sufficient resource to cover this work but this may change as the redesign continues.

The following additional comments were provided:

- Ms Pam Dudek noted that it is important to ensure that the right areas are being covered in the Strategic Risk Register so that the level of risk is complete. This includes looking at how each division and area holds its risk and how this is articulated. She agreed that formal recording of key organisational risks at the different levels of the organisation still needs work to be embedded throughout the organisation.
- Mr David Park noted that a lot of items relating to performance and delivery are covered under risk 123 which covers a number of different areas. He agreed that this could be better captured.

During discussion, the following suggestions were made by Board members:

- Include an indication of the direction of changes to show if things have improved or worsened.
- Risks regarding estates and facilities could be articulated more clearly to show the actual risk and the level of control by the organisation.

The Board **noted** the progress made.

## **11 Gaelic Language Plan Monitoring Report**

At the Board meeting held in May 2021, the Board agreed to delegate authority to the Chair and the Chief Executive to approve the Gaelic Language Plan Monitoring Report for submission to Bòrd na Gàidhlig in the due timescale.

The Report has now been approved and submitted to Bòrd na Gàidhlig.

The Board **noted** the circulated Gaelic Language Plan Monitoring Report.

## **12 Governance and other Committee Assurance Reports**

### **(a) Audit Committee 22 June 2021**

Mr Alasdair Christie highlighted that the outstanding actions list will be updated at the next Audit Committee meeting and a significant improvement is expected.

### **(b) Finance, Resources and Performance Committee 24 June 2021**

Mr Alex Anderson highlighted the issue of the risk around the savings target; this is a concern and will remain under review. He confirmed that the Committee self-assessment review was completed during the July development session.

### **(c) Highland Health and Social Care Committee 30 June 2021**

### **(d) Clinical Governance Committee 1 July 2021**

Dr Gaener Rodger highlighted the addition of two new public representatives to the Committee. A new item was also introduced that is being piloted in relation to patient experience.

### **(e) Area Clinical Forum 2 July 2021**

### **(f) Staff Governance Committee 7 July 2021**

Ms Sarah Compton-Bishop highlighted the ongoing work around statutory and mandatory training which is still a challenge. She further highlighted the report received from Ms Kate Patience-Quate regarding the nursing and midwifery workforce review. This is a very important report. Ms Compton-Bishop advised she is happy to discuss this further outwith the meeting.

### **(g) Argyll and Bute Integration Joint Board 16 June 2021**

Ms Sarah Compton-Bishop highlighted the strategic risk register work that was completed; as well as the report regarding the Equalities Outcome Framework.

The Board **confirmed** that adequate assurance had been provided from the Board governance committees, and **noted** the minutes and agreed actions.

## **13 Any Other Competent Business**

No additional items were raised.

## **14 Date of next meeting**

28 September 2021

**Meeting closed 1.05pm**