

<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> Board Room, Assynt House, Inverness	<b>26 May 2020 – 9.30am</b>	

**Present**

Prof Boyd Robertson, Board Chair, TC  
 Mr Alex Anderson, VC  
 Ms Jean Boardman, TC  
 Mr James Brander, VC  
 Mr Alasdair Christie, VC  
 Ms Ann Clark, VC (In the Chair for the meeting)  
 Ms Sarah Compton-Bishop, VC  
 Mr Albert Donald, VC  
 Mr David Garden, Director of Finance  
 Mr Paul Hawkins, Chief Executive  
 Mr Alasdair Lawton  
 Ms Deirdre MacKay (VC)  
 Mr Philip MacRae, VC  
 Ms Heidi May, Nurse Director  
 Ms Margaret Moss, VC  
 Mr Adam Palmer  
 Dr Boyd Peters, Medical Director  
 Dr Gaener Rodger, VC

**In Attendance**

Mr David Bedwell, Interim Director of Estates, Facilities and Capital Planning (VC)  
 Ms Ruth Daly, Board Secretary  
 Ms Pamela Dudek, Interim Deputy Chief Executive,  
 Ms Fiona Hogg, Director of Human Resources and Organisational Development  
 Ms Joanna MacDonald, Chief Officer, Argyll & Bute, VC  
 Dr Ken Oates, Interim Director of Public Health, VC  
 Mr David Park, Chief Officer, North Highland  
 Ms Katherine Sutton, Interim Chief Operating Officer (Acute)  
 Ms Anna McNally, Board Services Assistant

**Also in Attendance**

Prof Sandra MacRury, University of the Highlands and Islands

#### **Preliminaries**

- Due to technical restrictions, Boyd Robertson asked Ann Clark to chair the meeting as she was present in the room.

#### **1 Apologies**

An apology had been intimated by Ms Ann Pascoe.

#### **2 Declarations of Conflict of Interest**

Mr Alasdair Christie wished to record 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.

### **3 Minute of Meeting of 28 April 2020 and Action Plan**

The Board **approved** the Minutes of 28 April 2020.

### **4 Matters Arising**

There were none.

### **5 COVID-19 Update Dr Boyd Peters, Medical Director**

Boyd Peters advised the Board of the current position in relation to COVID-19 within NHS Highland. The overall incidences of COVID-19 in Highland were lower than most parts of Scotland but there were clusters of the virus consistent with the pattern of infection anticipated for the remainder of the year. While the infection rate had plateaued, evidence suggested COVID-19 would be present in the community for the foreseeable future. To date, acute services had not been overwhelmed and remained able to increase capacity if required. Throughout the duration of the pandemic, urgent cancer treatment and urgent surgery had continued with appropriate risk management.

David Park provided an overview of the situation in Home Farm Care Home in Skye. NHS Highland had been providing onsite support to the Home following intervention by the Care Inspectorate. Conditions in Home Farm had improved considerably since NHS Highland began supporting the facility. The long term solution for Home Farm would be led by the Care Inspectorate but contingency plans were in development and the continuation of care for the residents in the facility was of the greatest importance to both the Board and the Inspectorate. Legal proceedings have been postponed until 10 June.

With regards to care homes across NHS Highland, it was confirmed COVID-19 tests had been performed in 32 care settings and, to date, positive results had been received for four care homes, three of which were in Argyll and Bute and one in North Highland (Home Farm). Furthermore, at the time of the meeting, twelve care homes were under surveillance receiving Public Health support to ensure adequate PPE provision. To provide further support to care homes, Scottish Government had initiated a multi-disciplinary approach with NHS Board Nurse Directors being given specific responsibilities in relation to the standards of care within the homes. A bronze command group will oversee care homes and the work initiated through the multi-disciplinary approach. A significant amount of work had already been undertaken as fifteen homes in North Highland were owned by NHS Highland and as a result of the situation at Home Farm. Throughout the pandemic, extensive support had been provided to care homes and there were daily check-ins with care providers with Public Health providing a weekly return to the Scottish Government.

NHS Highland was one of the three pilot sites for Test and Protect, the contact tracing programme, with the remaining Boards coming online shortly. It was anticipated the First Minister would announce further details on the roll out of Test and Protect. Specifically with regards to care home testing, the plan remained that all staff and patients should be tested where a positive case had been identified and staff who have worked at multiple sites would be tested. Work was underway to establish the most efficient way to administer random testing taking into account the rurality of NHS Highland.

Katherine Sutton confirmed the pressure on acute services had not been as intense as anticipated. It appeared that Highland had benefited from the implementation of lockdown on 23 March, its geographical location and rurality. In preparation for COVID-19, the ITU capacity had been increased to 16 with the potential to increase further to thirty-six and, to date, eight COVID-19 positive patients had been admitted to the ITU. Furthermore, a number of patients with respiratory symptoms who appeared to display COVID-19 had been admitted but later tested negative for the virus. The infection control measures implemented had proved very effective in acute sites.

In line with all Health Boards in Scotland, NHS Highland had submitted a mobilisation plan to the Scottish Government which outlined how the Board intended to restart business as usual work. The mobilisation plan covered all aspects of care (both clinical and social care), workforce and estate, and linked closely with the clinical and care strategy to address healthcare provision in the context of ongoing coronavirus presence for the foreseeable future. All aspects of healthcare would require redesign, for

example, waiting facilities, method of delivery and service provision. The plan would take into account health inequalities and social distancing measures. With regards to staffing, as part of mobilisation, a policy was in development to encourage staff to use their annual leave entitlement to avoid issues later in the year and work was underway to establish safe working in light of social distancing measures and to ensure staff felt confident and comfortable on their return to work.

Ms Clark drew the discussion to a close by expressing gratitude to all the staff for their tremendous work over the recent weeks.

Following discussion, the board **noted** the verbal update.

## **6 Finance Report 2019/20 and 2020/21 Mr David Garden, Director of Finance**

The Director of Finance confirmed at month 12 the overspend before brokerage was £10.7m, which was an improvement of £200,000 since the draft financial outturn was tabled in May. Following the meeting of the Board in May, brokerage of £11m was formally requested to enable the Board to meet its financial targets; confirmation of the request was now awaited. In 2019/20, the savings target of £28m had been achieved as well as a further £7.7m of savings to augment cost pressures which came to light during the year. Therefore savings totalling over £35m had been delivered in year of which 69% were recurrent.

During discussion, the following issues were considered:

- In 2019/20, excluding medical and dental pay, there was an underspend in pay despite the use of supplementary staffing. Over the last year, medical workforce expenditure had been controlled through rate standardisation and without the implementation of control measures; premium pay would have been higher. Over the recent months, premium pay costs had reduced significantly due to reduced activity but it was too early to draw conclusions on premium pay and supplementary staffing costs when normal business resumes.
- In 2019/2020, the budget for Adult Social Care was £136m which comprised £101m from The Highland Council, £25m of Scottish Government allocations and £10m of NHS Highland's own resources. NHS Highland and The Highland Council had established a group to work collaboratively on the redesign of the provision of adult social care.
- The mobilisation plan provided an opportunity to review and redesign services to ensure quality of care for patients, improved performance and affordability and sustainability in the future.
- The Financial Recovery Board had begun to meet again to monitor the cost improvement plan on a weekly basis. Pay grip and control would restart to provide oversight of vacancies and controls had been established to monitor expenditure on COVID-19 related items.
- As part of the Governance Review, the Finance Sub Committee would be redesigned to include asset management and performance monitoring.

Following discussion, the Board:

- **Noted** the financial position of the Board at Month 12 and the overspend of £10.7m against budgets before financial brokerage.
- **Acknowledged** the improvement on the original approved plan of £11.4million for the year.
- **Noted** that this position would be subject to any audit adjustments.
- **Noted that a** request had been made to Scottish Government to provide £11m of brokerage.
- **Acknowledged** that upon receipt of financial brokerage, NHS Highland would have met its financial targets for 2019/20.

## **7 Argyll and Bute Opening Offer 2020 / 2021**

The 2020/21 budget offer represented Argyll & Bute's 28.77% share of the total NHS Highland NRAC funding, plus a sum of £100,000 to bring the total sum in line with the 3% uplift required by Scottish Government. The draft offer totalled £227.1m. The offer had been agreed with the Chief Financial Officer of the Argyll and Bute IJB. It should be noted that this moves Argyll & Bute IJB away from baseline funding based upon its NRAC allocation for the first time.

The Board **approved** the 2020/21 budget offer to the Argyll & Bute Integration Joint Board as set out in the report.

**8 Update on progress with the Sturrock Review Actions including a report on the Argyll & Bute Culture Survey and plans for the launch of the Healing Process**  
**Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer**

The Board had received a report detailing progress with the Sturrock review actions, the recently received report on the Argyll and Bute culture survey, and plans to start the Healing Process.

Fiona Hogg provided an update of activity in furtherance of the Sturrock Review actions which included the development of the Culture Fit for the Future action plan as an initial response. The delivery of the action plan was now overseen by a Programme Board chaired by an external cultural advisor. A review of NHS Highland's people processes had been undertaken and a range of support had now been established including external mediation, an Employee Assistance Programme and a Guardian Service, the latter of which would go live at the beginning of July 2020. These measures were complemented by manager training in courageous conversations. Ms Hogg confirmed that the initial Culture Fit for the Future Action Plan had now been closed down and that any relevant, outstanding actions would be carried forward to the future Culture Plan.

During discussion, the following comments were made:

- In line with the presentation provided to the Board in January 2020 by Civility Saves Lives, the long term Culture Plan would incorporate peer support.
- Human Resources has a key role to play in changing culture but processes could only be effective through a working relationship with managers and staffside.
- Ms Hogg confirmed no whistle-blowing concerns had been raised since July 2019. Going forward a regular report would be taken to the Board In-Committee to confirm whether or not any concerns had been logged through whistleblowing.
- Courageous Conversations training was originally offered to any employee with management, supervisory or professional responsibility. In light of the Argyll and Bute Culture Survey findings, the intention was to roll out the training to all staff in Argyll and Bute via virtual means and thereafter to the rest of Highland. Approximately, one hundred people had been trained prior to the COVID-19 outbreak affecting business as usual.
- To estimate the impact of the culture measures, staff governance metrics would provide an insight into staff experience, for example, iMatter staff survey, short and long term sickness absence and the number of bullying cases resolved informally. It was suggested a repeat of the Argyll and Bute survey could be undertaken in due time for comparison purposes.

The Sturrock Review recommended that a specific culture review in Argyll and Bute be undertaken as there had been insufficient time to include this in the original review. The Argyll and Bute survey had now been carried out and the results presented to the Board, the findings of which were broadly in line with the Sturrock Review.

Joanna Macdonald outlined the key findings of the Argyll and Bute Survey and personally apologised to current and former staff that had experienced bullying and harassment and confirmed the findings of the survey were fully accepted by management. Following publication of the survey findings, engagement sessions had been held virtually with staff. Staff had articulated ongoing anxieties about the bullying and harassment they had experienced.

The report highlighted a lack of confidence in people processes due to complexity and difficulties in managing staff working across two organisations. Prior to the commencement of the survey, a Joint Head of HR and OD was appointed in September 2019, to work across NHS Highland in Argyll and Bute and Argyll and Bute Council to reduce the difficulties experienced by staff. Furthermore, the survey indicated the management structure and responsibilities must be clarified to ensure roles were fully understood. The report also highlighted the long term impact of the dissolution of NHS Argyll and Clyde with staff feeling a loss of identity within NHS Highland. The rurality of Argyll and Bute had featured in the findings; the area has unique problems due to small centres of population and likelihood of knowing staff outside of work. To address the findings of the report, a 100 day plan had been drafted and there would be further engagement with staff, staffside and managers to build on the initial draft.

During discussion, the following issues were considered:

- Staff employed by Argyll and Bute Council had not been included in the survey, however, it was hoped the solutions implemented as a result of the findings would positively impact all employees.
- Argyll and Bute has a particularly low turnover of staff which created problems such as lack of staff development. In response, tactical interventions would be initiated, for example Courageous Conversations, a manager development programme and a manager learning portal.
- It was confirmed the 100 day plan was an initial response to the survey findings and the next draft would be shaped through engagement with staffside and other stakeholders.

On behalf of the Director of HR and OD, Barbara-Ann Nelson, Independent HR Advisor, provided an update on the progress of The Healing Process. The Healing Process had been co-produced between the Board and a number of key stakeholders, approved by the Board in March 2020, and would be provided and administered by a separate and independent company called CMP Solutions. The Board would be provided with general information regarding the level of success and the general themes raised through the Healing Process and the identities of participants would not be revealed. All those who wish to participate in the Healing Process would be offered an apology, access to psychological therapies and/or a discussion with an independent review panel. The Board was asked to agree to start the Healing Process which would activate the means to enable staff to register to participate.

Mr Robertson drew the discussion to a close confirming the Board fully acknowledged the findings of the Survey and apologised to all staff that had experienced bullying and inappropriate behaviour in Argyll and Bute. He provided assurance that measures would be taken to address the concerns raised.

Following discussion, the Board:

- **Noted** the update on progress with the Culture Action Plan
- **Accepted** the results of the Argyll & Bute Culture Survey and **approved** the associated action plan subject to further engagement with Staffside.
- **Approved** the decision to progress the launch of the Healing Process

## 9 Executive Summary of Performance Report Pam Dudek, Deputy Chief Executive

Pamela Dudek confirmed a new style of performance report was currently being tested and it was anticipated it would be in use by next month. The circulated report covered the period January to March 2020.

In relation to cancer performance, it was confirmed waiting list initiative funding had been used over the past year to mitigate challenges in the diagnostic pathways, particularly in relation to scopes and imaging. Furthermore, the Board was working with the Scottish Government to develop a cancer recovery action plan to increase endoscope capacity and the provision of a fourth endoscopy suite. As part of the plan to invest in clinical leadership, the post of Clinical Lead for Cancer Services was now being advertised. With regards to urology, the Board was linking with the North Cancer Alliance to build capacity. Going forward, COVID-19 would put further challenges on performance due to reduced capacity and access to theatres because of infection control measures but there were discussions with the Golden Jubilee to provide capacity.

To improve overall performance, the Board was working closely with the Scottish Government Access Team in light of COVID-19. Performance had generally been impacted by the need to redesign the entire hospital system to meet the demands of changing demographics and complexity of Highland. The underlying problems have been dealt with through initiatives instigated through the PMO which delivered cost efficiencies and service redesign. Over the past year, performance had been impacted due to the lack of capacity which it was anticipated would be remedied by the Elective Care Centre, particularly for orthopaedics. Furthermore, the theatre upgrade programme had led to a temporary reduction in capacity. To improve medical flow through the Raigmore Hospital, the Clinical Expert Group were reviewing pathways which would help performance and this was also required due to COVID-19. Greater clinical engagement and service redesign to meet the demands of social distancing and infection control had taken place during the response to COVID-19 and this would continue to create opportunities to improve performance.

Following discussion, the Board **noted** the performance outcomes.

## **10 Infection Prevention and Control Annual Work Plans** **Heidi May, Board Nurse Director**

The Board Nurse Director highlighted the two areas of amber in the Annual Work Plan for 2019/20:

- The staphylococcus aureus bacteraemia target had not been met for 2019-20, although the Board was very close to meeting the target. The Board achieved 24.5 cases against the target of 24 per 100,000 occupied bed days. The clostridium difficile targets had also not been met. The Board stayed within the predicted levels of infection and, given the low rates of infection, the targets would remain a challenge. All data would be formally verified by Health Protection Scotland in July 2020. For 2020/21, the targets for staphylococcus aureus bacteraemia and clostridium difficile had been lowered which would be challenging. The Board would be kept apprised of performance.
- The second area of amber was around mandatory training. Against the target of 95% compliance of nursing and midwifery staff completing "Why infection prevention and control matters", 85% compliance had been achieved. Furthermore, 82% of nursing and midwifery staff completed hand hygiene training against the target of 95% compliance. In both cases, this represented a 30% increase in compliance. For the 2020/21 Annual Work Plan, the targets had been extended to all clinical groups.

It was confirmed the staphylococcus aureus bacteraemia target, the clostridium difficile target, mandatory training and MRSA screening would be carried over to 2020/21. At the time of the meeting, there were no targets for COVID-19 but they would be included as required. It was also confirmed that the Board collected and monitored the number of healthcare acquired cases of COVID-19 in care homes for learning. The Board would look at the data available for hospital acquired COVID-19 and liaise with the Scottish Government regarding uses for the data.

Following discussion, the Board **approved** the progress against last year's work plan (2019/2020) and **ratified** the Infection Prevention and Control annual work plan for 2020/2021.

## **11 Governance Committees Annual Reports** **Ruth Daly, Board Secretary, on behalf of Paul Hawkins**

As part of the Annual Accounts process, several Annual Reports relating to NHS Highland Governance Committees were tabled for approval. The annual reports were from Committees which have provided assurance to the Board throughout the last financial year. Due to the temporary suspension of the Governance Arrangements, the reports have been approved by the Chair and Lead Executive Director of the respective committee. The annual reports will be submitted to the Audit Committee on 17 June 2020 to evidence that governance processes have been followed.

Thereafter, the Board:

- **Endorsed** the Annual Reports which form a key part of the evidence in support of the Annual Accounts Governance Statement
- **Noted** that the Annual Reports will be considered by the Audit Committee on 17 June 2020.

## **12 Community Empowerment Act – Annual Reports** **Ruth Daly, Board Secretary, on behalf of Paul Hawkins, Chief Executive**

### **a. Asset Transfer**

It was confirmed that over the past year, three requests were received – the former GP Surgery in Eigg, land at Blairdowie Woodland and land at Bunessan - and two requests were approved and progressed during the year – former nurse's house at Cannich and land at Applecross.

It was confirmed the Board follows all regulations in the Community Empowerment Act and all information was recorded, appropriately.

The Board **approved** the annual report.

### **b. Public Participation Requests**

It was confirmed there were no Public Participation Requests in 2019/2020.

The Board **approved** the annual report.

**13 Gaelic Language Plan Monitoring Report**  
**Ruth Daly, Board Secretary, on behalf of Paul Hawkins, Chief Executive**

The Gaelic Language Plan was originally approved in July 2017 and covered the period 2017 to 2022. The report tabled was the annual monitoring report submitted to Bòrd na Gàidhlig outlining progress of implementation against the original plan.

The Board **approved** the Monitoring Report for submission to Bòrd na Gàidhlig.

**14 AOCB**

On behalf of the Board, the Chair thanked Alastair Lawton for his eight years of service on the Board and wished him well for the future.

**Date of the next meeting: 23 June 2020.**

**The meeting closed at 1.05pm.**