HIGHLAND NHS 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	**28 May 2019 – 8.30am**

Present
Prof Boyd Robertson, Chair
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Mary-Jean Devon (VC)
Mr Alasdair Lawton
Ms Deirdre Mackay
Ms Margaret Moss
Ms Melanie Newdick
Ms Ann Pascoe
Dr Gaener Rodger
Mr Dave Garden, Interim Director of Finance
Ms Heidi May, Nurse Director
Dr Boyd Peters, Interim Medical Director
Mr Iain Stewart, Chief Executive

In Attendance
Ms Julie Allanson, Advanced Nurse Practitioner (Item 3.1)
Ms Ruth Daly, Board Secretary
Ms Adeela Hosenie, Consultant Paediatrician (Item 3.1)
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Fiona MacBain, Committee Administrator, Highland Council
Mr George McCaig, Planning and Performance Manager
Ms Joanna MacDonald, Chief Officer, Argyll & Bute (VC)
Ms Jane McGirk, Director of Corporate Communications
Ms Donna Smith, Head of Planning and Performance
Mr Brian Steven, Interim Director of Finance and Deputy Chief Executive

1 Apologies

Apologies were submitted on behalf of Adam Palmer, Sarah Compton-Bishop, Hugo Van Woerden and Rod Harvey, and also from David Park and Crichton Lang, UHI.

2 Declarations of Conflict of Interest

The undernoted Directors wished to record that they had considered making a declaration of interest but felt their 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 they felt it did not preclude their participation at the meeting:

Alasdair Christie - Elected Member of the Highland Council
Heidi May – Member of the University of the Highlands and Islands Court

3.1 Tier 1 report: RPIW Improving Paediatric Assessment Unit (PAU) flow & time to senior clinician review

Adeela Hosenie, Consultant Paediatrician, and Julie Allanson, Advanced Nurse Practitioner

The current situation was summarised as follows:

- All admissions to PAU were being treated as full admissions even though the average stay in PAU was 2 hours.
- 9% of discharges from PAU had an IDL (discharge paperwork) completed within 24hrs of discharge.
- Children who became inpatients had an average length of stay of 1.4 days.
- 56% of inpatient discharges had an IDL completed within 24hrs of discharge.
- 54% of admitted children had a first senior clinician review within 14hrs.

Targets for the Rapid Process Improvement Workshop (RPIW) included improving the rate of admitted children having a first senior clinician review within 14hrs (RCPCH standard) from 54% to 100% (by the 180 day report out 70% had been achieved), and increasing the percentage of completed discharge documentation & communication on discharge from PAU within 24hrs from 9% to 100% (this had been achieved by the 180 day report out).

During the RPIW, 140 wastes had been identified, generating 56 ideas across 4 workstreams: eHealth and Paedview; Interruptions and Communications; Documentation; and 5S. Future improvements included implementing 5s throughout the Ward and administration areas; dealing with the most common reason for referral – neonatal jaundice and feeding issues; and having better overview of activity.

During discussion the following issues were considered:

- Hospital attendance was a stressful experience for children and their families and the efforts to reduce waiting times and improve efficiency were welcomed. Patient satisfaction remained high but the waiting time improvements were not at present covered by the satisfaction questionnaire. A key aim had been the alleviation of staff stress, which also facilitated staff spending more time with patients. Reduced waiting time was of particular benefit to children who had travelled from remote and rural locations due to travel times.
- Child referrals to PAU, which was an acute assessment unit, were usually from GPs or other community health staff, community clinics or were patients on open access. In an emergency situation children would still go through A&E but once assessed as safe would be transferred to a paediatric setting.
- The Chief Executive referred to praise received on a recent visit to the unit by the Scottish Government Cabinet Secretary for Health.
- The useful links between 5S and Value Management were highlighted, with increased efficiency facilitating more time being spent with patients.
- Interactive whiteboards were anticipated to be in use by Autumn 2019.
- In response to the potential risk from only 77% of patients achieving the target of having a senior clinical review within 14 hours, it was explained that any patient who was assessed at any time by any medical professional as being unwell would trigger an immediate consultant review. Some patients arrived in the ward in the evening and, if assessed as well, would not see a consultant until the next morning, thereby missing the 14 hour target. Consideration was being given to introducing an evening ward round but there was a need to balance this with other uses of consultant time to deal with urgent situations. Some children arrived on the ward and were assessed as well but due to lengthy travel times to return home were kept in over-night but did not require senior clinical review.
- In relation to sharing and spreading the learning, this would be undertaken once ongoing improvements and lessons were finalised, noting however that ward rounds differed significantly in other areas.

The Board thanked the team, welcomed the work being undertaken, and **noted** the Tier 1 Report.

3.2 Minutes of Meetings of 26 March, 23 April, and 14 May 2019 and Action Plan

The Board **approved** the minutes.

3.3 Matters Arising

Outstanding actions points that were not included elsewhere on the agenda were updated and **noted** as follows:

- Action 105, Gosport report action plan was still ongoing.
- Action 103, Organisation Culture and Capacity issues – Brian Stevens confirmed that work was ongoing and an assessment was due to be completed in 3-4 weeks.
- Action 109, Senior Leadership review – Alasdair Lawton expressed disappointment at the Scottish Government response not to give the Director of Human Resources Executive Board Director status given the importance of human resources to the organisation.
- The Annual Operating Plan submission deadline has been extended until the end of July 2019 and therefore would be submitted to the Board on 23 July 2019.
- Attention was drawn to the various Board Development topics that were being considered.

3.4 Committee Appointments / Chairs

The Board **agreed** the following positions:

- Board Whistle-blowing Champion – Melanie Newdick
- Staff Governance Committee membership – Ann Pascoe
- Chair of the Highland Health and Social Care Committee – Ann Clark
- Adult Social Care Appeals Panel – James Brander

The Board **noted** that:

- the closing date for Board Vice Chair nominations was 3 June 2019.
- nominations were sought for the vacancy on the Asset Management Group.

4.1 Draft 2018/19 Final Outturn Financial Report
Dave Garden, Interim Director of Finance

For the 12 months to March 2019, NHS Highland had overspent against budget by £17.9m.

In the North Highland Partnership, the three operational divisions had an overspend of £2.8m, a small improvement on the month 11 position, the main cause of the overspends being unachieved savings (£2.4m), drugs predominately in Raigmore oncology (£2.2m), Adult Social Care expenditure (£1.7m) and continued use of locums, offset by in year benefits and underspends. Overall the Health & Social Care Partnership had overspent by £15m compared to initial estimates of £19m.

The Argyll & Bute overspend of £3.6m represented an adverse movement of £2.2m from the month 11 position (£1.4m). The main reason was the lack of progress in savings delivery, while the month 12 movement could be explained primarily by the realisation of the Greater Glasgow & Clyde Service Level Agreement risk which had resulted in £1.2m of additional costs and further charges from GG&C not notified earlier.

A brokerage request to Scottish Government of £18m had been agreed so the final outturn for the year 2018-19 was a small surplus of £0.1m. Attention was drawn to Appendix 1 of the report, which gave a flavour of the proposed new style of finance reporting, and Appendix 2, which was the drug cost information requested by the Board, noting that for now this only included GP prescribing for the Highland Health and Social Care Partnership.

During discussion the following issues were considered:

- The agenda stated 2017/18 instead of 2018/19.
- As the drug costs detailed in Appendix 2 related to Primary Care, they had not been especially influenced by the recently introduced Grip and Control management method.
- In response to a query about adjusting budgets in light of changing levels of demand due to the ageing population, it was explained that budgets had been rebased in 2018-19 according to expenditure levels. Previous budget overspends had been mostly as a result of failure to achieve savings and efficiency plans.
- The budget allocation process would be evidenced in the final Annual Operating Plan, with a major change having been consultation with clinicians on anticipated spikes in expenditure. If time permitted,

it would be helpful to consider the final outturn alongside the budget with an explanation of key changes and drivers.

- Clarification was sought on plans to address locum and supplementary staffing overspends and it was explained there were difficulties recruiting some posts and an inevitable lag between someone leaving a post and their vacancy being filled. The recently introduced shortened midwifery course would address some ongoing shortages of midwives and service redesign would aid clarity on workforce requirements. Efforts were being made to ensure immediate action was taken when a member of staff resigned. In relation to doctors, there was a worldwide shortage and Human Resources had been tasked with identifying 'difficult to fill' posts with the aim of redesigning the profile of staff delivering services and structuring flexible jobs to appeal to doctors in a competitive market and attract them to NHS Highland.
- The report format was welcomed but consistent use of colours was urged.
- A holistic approach to staff, recruitment and related housing issues was suggested, with a request for a report to a future meeting on partnership working on this, noting that this was also being consider by the Community Planning Board and Highlands and Islands Enterprise.
- A long-term aim should be the development of an Inverness-based medical degree through UHI.
- Information was sought on progress converting non-recurring savings to recurring ones, noting that without the legacy on undelivered savings measures, the financial challenge at the start of 2019-20 would only be around £7m. This would be further reported to the July 2019 Board meeting.
- The North Coast 500 route had brought many people to the Highlands creating a spike of interest which could be beneficial in attracting people to work here.

The Board:

- **Considered** the financial position of the Board for month 12 which showed a potential overspend of £17.9m compared with the Annual Operational Plan forecast position of £19m - £23m, subject to audit and annual accounts process.
- **Noted** the request to the Scottish Government for £18m of brokerage.
- **Noted** the capital position of breakeven.
- **Acknowledged** the financial position as set out in the report and appendices.
- **Agreed** a report be submitted to a future meeting on partnership working on recruitment, housing and related issues.

4.2 Opening Budget offer to Argyll and Bute
Dave Garden, Interim Director of Finance

The 2019/20 budget offer represented A&B's 28.87% share of the total NHS Highland NRAC funding, plus their share of the £350m Scottish Government allocation for social care, Highlands & Islands Patient Travel Scheme, and the Integrated Care Fund, as detailed in the report.

Issues raised during discussion included the following:

- The previous year's allocation (£206.6m) had been undertaken on the same formula. That overspend would be dealt with as part of the overall brokerage request and, going into 2019-20, A&B were allocated their share of the overall £39.5m saving target.
- The Chief Officer for A&B considered the offer to be fair, open and transparent, with a significant challenge to their budget being the ongoing negotiations with Greater Glasgow & Clyde on their Service Level Agreement. Work was ongoing with PWC on financial recovery.

The Board **approved** the 2019/20 budget offer to the Argyll & Bute Integration Joint Board as set out in the report.

4.3 Sturrock Review Recommendations
Iain Stewart, Chief Executive

The Chair read out the following statement on behalf of the NHS Highland Board:

We welcome publication of the Sturrock report commissioned by the Scottish Government into allegations of bullying within the health board and fully accept the recommendations.

As a Board we would like to express our gratitude to John Sturrock and to all of those who contributed to the report. The report finds that bullying or inappropriate behaviour have occurred within NHS Highland and we apologise unreservedly to those members of staff who have not been treated according to the high standards we expect. The board acknowledges that there were short comings in the way it dealt with the issues raised and will reflect upon how it must improve.

The report is comprehensive and contains a number of important conclusions and proposals which are currently being carefully considered and an initial draft action plan prepared. The Board will consult with a wide range of staff groups and external stakeholders to ensure that, in taking action, it represents as broad a spectrum of views as possible.

We realise that there are varying views about the content of the Sturrock report and that people have reacted to it in different ways. The report recognises the concerns raised by the whistleblowers but also acknowledges that others feel hurt by some of the allegations. It is important as a board that we consider the needs of all our people.

The Board will provide assurance and take full responsibility for ensuring that the issues raised in the report are addressed and that we will lead by the same constructive, respectful and compassionate approach we expect others to follow.

In the coming months, the Health Board will focus on healing, reconciliation and building a positive culture based upon care and compassion, dignity and respect for everyone. Values such as openness, honesty and responsibility will underpin an approach which will deliver quality care and teamworking.

The Interim Medical Director gave a summary of the Sturrock investigation and NHS Highland's plans to address the content of the report including pastoral care, mediation, occupational health support and an appropriate communication framework. Human Resources processes would support the response plan and there would be organisational learning and improvement through review of structures and leadership, through training and information for Board Members and learning from other Boards and from previous reports including the Gallanders report, the Audit Scotland report and the John Brown governance report. Plans would be drawn up and widely consulted on, with consistent and full implementation of actions across the whole of NHS Highland.

The Chief Executive informed the Board that the initial response was required by the Scottish Government by 31 May 2019 and that visits to NHS Highland were planned by John Sturrock on 6 June and by the Cabinet Secretary for Health on 21 June 2019. The response to the report had also been discussed in detail by the Board at the previous day's Board Development session and would be considered at the Argyll & Bute Integration Joint Board on 29 May 2019.

During discussion the following issues were considered:

- The public apology on behalf of the Board was welcomed and the focus should now be on fixing what had gone wrong.
- The Board recognised the caring and quality services being delivered by staff, often over and above their job requirements, and urged personal as well as joint reflection as Board members on the issues identified by the report to ensure lessons were learnt for the future and to ensure personal emotions did not obscure observation of risks.
- The decision by the Scottish Government to appoint Non Executive Whistleblowing Champions to every NHS Scotland Health Board was positive, noting that NHS Highland had appointed Melanie Newdick as their own Non Executive Whistle-blowing Champion.
- The issues raised in the Sturrock report had been noted by the Chairs of all Scottish Health Boards.
- It was important to engage with and listen to people who had not yet spoken or had the opportunity to express their views.
- The Board would work together to address the difficult and challenging issues raised.

The Board **noted** the position.

4.4 Quarterly Performance Reports

(a) Ministerial Strategic Group Integration Indicators for North Highland and Argyll & Bute

Donna Smith, Head of Planning and Performance, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

Issues highlighted from the report included the following:

- Feedback on the format and level of detail in the new report was sought.
- The report comprised quarterly updates on the six key MSG indicators common to all Integrated Boards. This report was based on 'Board of Residence' and was contingent on data completeness for Scotland which for these figures was only 78% (as at January 2019). With the volume of Highland residents being treated by Greater Glasgow & Clyde Health Board, the figures might change once 100% data completeness was achieved in due course.
- The six MSG indicators were: unplanned admissions, occupied bed days for unscheduled care, A&E performance, delayed discharges, end of life care and balance of care across institutional and community services. They had been introduced to look at shifting of the balance of care from acute to community.
- Various indicators were highlighted and it was pointed out that A&B managed a stable emergency admissions performance while there was an upward trend for rest of NHS Scotland including North Highland and it was important to investigate this to see what A&B were doing differently.
- NHS Highland residents were more likely to be admitted following an attendance at A&E than across Scotland as a whole and this would merit further understanding
- Across NHS Scotland there had been a reduction in the number of unscheduled bed days in long stay Mental Health institutions, but this had increased in A&B.
- Delayed discharges in NHS Highland were resulting in 3,600 bed days being lost per month, and improvements in this area would have a positive impact on patient flow.
- NHS Highland residents were spending a higher percentage of their last six months of life in a community setting, which was positive, but a smaller percentage in palliative care and it would be helpful to understand this better.

During discussion the following issues were considered:

- It was important to understand areas of variation and improve.
- Attention was drawn to the approximate 60% of NHS Highland A&B residents who were treated through Greater Glasgow & Clyde but whose treatment performance data was reported against NHS Highland due to the 'Board of Residence' criteria. Consideration of this was urged noting that, for example, longer travelling distances to rural locations in A&B could result in additional overnight stays. The Chief Officer for A&B confirmed that this was being actively explored including cost implications. NHS Highland had no influence over decisions taken by GG&C, and the final figures might change once data completeness had been achieved.
- With the aim of avoiding duplication and reporting consistently, it was suggested that the MSG and scorecard reports could be combined but it was explained that the MSG report was based on a patient's residence, while the scorecard report was based on where their treatment took place. Further work was required on a performance framework that reflected the data in the final Annual Operating Plan and feedback on this was welcomed.
- Reference was made to the helpfulness of previous A&B reports that had provided information on indicators that were off track and facilitated scrutiny of actions being taken. Consistency and comprehensiveness were essential for the Board not only to highlight issues but also actions.
- The relationship between the Board, the A&B Integration Joint Board and the Highland Health and Social Care Committee was evolving and in response to a request for information on the level of involvement of the operational units in the performance reports, it was explained that the report was drafted by Service Planning then issued to the Operational Units for comment. The Chair of the HHSCC offered assistance with this outwith the meeting, if required, and it was explained that the aspiration was to be in a position where managers could compare data on where they were with their forecasts against where they had expected to be in relation to performance. This type of data on trajectories was scrutinised by some Committees and Sub-Committees and would feed into the Annual Operating Plan, and it was important to find an appropriate means of presenting this at Board-level in a manageable way. The timeline and process would be reconsidered in the next Board report and it was confirmed that the next report could include signed off clinical targets for 42 specialties, although there were some areas where this was challenging either because the data was not collected electronically or because the data was not collected in a unified manner across NHS Highland.

- In relation to the presentation of incomplete data, it was pointed out that the complete data was six months out of date so there was a balance to be achieved between studying timely incomplete data or out of date complete data.
- It was important to remember the patients behind the data and the impact of decisions on them.
- Reference was made to the work being done by the PMO, including cross-cutting, that was driven by the need to improve the financial situation but also maintain efficient effective care and patient flow. Evidence indicated that improving efficiency in various areas in Adult Social Care could have a positive impact.
- The Chair requested a more granular report in future.

The Board:

- **Reviewed** MSG performance identifying any areas requiring further information or future exemption reports.
- **Suggested** changes or improvements in format or content to ensure the report fully met Board requirements, as detailed in discussion.
- **Sought** to better understand the variation in performance within NHS Highland and to take forward shared learning.

(b) Operational Plan Scorecard – NHS Highland
George McCaig, Performance Manager, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

As the new approach to delivering the Annual Operating Plan was translated into actions, the reporting methodology would change accordingly. In the meantime, the scorecard was based on indicators traditionally monitored by the Scottish Government and a number of others requested by the Board. The scorecard as a whole was not monitored by the Scottish Government while the MSG indicators were, which was another reason why historically there had been two different reports. Reporting would transition to a new scorecard to reflect the new Annual Operating Plan in due course.

During discussion the following issues were considered:

- Attention was drawn to the absence rate which had been discussed at a recent Health and Safety Committee and which had a significant impact on cost and on pressure put on staff having to cover for absences. The importance of attention to detail in this regard was highlighted, and Grip & Control management was being used, particularly in two of the larger staff groups of nursing and medical staff, although further work was ongoing as changes tended to be slow to take effect. It was important to identify areas with higher levels of absence and to take immediate action.
- Adherence to government targets was beneficial to patient care, and overall performance against the financial resources represented both sides of the Annual Operating Plan and both required to be improving. It was challenging to decide what level of detail was appropriate for the Board to scrutinise, with extensive discussion on some areas already taking place at committee level. The Chief Executive suggested that further consideration be given to developing a truly balanced scorecard including quality, performance, finance and people measures, and covering cause and effect, not only figures. Reference was also made to discussions at a recent Board Development session on the possibility of an exception report being appended to the main report and this would also be considered. It was important that while the Annual Operating Plan set out what the organisation was planning to deliver, the Board required to have a performance reporting regime that reflected progress with this in the spirit of constant improvement.

The Board:

- **Reviewed** the draft Annual Operation Plan for Performance Reporting for 2019/20 at Annex B.
- **Reviewed** the performance recorded in the scorecard at Annex A identifying any areas requiring further information or exception reports.
- **Agreed** to consider the future format of the scorecard report as detailed during discussion.

4.5 Six-monthly eHealth Update
Iain Ross, Head of eHealth, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

This was the fifth six-monthly eHealth update to the Board as recommended by Internal Audit, with this update having a focus on cyber security as requested. Areas highlighted from the report included the launch of the Care Portal in February 2019, EPR (Electronic Patient Records) and scanning of health records, cyber security issues, progress with upgrades to Windows 10 and Office 365, and digital maturity assessment.

During discussion the following issues were considered:

- In response to a question about the Board's investment level in eHealth, attention was drawn to national work being under taken on a benchmarking exercise on national spend on digital against other industries and against other Boards, with the report anticipated in the next few weeks and the issue to be covered in the next eHealth update.
- Reference was made to the PMO and spend to save initiatives that could advance the redesign agenda and it was confirmed that various business cases were being worked on to improve quality and save money, with digital options being considered as part of any service redesign.
- With a key Board objective being the improvement agenda to move toward a sustainable and balanced position, it would be helpful to see a report detailing the areas where eHealth had a positive impact, for example alleviating the need for additional staff, improving efficiency in a particular area, or avoiding hospital admissions, with the aim of increasing the Board's attention on this area and moving from a focus on compliance to improvement.

The Board **noted** the update.

4.6 Preparedness for Safe Staffing Legislation
Elaine Dibden and Jennifer Bremner, on behalf of Heidi May, Board Nurse Director

On 2 May 2019, the Health & Care (Staffing) (Scotland) Bill (Stage 3) had been approved by the Scottish Parliament giving Health Boards and other care providers in Scotland a legal duty to make decisions on staffing on the grounds of safety and to use live data in workforce planning. Two part-time members of staff were being funded by the Scottish Government to support implementation of the legislation, and a summary of the implications was provided. Key challenges included the proposed cap on agency spend and that Senior Charge Nurses would no longer have a case-load of patients. Multi-disciplinary tools were being developed, and progress with implementation was summarised with many measures already in place for nursing and with social care being worked on over the coming year and to be reported back to the Board in due course.

During discussion the following issues were considered:

- There was a legal obligation to implement the legislation by April 2020 and this was partly underway with financial implications reflected in the 2019-20 budget.
- Information was sought and provided on staff and public perception of the new legislation. On a daily basis, changes would include the use of validated tools, some of which were already used in nursing but less so in social care settings. Multi-disciplinary tools would be introduced as well as more systematic processes for determining staffing levels.
- The changes were welcomed and would be empowering for staff in challenging situations.
- The application of the legislation by independent contractors was still being worked through.
- Reference was made to previous experiences in England with similar legislation and the training requirements that had resulted, especially for supervisory nursing staff. Other challenges were recruitment and the consequences of non-compliance, especially in relation to the cap on agency usage. A greater understanding of the issues was required, noting there was a lack of clarity on the draft legislation, and this was being worked on by the Chief Nursing Officer. The additional reliance on service redesign was emphasised, as well as the importance of having the correct processes in place, including for escalation.
- It was likely that AHPs and medics would be affected by the legislation in future, and it was thought that nursing had been the starting point as it was the largest staff group. Reference was made to the

tools already in use and the importance of identifying appropriate new tools in future, as well as the need to include other staff groups.
- It was noted that the wording had been amended to Health and Care Staffing instead of Safe Staffing.

The Board:

- **Noted** the approval of the Health & Care (Staffing) (Scotland) Bill (Stage 3) by Scottish Parliament on 2nd May 2019.
- **Supported** the development of a governance system and implementation plan for NHS Highland.

4.7 Major Redesign of Health and Social Care Services across Caithness
David Park, Chief Officer, North Highland

The Cabinet Secretary for Health and Sport, Jeanne Freeman MSP, had approved the Care Hub model for Caithness, with the next milestone in the business case process being the submission of an Initial Agreement to the Board meeting in the summer of 2019.

During discussion, the following issues were considered:

- The progress was welcomed and ongoing engagement was urged, with future reports to provide assurance on this.
- The level of support for the model was welcomed, with people now able to visualise the future.
- The funding of the proposed model had not yet been agreed and would be worked on after the Full Business Case had been developed. This was the usual process but it was important people be made aware of this, noting the national pressure on health spending, as well as other NHS Highland projects that required funding. It was suggested that a challenge should be set to deliver the benefits required of the new hub as a minimum within the existing envelope and to have clarity on this at the outset to avoid disappointment.

The Board **noted** the update provided in the report.

4.8 Annual Operational Delivery Plan Update
Donna Smith, Head of Planning and Performance on behalf of Iain Stewart, Chief Executive

The Board **noted** this item had been deferred to the Board meeting on 23 July 2019, as detailed under Matters Arising.

4.9 Adult Mental Health Strategy Update
Dr Boyd Peters, Interim Medical Director

Work continued on the development of an Adult Mental Health Strategy (AMHS) but in addition to adopting the National strategy, the NHS Highland Clinical strategy was being developed, linked to recent PMO and other reviews, and the AMHS would have to fit with that. A review of the governance meetings for Mental Health was ongoing and while the National Mental Health Strategy included Children's and Adolescents Mental Health, this was not part of the NHS AMHS due to the Lead Agency model of Integration in North Highland.

During discussion, the following issues were considered:

- Information was sought on linkage to other providers such as Criminal Justice, the Council, Housing Associations and the third sector, and the work that was required to knit all threads together. The NHS was considering the NHS aspects of the strategy, including PMO work, staffing and resilience with the key aim being building sustainable services for NHS Highland. Dementia was a separate but aligned strategy which also fed into non-NHS components, and partner agencies would be taken into consideration during any review of services.
- With reference to Mental Health being one of the key priorities in the Annual Operating Plan, information was sought on significant issues to be tackled in the coming year. It was explained there was a particular focus on performance, especially on waiting times for Adult Psychology and for Child and Adolescent Mental Health Services, with some investment and system change having taken place in those areas. Year two of Action 15 funds aimed to increase community expenditure, with further

investment in community mental health workers through the new GP contract. Highland was one of four pilot areas for work with the third sector on Distressed Brief Interventions, which were likely to be rolled out across the country in due course, with a summary provided of this work.

- Concern was expressed that work on a Highland Dementia Strategy had stalled and Boyd Peters explained that contact on this had recently been made with Highland Senior Citizen's Network and that the strategy was a shared responsibility between various partners covering housing, support services, third sector etc. Much of the Health-related work for the strategy had been undertaken by NHS Highland. A working document had been consulted on but with few responses and this required to be reconsidered. Ann Pascoe referred to the significant numbers of patients affected by dementia and requested further information on work towards the final strategy, this to be discussed with Boyd Peters outwith the meeting.
- The Chief Executive pointed out two issues with regard to performance and Mental Health; access to psychological therapies and access to CAMHs. A significant challenge was that funding received from NHS Scotland for posts to support these areas was non-recurring, making the posts difficult to recruit.

The Board **noted** the update and points made during discussion.

4.10 Infection Prevention and Control Report and Annual Workplans 2018-19 and 2019-20 Catherine Stokoe, Infection Control Manager and Dr Vanda Plecko, Consultant Microbiologist/Infection Control Doctor on behalf of Heidi May, Board Nurse Director & Executive Lead for Infection Control

	Group	**Target**	**NHS Highland HEAT rate**	
Clostridium *difficile*	Age 15 and over	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/19	29.3 Annual performance 2018/2019	**Green (NHSH data)**
Staphylococcus aureus bacteraemia		HEAT rate of 24.0 cases per 100,000 AOBDs to be achieved by year ending 03/19	30.7 Annual performance 2018/2019	**Red (NHSH data)**
Hand Hygiene		95%	Annual performance 97%	**Green (NHSH data)**
Cleaning		92%	Annual performance 96%	**Green (NHSH data)**
Estates		95%	Annual performance 96%	**Green (NHSH data)**

- As previously anticipated, the staphylococcus aureus bacteraemia targets had not been met for 2018-19, although the numbers were within predicted range with no statistically significant shift. Causes had included an increase in infections from invasive devices which had prompted the formation of a short life working group to take immediate action. Improvements would be shared.
- Clostridium difficile targets had been met although all data would be formally verified in July 2019.
- All actions from the Argyll & Bute action plan from July 2018 had now been completed and signed off and the workplans for 2018-19 and 2019-20 were included with the report.

During discussion the following issues were considered:

- The Control of Infection Committee (COIC) was now meeting quarterly instead of every two months.
- Assurance was sought in relation to new builds on a red-ragged action, 'HAI Scribes in progress for all new builds and major refurbishment works. Inconsistency noted for minor works. Assurance still being sought'. Heidi May explained it had been red as it had not been used appropriately, and this had been added to the 2019-20 workplan, discussed at the COIC, and taken back to the Infection Control Improvement Group for implementation.
- For the year 2018/2019, 15 cases had been assessed as being preventable and information was sought on comparison with previous years, noting that this should be a clear area of focus. It was

explained that infections had momentarily worsened, although were not considered an outbreak, and measures to tackle this were summarised.
- Staff training was a key issue and was monitored.
- Staff were thanked for their work across the Board to respond to concerns and issues to keep people safe.

The Board **noted**:

- The position for the Board.
- The update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland.
- That the Staphylococcus aureus bacteraemia (SAB) target would not be achieved.
- The inclusion of the end of year (2018/2019) and the 2019/2020 annual work plans for infection prevention and control.

4.11 Chief Executive's and Directors' Report – Emerging Issues and Updates
Iain Stewart, Chief Executive

This month's report incorporated updates on:

- Introduction from CEO
- Hot Topics/issues
    - John Sturrock Review
    - Annual Review
    - The Annual Report & Accounts
    - Appointments
    - Service Redesign
    - Sir Lewis Ritchie Review
    - Cabinet Secretary's Visit
    - Ministerial visits
    - Minister for Veterans Visit
    - NHS Highland welcomes open visiting times
    - Caithness
- Celebrating success
    - Elective Care Centre
    - Highland AHP Growing Capacity
    - Obstetric scanning
    - Nutrition prescribing programme
    - Paramedic Prescriber

During discussion the following issues were considered:

- Attention was drawn to the Open Visiting initiative which had been trialled successfully. It would be rolled out carefully and sensitively to alleviate staff anxiety. National evidence had demonstrated overall benefits.
- Lorn & Islands Hospital in Oban celebrating two years of success with women accessing the obstetric scanning service was welcomed.
- The Friday messages to staff from the Chief Executive were being well received.

The Board **noted** the Emerging Issues and Updates Report.

5.1 Clinical Governance Committee of 16 April 2019

Issues raised included the following:

- Attention was drawn to concerns expressed by an outgoing Board Non Executive about the level of assurance being provided by the CGC to the Board, and this had been discussed by the CGC. Details would be shared with Board members and the Board Chair and any questions addressed.
- In relation to the proposed Clinical and Care Governance Sub Committee of the Highland Health and Social Care Committee, various discussions on this had been held with no definitive decision other than for the CGC to continue as it was for the time being pending resolution of issues such as the amount of time required by the CGC to scrutinise data from operational units, which reduced time available for strategic discussion, and the need to avoid requiring senior clinicians to attend additional meetings. Heidi May considered that current governance arrangements for the HHSCC to consider its operational clinical governance were not adequate and Ann Clark, as Chair of the HHSCC, offered to reopen discussions on this and related matters. Iain Stewart suggested a review of this would be timely, pointing out the need for a new partnership agreement to be in place by April 2020 which would include governance issues, with similar issue to be reviewed in A&B. Boyd Robertson referred to the importance of Committees and the Board aiming to be more strategic in their approach.

5.2 Staff Governance Committee of 7 May 2019

- Progress was being made with statutory and mandatory training, with a focus now on new starts and an ideal aim that S&M training was completed prior to commencing work on wards. It was clarified that NHS Highland was performing below the Scottish average on this but was not considered an outlier.
- Turas would be promoted to try to increase uptake.
- The Chair looked forward to welcoming Ann Pascoe to future meetings, and Melanie Newdick in her role as Board Whistle-blowing Champion.
- Brian Steven had reviewed the data going to the committee, considered it to be of a high standard and had provided feedback. It was important that data presented led to actions, with staff absence data being used as an example. This would be further discussed with the Committee Chair.

5.3 Audit Committee of 7 May 2019

- A corrected version of the minute was tabled, minor errors having resulted from a poor teleconference connection at the meeting.
- A combined plan for good governance had been considered, including issues from the Blueprint for Good Governance and the John Brown review.
- Assurance had not been received from the Risk Management Steering Group due to poor attendance and cancelled meetings and this would be followed up at a future meeting.
- The Board Chair informed that Internal Audit were happy to engage with any service that would benefit, and external Audit were keen to meet with the Board, possibly at a Strategy Day.

5.4 Highland Health & Social Care Governance Committee of 2 May 2019

- Progress had been made on submitting to the Scottish Government a self-assessment on integration which was required by mid-May. A development session had helped to form responses and a further report would be submitted to the next meeting on the proposed action plan.
- Discussion had taken place on the adult social care fee and contract arrangements, which was ragged in the report as green but might be reclassified as amber as there were some questions and concerns that had been addressed but required close monitoring.
- In response to a question about implementation of the Carer's Act and whether it was at a similar stage to A&B, and whether reference was made in the strategy for Highland to young carers, it was clarified that progress in North Highland was not as far forward as would be desired. A stakeholder group was meeting and work was ongoing to get closer to the position in A&B with regular reports being received. In relation to ring-fencing of the funds from the Scottish Government for implementation of the Act, the Committee Chair had asked for the next report to be accompanied by a full explanation of the finances for this service. Dave Garden confirmed that the value of the carers' money was included in the financial plan for 2019-20 as a recurring resource and that ring-fencing carried forward monies was problematic.

5.5 Integration Joint Board of 27 March 2019

- Kieron Green was the new Chair, supported by Sarah Compton-Bishop as Vice Chair.
- The A&B IJB included children services and the criminal justice service.

- A Finance Officer had been recruited.

5.6 Area Clinical Forum of 21 March 2019

There had been a plan to hold a meeting on 16 May 2019 to facilitate a discussion on the role of the ACF, however with the publication of the Sturrock report, a joint meeting with the Partnership Forum had been held at which actions around the Sturrock report had been discussed, including apologising and ensuring open communication. Challenges included the need for early and full staff consultation on actions. Reference was made to the Cabinet's Secretary's comments that the ACF would play a pivotal role in taking forward Sturrock actions and welcomed the inclusion of Adult Social Care representation at the ACF. She had also welcomed the role of the ACF in financial recovery.

5.7 Finance Sub-Committee of 24 April and 21 May 2019

Attention was drawn to the long discussion that had been held on the PMO and it was noted that Finance had already been discussed under Item 4.1 and at the previous day's Board Development session.

5.8 Asset Management Group of 19 March and draft 16 April 2019

- The £2m capital to revenue transfer that had taken place two years earlier had been a one-off special arrangement under authority from the Scottish Government and had not been repeated.
- In response to a question about point of care testing that had been discussed at the Clinical Governance Committee, it was clarified that a Medical Device Group was being formed to check equipment that was not being monitored elsewhere. It was clarified that GP Tech were undertaking primary care point of care testing, the Raigmore point of care testing group were monitoring secondary care devices and the new Medical Device Group would capture equipment not monitored elsewhere. The AMG was pan-Highland therefore A&B would be covered.

5.9 Health and Safety Committee of 25 April 2019

- The minutes of the meeting on 7 February 2019 had not been to the Board so would be submitted in July 2019.
- Attendance had been poor and the importance of Health and Safety was emphasised, with the Board Chair acknowledging that concern. Reference was made to the reported poor attendance at the Risk Management Steering Group at Item 5.3, and the need for people to re-prioritise their workloads. Iain Stewart would raise this with the Senior Leadership Team and consideration would be given to facilitating a discussion on this with Non Executives, possibly at a Board Development Session. In relation to membership of the H&S Committee, a balance was required between the need for Non Executives to be fully sighted on risks, versus the need for the operational expertise of Executives.

The Board:

- **Considered** the need for Governance Committees to pay closer attention to providing assurance and **agreed** that this be revisited by the Board, noting that training for committee chairs would be beneficial.
- **Noted** the Assurance Reports/Minutes and agreed actions from the Clinical Governance, Staff Governance, Audit and Highland Health & Social Care Governance Committees.

6.1 Community Empowerment Act – Annual Reports
Ruth Daly, Board Secretary, on behalf of Iain Stewart, Chief Executive

a. Asset Transfer
b. Public Participation Requests

- Applications tended to be lengthy and would normally take many months. Communities often required to form appropriate groups etc, and as community conversations increased and awareness grew, applications might increase.
- In relation to possible impact on redesign, assurance had previously been given that this was taken into consideration. Often services were redesigned due to the poor or inappropriate condition of existing buildings for their intended purposes.

- Funds received from transfers went to the Scottish Government. However, it was possible to discuss the funds being recycled back to the Board.

The Board **approved** the annual reports.

6.2 Register of Members Interests
Ruth Daly, Board Secretary, on behalf of Iain Stewart, Chief Executive

The Highland NHS Board Code of Conduct was formally adopted by the Scottish Ministers from 1 May 2014. Under its terms, Board Members were required to Register their interests in the Highland NHS Board Register. An exercise to update the register had been undertaken and the formal Highland NHS Board Register was tabled for information. The Register was kept available at the Board's offices for public inspection and was available on the NHS Highland web.

The Board **noted** the position.

6.3 Date of next meeting

The next meeting of the **Board** would be held on 23 July 2019 in the Board Room, Assynt House, Inverness. The Chair asked the Board to consider for future consideration if the start time should be moved to 9am and if the Board should continue to only be held on a Tuesday.

6.4 Any Other Competent Business

6.5 The Board **noted** there would be a meeting of the Board In-Committee immediately following the open Board meeting.

Close of meeting: 1pm