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 January 2020 – 8.30am**	

Present
Prof Boyd Robertson, Chair
Mr Alex Anderson
Ms Jean Boardman
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Sarah Compton-Bishop
Ms Deirdre MacKay
Mr Philip MacRae
Ms Margaret Moss
Mr Adam Palmer
Ms Ann Pascoe
Dr Gaener Rodger
Mr Dave Garden, Director of Finance
Mr Paul Hawkins, Chief Executive
Ms Heidi May, Nurse Director
Dr Boyd Peters, Medical Director
Dr Louise Wilson, Interim Director of Public Health

In Attendance
Ms Ruth Daly, Board Secretary
Ms Fiona Hogg, Director of Human Resources and Organisational Development
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
Mr David Park, Chief Officer, North Highland
Ms Katherine Sutton, Head of Acute Services

Also in Attendance
Prof Sandra MacRury, University of the Highlands and Islands
Dr Chris Turner, Civility Saves Lives

Preliminaries

- Mr Paul Hawkins, newly appointed Interim Chief Executive, was welcomed.
- Dr Louise Wilson, newly appointed Interim Director of Public Health, was welcomed.
- Mr Dave Garden was congratulated on his appointment as Director of Finance
- Ms Mary-Jean Devon had resigned from the Board due to pressure of work and was thanked for her valued contribution.

The Board:

- **Noted** the implications for NHS Highland Senior Executive leadership as a result of the restructure.

- **Agreed** the secondment of Mr Paul Hawkins to the position of interim NHS Highland Chief Executive, effective immediately, for an initial period of one year, and with Specific Accountable Officer status to be thereafter conferred on Mr Hawkins by Scottish Government.

1 Apologies

Mr Alasdair Lawton.

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 Presentation by Chris Turner of Civility Saves Lives

Dr Chris Turner was an emergency medicine consultant who worked with organisations in the healthcare sector to promote the impact of civility on patients, staff and quality of care. He had been providing workshops for NHS Highland in conjunction with Medical Education and gave a presentation to the Board which included the following points:

- The link between the promotion of civility and kindness, and the NHS Highland Culture Programme.
- The history and emergence of Civility Saves Lives, which had resulted from the events at Mid Staffordshire NHS Hospital in the late 2000s.
- 'When we permit rudeness, our patients die unnecessarily' – the impact of incivility on teams. When someone is rude there is an estimated 61% reduction in cognitive ability in the recipient and, among onlookers, a 20 % decrease in performance and 50% reduction in willingness to help.
- The benefits of early informal intervention in tackling incivility were highlighted and the mechanism for this ('coffee conversations') was explained. Evidence from 150-200 hospitals over 5-10 years suggested that 37k coffee conversations with clinicians about their behaviour had resulted in only 2k repeat offenses, with only 267 of those going on to a more formal HR procedure. 999 medical staff out of 1000 are likely to change their behaviour as a result of a graduated set of informal interventions.

During discussion, the following issues were considered:

- People were often unaware they had upset or offended others and were usually keen to rectify the situation once it was drawn to their attention in an informal manner. Jumping to formal procedures tended to trigger a 'deny and defend' response rather than a cooperative one.
- 'Coffee conversations' were conducted by peers on a one to one basis, these being chosen by a democratic process and appropriately trained. It was often preferable for the early conversations to remain unrecorded to facilitate open and frank discussions. Serious matters would be escalated to a formal process as appropriate.
- In relation to this being built into medical training, it was considered more beneficial to engage with clinicians in the workplace.
- Information was sought on possible metrics to measure behaviour and performance, and reference was made to staff surveys and absence levels, with sickness bills tending to be higher in less civil organisations.

The Board thanked Chris Turner and **noted** the presentation.

4 Minute of Meeting of 26 November 2019 and Action Plan

The Board **approved** the minute, subject to the replacement of '*reviewed* use of the Highland Outcome Improvement Plan' with '*renewed'* at the top of page nine.

5 Matters Arising

- Action 3, renewed presentation of the Finance report was now complete.
- Action 1, GDPR update, was included in the CEO report, Item 6.

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

This month's report incorporated updates on:

Introduction from CEO
Board Appointments: Chair appointed to the NHS Highland Board
Hot Topics/issues:

- Caithness General Hospital secures a world first for pioneering environmental work
- Health and Social Care Integration
    - North Highland
    - Argyll and Bute
- Highland maintains Baby Friendly status
- Fond Farewell to Sandie Macleod
- First Contact Physiotherapists Introduced in Argyll and Bute
- Raigmore Hospital Car Parking
- Argyll & Bute Nurses receive Prestigious Queen's Nurse Award
- Raigmore catering department reduces plastic
- Launch of Corporate Induction Portal

During discussion, the following issues were considered:

- The Chair expressed the Board's gratitude to the outgoing Chief Executive, Iain Stewart, for his valued work, especially in transforming the tone of the organisation, and wished him well for his new position as Chief Executive of NHS Orkney. He welcomed Paul Hawkins as the new Chief Executive, Paul having spent the previous five years as Chief Executive of NHS Fife.
- Attention was drawn to a reference in the report to the outstanding actions from the Internal Audit report and managerial ownership of the actions was urged. All would be presented to the Audit Committee on 25 February and actions that remained outstanding at that point would be escalated to the Board.
- The Cabinet Secretary for Health would be returning to NHS Highland on 10 February 2020, the visit to include Caithness General Hospital.
- Staff at Caithness were congratulated on their award for pioneering environmental work.
- Nursing staff in A&B were congratulated on their prestigious Queen's Nurse Award.
- In relation to the renewal of the North Highland Integration Scheme, there had been regular meetings with the Highland Council, and a two to three week deferral had been agreed to finalise proposals and continue dialogue, with issues to be considered at a special meeting of the Joint Monitoring Committee.
- In relation to improvements to the Raigmore car park, there were no marked parking bays and it was thought this was because work was still ongoing but would be followed up and reported to the Endowments Committee, along with clarification about potential additional costs for signage permission from the Council. It was clarified the intention was for parking bays closest to the building to be reserved for disabled and for other patients, and that staff would be expected to park towards the rear of the car park, although enforcement of this was challenging.
- Preparations for the Coronavirus outbreak would be covered at Item 13, Infection Prevention and Control.
- A future Board discussion on the Highland Quality Approach and Vision and Values was suggested, with reference to information on the corporate induction portal on the intranet.
- In relation to GDPR Data Champions, the Executive team had now nominated staff and training was being cascaded.

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

7 Culture Fit for the Future
Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer

The following information was presented:

What have we done so far:

- Set up CEO bulletin and Team brief
- Carried out initial engagement sessions with 350 colleagues
- Set up our Culture Programme Board
- Initiated the Argyll & Bute review
- External support in place for investigations and mediation
- Launched Courageous Conversations training
- Developed a Corporate Induction portal
- Set up a Health and Wellbeing strategy group
- Drafted our Culture Commitments and Plan

What are we doing:

- Recruiting an External Culture Advisor
- Developing a Healing Process
- Setting up a Guardian Service
- Procuring an Employee Assistance Programme
- Planning for the issue of the Culture Commitments and Plan in February, supported by a contact poster, feedback from the engagement sessions and an update on progress with our original action plan
- Focusing on Civility and Kindness
- Improving our People Processes
- Taking part in the NHS Dignity at Work project

What do we still need to do:

- Develop our Communication and Engagement Strategy
- Continue our Engagement sessions across the organisation
- Refresh our Vision and Priorities and communicate this
- Focus on embedding the NHS Scotland Values
- Launch a Recognition process, linked to the Values
- Develop and launch our Health & Wellbeing strategy
- Create a development proposition for our People Leaders

What are our key challenges:

- To individually commit to making a difference
- To be realistic about capacity and timescales
- More resource to support the programme to deliver
- To listen and hear what our colleagues tell us
- To communicate and engage better
- To have the courage to see this work through
- Change will take time but it can happen

How can the Board support Culture:

- Focus on creating our vision and priorities and setting the “tone from the top”
- Think about what we do and if we are the right people to do it, to try and address the pressure on colleagues

- Provide feedback and challenge on our plans and progress
- Promote and be advocates of what we are trying to do
- Role model our Culture and Values at all times
- Ensure we have the resources to deliver this programme

The Healing Process:

- Since we shared our principles in November, we have listened to colleagues, external parties and those with lived experience
- This is a complex piece of work and something that has never been done before, so we need a lot of advice and input
- We must get it right first time as the people who want to engage with us need to be confident and trust in the process
- We've agreed that the assessment as well as the provision of Psychological Therapies should be sourced externally
- We've considered different options and routes of access to reflect the individual situations and preferences for how to participate
- We will continue to engage with a range of stakeholders to ensure the design and the delivery of the process meets these needs
- We are proposing that we open the scheme for applications in late February, to ensure we can plan for the demand
- We are also requesting the resource required to deliver the process.

During discussion, the following issues were considered:

- There had also been considerable discussion on the detail of the programme at the Culture Programme Board (CPB).
- The scale and scope of the work required, and the need for additional resources to tackle many aspects of it, was strongly emphasised, with reference to ensuring staff had manageable workloads and do-able jobs. Engagement was being undertaken with the Scottish Government on this and it was anticipated that some additional resource would be forthcoming, noting that additional resource had been provided for the financial recovery programme.
- The new Staffing Scotland Act would be valuable in ensuring safe levels of staffing and escalation procedures.
- In relation to the Healing Process, the wording should reflect the emphasis on the openness of the process, with specific reference to avoiding the use of the word 'application'.
- In response to concerns about timeline slippage, a one-page infographic of the various processes and pathways for staff to follow for different issues was being produced and would be distributed electronically and in paper format for noticeboards etc as soon as possible and hopefully within a few days. This would be updated as new elements of the project became functional, such as the Guardian Service.
- In relation to concerns that bullying was still taking place within the organisation, these were being supported through the normal informal or formal procedures. Reference was made to recent Once for Scotland policies which included bullying and harassment, and discipline and grievance. Implementation of these would serve as a valuable refreshment of organisation knowledge and behaviour.
- A presentation had been provided to the NHS Chairs' meeting the previous day on the national whistleblowing standards with which all Boards had to be compliant by July 2020, which would be a substantial piece of work. In relation to the potential connection between this and the Guardian Service initiative, it was thought the confidential contact officer for the whistleblowing would be appointed internally but that this process could work in conjunction with the Guardian Service.
- Concern was expressed at the slower than anticipated pace of progress and that affected staff or ex-staff had still not received the support required. The need for additional resources and expert professional help from the Scottish Government was re-emphasised. It was pointed out that the Cabinet Secretary had also met with the whistleblowers and planned to do so again.

The Board **noted** the updates in the report.

8 Attraction, Recruitment and Retention Strategy Update
Sharon Hammell, Resourcing, Strategy and Planning Lead, on behalf of Fiona Hogg, Director of Human Resources

During a summary of the report, various issues were highlighted including:

- The highly competitive marketplace for staff.
- The NHS Highland website required updating and the organisation's digital footprint could be improved, with assistance being provided on this from Highlands and Islands Enterprise.
- The importance of retaining staff, and expanding the use of exit interviews to obtain data.
- The usefulness of process mapping for medical workforce.
- The need to streamline and speed up the recruitment process to minimise use of locum staff.
- The need to consider accommodation, childcare and similar issues, ideally in conjunction with other public or third sector organisations who all faced similar issues, especially in remote and rural areas.
- The possible expansion of apprenticeships.
- The need for stakeholder engagement on the issues, with a meeting planned with partners the following week.

During discussion, the following issues were considered:

- The Medical and Nurse Directors welcomed this important contribution towards achieving sustainable services. Reference was made to concerns expressed by medical colleagues about the unfair distribution of trainee-grade doctors, especially in secondary care, and that this could result in knock-on unfair recruitment issues. This would be discussed further outwith the meeting.
- Exit interviews were vital not only to obtain information from people when they left but to discuss other opportunities, such as part time work in a different area or volunteering. This was particularly relevant given the age demographic of current staff, especially in the ward environment, and the need to plan to manage the ageing workforce. Consideration could also be given to approaching those who expressed an interest in a vacancy but did not apply, to find out their reasons for not following through. It was explained there was a workstream in place to tackle the ageing workforce and to encourage people to stay on longer by offering a change of area or reduced hours, and to hold proactive conversations about this.
- People who were educated and trained locally were more likely to stay and work in the Highlands.
- The importance of engaging with school children was emphasised, not only at secondary level, and work was underway on this, although it would benefit from additional resource.
- The University of the Highlands and Islands was investigating apprenticeships for Associated Health Professionals and representatives would be attending the planned workshop on 10 February 2020.
- Reference was made to a recent recommendation from the Scottish Government for a national remote and rural health and social care education centre, and to a possible training and education initiative on Skye, both of which were subject to ongoing discussion.
- Sharon Hammell had been invited to attend the Area Clinical Forum, whose members were keen to engage on the issues raised, particularly recruitment and retention in rural areas.
- Reference was made to a successful annual NHS careers programme in Sutherland that had been rolled out to secondary schools through the Community Planning Partnership covering many disciplines, the learning from which was recognized by SVQ.
- The North Coast 500 route had increased the visibility and profile of those areas, and those involved in its administration might be in a position to offer support.
- In relation to performance measurement for improvements, this was challenging but work was ongoing to test marketing changes to find out what worked and had an impact.
- The recent practice of recruiting nurses prior to them completing their studies had proved helpful and could be rolled out to other specialisms.

- Further coordination between public and third sector, and community organisations, was urged. A joint summer recruitment fair was planned.
- There could be regional or digital solutions to some of the posts that were challenging to recruit.
- In relation to expansion of volunteering, improved infrastructure for this was required, which would require the strategic commitment of resources and training.

The Board **noted** progress and **provided** feedback as detailed.

9 Finance
Dave Garden, Director of Finance

The Month 9 Finance report, in a new format, was summarised:

Current Ledger Position at Month 9

- For the nine months to December 2019, NHS Highland had overspent against budget by £10.3m.
- Approximately £8.5m of this deficit was part of the approved brokerage for the year while the remainder related to cost pressures which had not been mitigated for in areas including prescribing and premium staff costs, most notably at Raigmore.

Forecast Ledger Position at Month 12

- The year-end forecast position was a deficit of £13.9m of which £11.4m was planned and approved brokerage.
- The budget was £2.5m adrift of the target deficit for the year (£13.9m - £11.4m).
- A potential additional cost pressure which was not reflected in the ledger of £1.5m related to a proposed uplift in our Service Level Agreement with NHS Greater Glasgow and Clyde (GGC). This remained subject to discussion between the parties.
- The approach to bridging the remaining gap was detailed in the report.

A summary was provided of progress with savings, cost pressures and risks. The final gap being reported by the PMO was £1.9m.

During discussion, the following issues were considered:

- The situation with NHS GGC was due to be considered at the A&B IJB on 29 January 2020, with a proposal for a joint letter from the NHS Highland Board Chair and the IJB Chair to the Chair of Greater Glasgow & Clyde Health Board. The significant work undertaken by the PMO and all staff was welcomed and congratulated.
- A simple one page explanation of the financial situation was requested for the next Board meeting, to help explain the finances to others.
- In response to concerns from clinical and operational staff, raised via the Area Clinical Forum and the Clinical Governance Committee, that Quality Improvement resources had been moved into PMO work, it was explained that QI work was still ongoing throughout the organisation and that the work of the PMO, while having a financial focus, also facilitated quality and safety improvements, and with increased rigour. QI work would be covered in the Clinical and Care Strategy that was being developed. It was also considered important to align QI work with the Highland Quality Approach and to clarify the alignment between quality and safety. Engagement with clinicians on this would be undertaken and an integrated performance report on quality issues was sought for the Board in due course.

The Board:

- **Considered** the financial position of the Board to Month 9 noting the overspend of £10.3m
- **Noted** the continued expectation of the need for £11.4m of financial brokerage
- **Noted** the capital position of breakeven.
- **Acknowledged** the financial position as set out in this report and appendices.
- **Agreed** to bring a future integrated performance report to the Board on quality-related issues.

- **Agreed** to produce a one-page simple summary of the financial situation to the Board on 31 March 2020.

10 Clinical and Care Strategy Update
Chris Morgan, Programme Manager on behalf of Deborah Jones Director of Strategic Commissioning Planning and Performance (Strategy Development SRO)

Following early engagement on the strategy, a month-long listening exercise had been undertaken, and the report summarised the proposed changes to the programme as a result, as well as outlining the milestones achieved to commence the development of the strategy.

Attention was drawn to the revised programme structure and the proposed change to the workstreams, previously nine, now five (planned care; unplanned care; mental health; maternity obstetrics and the first 1000 days; and complexity, frailty and end of life care). Reference was also made to the whole system approach and to the cross cutting themes (adult social care; ehealth and digital; estates and facilities; and clinical and care role redesign). The aim was to present the strategy to the Board for approval in September 2020.

During discussion, the following issues were considered;

- With regard to engagement in remote and rural communities, a physical presence would be aimed for as much as possible but would be supplemented with some virtual or proxy representation. Non-Executives offered support if required and urged that the strategy was not only relevant to urban areas. Advice and support had been sought from the Scottish Health Council on engagement with remote and rural areas, and there was an expectation that clinical and workstream Leads would have an engagement responsibility.
- In relation to the plan to focus on four detailed areas, information was sought and provided on how these would be prioritised and evidenced, and that a health economics approach would be taken.
- It was pointed out that the prominence of Public Health could be improved, and this was being considered by the steering group, with the intention that it would become a cross cutting theme. A Public Health strategy might be required.
- The communication strategy was welcomed, and suggestion made that it be tied in with the Chief Executive's weekly message and team briefs.
- Information was sought and provided on why Adult Social Care was a cross cutting theme and also an example of one of the workstreams. Attention was drawn to the need to include Argyll &Bute and North Highland in the strategy, and the impact and prominence of ASC in many different pathways.
- It was disappointing that after the listening exercise, patient experience had not been prominent enough to become one of the cross cutting themes. However, reference was made to the summary of comments in which patient centred care had been prominent.
- There was little slack in the timetable to meet the requirement that the strategy be approved by the Board in September 2020. It was possible a Board development session might be required in August 2020.

The Board **approved** changes to the structure of the programme, **noted** the progress update and milestone plan, and **provided** feedback as detailed**.**

11 Performance Report
George McCaig, Performance Manager, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

Feedback was sought on the format and level of detail in the report, and key issues were summarised.

Updated figures were provided for outpatients, now 330 over target, and Treatment Time Guarantee, now 411 over target, these both being for North Highland only. Argyll &Bute was on track to meet those targets. Attention was drawn to the reduced performance against the 4-hour A&E wait compliance for Raigmore, and this was attributed to pressure of numbers over the winter months and the loss of a ward during November 2019. Two particular areas, mental health and cancer, had been a focus in the report, and work was underway with eHealth on how to facilitate making performance data more readily available on the intranet.

During discussion, the following issues were considered:

- Attention was drawn to some of the longer outpatient waits and it was thought this was partly related to pain control services and the inability of some patients to attend clinics due to their circumstances and the system being configured to show them as breaches until they were able to attend.
- It was suggested that during certain periods, A&E waits had been high because the hospital had been busier than normal, and the Nurse Director referred to a briefing on actions taken during these challenging periods to mitigate clinical risks and improve flow. The situation had been exacerbated due to a ward being closed for infection control reasons and the closure of a care home in Inverness at the end of October, rather than to an increase in the number of admissions. The situation had improved significantly over the festive period and a new care home was due to open in January 2020. Executives were asked to thank staff who had worked hard in difficult circumstances.
- Sustainability of Out of Hours services had been discussed at the previous day's meeting of NHS Chairs.
- It was hoped the relatively high level of occupancy at Raigmore would be streamlined and measures within the 2019-20 winter plan had helped with this. The flow of the whole system required to be considered to help understand many of the issues discussed, not only the direct flow in and out of Raigmore, as the situation was complex and affected by many factors.
- Information was sought and provided to the relationship between Argyll &Bute and NHS Greater Glasgow and Clyde in relation to the acute services.

The Board **reviewed** the performance detailed in the report and identified areas requiring further information, and **agreed** to focus on whole system flow, escalation and areas of pressure in a future development session.

12 Community Planning
Cathy Steer, Head of Health Improvement, on behalf of Hugo Van Woerden, Director of Public Health

At a Development session in October 2019, a Short Life Working Group had been agreed to consider responsibilities in relation to Community Planning and to make recommendations for the future. The main issues identified and detailed in the report were:

- Inequity of input into Community Planning between North Highland and A&B.
- The role of Non-Executive Directors.
- Information reporting and governance including the need to align NHS Highland priorities with Community Planning priorities. Commitments to support Community Planning and representation on locality and thematic delivery groups.
- Succession planning.

The report listed detailed recommendations from the Working Group, as follows:

- There should be Non-Executive Director of the Board on the Highland CPP Board and the Argyll and Bute full partnership group.
- There should be Officer representation from the Operational Units and from Public Health on the nine Community Partnerships in Highland and the four area community planning groups in Argyll and Bute and this should be built into job plans and objectives.
- To ensure that we meet commitments we have made to the Highland CPP, NHS Highland should identify and clarify resources for the two Community Partnerships that NHS Highland leads on. This should include identifying the Chairs, ensuring that District Managers are supported to provide appropriate leadership and committing to provision of the range of resources the Community Partnerships have identified as being required to be effective.
- NHS Highland should ensure that it meets its commitment to produce an 'asset register' that describes the resources available to support Community Planning within the Highland CPP.
- Non-Executive Directors can take on the role of Chair of a Community Partnership/Delivery Group/Area Community Planning Group or be a member of these groups where they have the interest, skills and capacity to do so.

- An information/induction pack on Community Planning should be developed to support new staff and Non-Executive Directors to take up roles to support NHS Highland's contribution to Community Planning.
- Community Planning and delivery of the CPP Outcome Improvement Plans should be reported and monitored through the Argyll and Bute Integrated Joint Board and the Highland Health and Social Care Partnership.
- Community Partnership Locality Plans should be reported and monitored through Operational Unit management structures.
- Adults Plans for the Highland Community Partnerships should be reported to, and monitored through, the strategic planning group.
- There should be at least annual reporting on Community Planning and delivery of the Outcome Improvement Plans for Highland and Argyll and Bute to the NHS Highland Board.
- NHS Highland representatives should be identified for the Community Safety and Resilience Delivery Group and the Infrastructure Delivery Group in the Highland CPP.
- NHS Highland should consider how it will respond to the priorities within the Highland and the Argyll and Bute Outcome Improvement Plans and build this into strategic and operational plans.
- NHS Highland endorses the proposal to disband the Highland CPP Chief Officer Group, formalise the Partnership Coordinating Group and agree the draft terms of reference for the CPP Board (attached).
- NHS Highland should ensure that its communication and engagement strategies are in line with the principles of the Community Empowerment (Scotland) Act.

During discussion, the following issues were considered:

- Attention was drawn to problems of pressure, capacity and resources, with staff trying to tackle community planning on top of their day to day tasks. Additional resource was required but it was uncertain where this would come from.
- A further amendment had been made to the Terms of Reference, therefore approval could not be undertaken at this time.
- It was suggested that the private nature of the CPB required change to stop it being a 'show and tell' meeting of public agencies but instead to become a group that could tackle issues in communities, with the support of the communities, such as housing initiatives or adult social care. Further funding was urged on a spend to save basis to improve the usefulness of the CPB.
- Information was sought and provided on the robustness of clinical engagement in relation to community planning. It was acknowledged the level of clinical engagement was variable, although ongoing work, especially with primary care, was highlighted. This would be discussed outwith the meeting.
- Reference was made to the role of community nurses, compassionate communities and the need for connectivity between community groups and leadership.
- There were significant differences between the community partnerships in North Highland compared to in Argyll &Bute, and the Argyll & Bute Community Planning Partnership lacked a Non-Executive Director, which was a missed opportunity for sharing good practice. The benefits of community planning were emphasised and should be embedded into people's day jobs and not viewed as additional, although resources for this were required.
- The importance of alignment of strategic objectives between community planning partnerships, the NHS Highland Board and the IJB was emphasised.
- The Chief Executive referred to the need to evaluate costs and consider the matter further in the context of the Annual Operational Plan.

The Board **agreed** the recommendations in this report to:

- Clarify roles, remits and resources to support Community Planning.
- Support succession planning for taking on roles in Community Planning.
- Strengthen governance within NHS Highland in relation to Community Planning.

And further **agreed** to delegate authority to the Chairs' Group to approve the updated Terms of Reference, and for the Finance Director to evaluate the costs and future resourcing of community planning against the priorities in the Annual Operational Plan.

13 Infection Prevention and Control Report
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

	Local Target	**NHS Highland rate**	
Clostridium *difficile*	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/20	April – Dec 2019/2020 20.4	**Green (NHSH data)**
***Staphylococcus aureus* bacteraemia**	HEAT rate of 24.0 cases per 100,000 AOBDs to be achieved by year ending 03/20	April – Dec 2019/2020 26.6	**Red (NHSH data)**
Clinical Risk assessment Compliance	90% screening target	July–Sept 2019 (last data received from HPS) Meticillin resistant Staph. Aureus (MRSA) 95% Carbapenemase-producing Enterbacteriaceae (CPE) 97%	**Green (validated data)**
C-Section Surgical site infection	Target rate of 2% or below	Jan-Oct 2019 combined rate of 1.8%	**Green (NHSH data)**
Orthopaedic Surgical site infection	Target rate of 2% or below	Jan-Oct 2019 combined rate of 0.6%	**Green (NHSH data)**
Colorectal Surgical site infection	Target rate of 10% or below	Jan-Oct 2019 rate of 6.5%	**Green (NHSH data)**
Hand Hygiene	95%	July – Sept 2019 rate of 97%	**Green (NHSH data)**
Cleaning	92%	July – Sept 2019 rate of 96%	**Green (NHSH data)**
Estates	95%	July – Sept 2019 rate of 95%	**Green (NHSH data)**

The staphylococcus aureus bacteraemia (sabs) target was unlikely to be achieved, although performance was within expected limits.

New targets had been set and were detailed in the report. Improvement on sabs was required and would be challenging due to the relatively low numbers of cases. Areas of improvement were blood culture contamination performance and device-related contamination. The annual workplan would be presented to the Board in March 2020. Summaries were also provided on preparedness for haemorrhagic fever and corona virus, of which there were no current cases in Scotland.

During discussion, reference was made to the higher levels of sabs in the community, which meant that the infection had not been caused in hospital. Monitoring took place of the originals of cases. New targets would focus on hospital-acquired infections rather than community cases.

The Board **noted** the position and the update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland.

14 Asset Management Strategy
Eric Green, Head of Estates, on behalf of Dave Garden, Interim Director of Finance.

The North Region Asset Management Plan covered NHS Highland, Tayside, Grampian, Western Isles, Orkney and Shetland, and aimed for consistency and the avoidance of duplication, with reference to the challenging capital budget situation across Scotland. Considerable work had been undertaken to tackle high risk maintenance, and with a significant thrust of investment in electrical infrastructure over the previous five years, results were now forthcoming.

During discussion, the following issues were considered:

- Information was sought and provided on the plans for the Community Midwife Unit at Raigmore, which was still at an early stage and required consultation.
- In response to a reference in the report to NHS Highland having an increase in costs associated with carbon emissions, it was explained that this was in part because of the lack of mains gas in the Highlands and in part because if a facility had been due to be replaced, older heating systems had not been replaced, for example the new hospitals that were being built. Savings in this area would be apparent in due course.
- The dramatic drop in the high-risk backlog maintenance to only £2m was welcomed.
- The report on equipment would go first to the Senior Leadership Team and then to the Board.
- It was intended the Regional Asset Management groupings would mirror other regional groupings and it was emphasised that although Argyll & Bute had a different asset profile, all areas would be treated fairly and without discrimination.
- Asset planning was becoming increasingly complex, in part due to a more technology-based environment, and also due to changing accountancy rules around revenue and capital funding.
- Approximately 60-70% of estates activity was planned, and around 30% reactive.

The Board **noted**:

- The first Regional Asset Management Plan.
- The continued progress on reducing risk in backlog maintenance
- The challenges faced by rising backlogs in Medical equipment.
- The static nature of capital funding and the pressures that brings.

15 NHS Boards - Model Standing Orders
Ruth Daly, Board Secretary, on behalf of Paul Hawkins, Chief Executive

Originating from the Blueprint for Good Governance, the model standing orders were to be rolled out across Scotland as part of the Once for Scotland policies. There were improvements to content, tone and clarity. Although the model recommended a legal minimum of 3 days' notice for agenda distribution, continuation of current practice was recommended. Attention was drawn to the inappropriateness of using an accelerated procedure to achieve agreement between Board meetings. In future, smarter working practice would be required to foresee requirements and either hold special meetings, using technology, if required, or to delegate authority for decision making.

The Board:

- **Agreed** to adopt revised Standing Orders based on the model 'Once for Scotland' Standing Orders
- **Noted** that the Model Standing Orders includes reference to the legal minimum notice for agenda and papers distribution of 3 clear days; and
- **Agreed** to retain the existing time period for issuing Board Agendas and Papers of 10 days prior to Board meetings.

16 Clinical Governance Committee of 3 December 2019

- Concern had been expressed by the committee about clinical risks from the pause to the eHealth order comms project, an initiative which had been recommended by the Radiology Short Life Working Group to move away from a paper-based system and improve clinical safety. Assurance was provided by the Director of Strategic Commissioning, Planning and Performance that the project would be restarted in 2020-21.

- Concern had been expressed about the reporting of the Scottish Patient Safety Programme, the report on the adult programme having failed to be submitted to the last three meetings. Concern had also been expressed about the loss of Quality Improvement staff to PMO work and the need to clarify the connection with the Highland Quality Approach. The Medical Director confirmed that data on quality-related issues was being sought and would be reported to the committee. National work on SPSP was also ongoing. QI work was ongoing throughout the organisation and required better communication to raise awareness.

17 Integration Joint Board of 27 November 2019

The next IJB was on the following day, 29 January 2020. There had been significant changes to senior management and similar issues were being raised at the IJB as at the Board, many relating to Finance, Culture and the Service Level Agreement with Greater Glasgow and Clyde.

18 Area Clinical Forum of 21 November 2019

- Key standing items were the Clinical and Care Strategy, the Annual Operational Plan, and Culture. All advisory committees were now represented on the ACF.
- Monitoring of Quality and Patient Safety issues would continue to be undertaken by the ACF.
- Issues were raised about the possible impact of the Health and Care Scotland Staffing Act on clinical and care staff. The Board was asked to note that investment would be required to ensure this was implemented for all staff groups.
- Non-Executives were invited to attend the ACF by rotation and feedback was that this was useful for the Non-Executives and for the ACF, and demonstrated a commitment from the Board to engage with clinical staff.

19 Audit Committee of 17 December 2019

- There would be an update on the Internal Audit for 2019-20 following discussion with the External Auditor.
- Outstanding Internal Audit actions would be considered on 25 February and it was anticipated would be heavily reduced.
- Changes had taken place to the Risk Management Steering Group and a Risk Manager had been engaged.
- The Chair and Vice Chair had met with the External Auditor and were due to attend the Public Audit Committee on 2 March 2020 in Inverness. Other senior team members would also be required to attend.

20 Finance Sub-Committee of 20 November 2019

There had also been a meeting the previous week at which the detail of the current financial position had been discussed.

21 Asset Management Group of 19 November and 17 December 2019

- A Board Development Session on replacing equipment was requested.
- There was a need for consistent clinical representation on the group and the Medical Director would take this to the Senior Leadership Team.
- Information was sought and provided on progress with the new hospital in Badenoch and Strathspey which was slightly ahead of schedule.
- Information was sought and provided on the reasons service redesign was such a lengthy process, with attention drawn to the number of stakeholders and the amount of consultation required. For such major changes, it was important to ensure the correct decisions were taken.
- Attention was drawn to typos in the spelling of attendees' names.

22 Any Other Competent Business

23 There was a meeting of the Board In-Committee immediately following the open Board meeting.

24 Date of next meeting: 31 March 2020

25 Close of meeting 1.25pm