

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	26 November 2019 – 8.30am	

Present

Prof Boyd Robertson, Chair
 Ms Jean Boardman
 Mr James Brander
 Mr Alasdair Christie
 Ms Ann Clark
 Ms Sarah Compton-Bishop
 Mr Alasdair Lawton
 Ms Deirdre MacKay
 Mr Philip MacRae
 Mr Adam Palmer
 Dr Gaener Rodger (VC)
 Ms Margaret Moss
 Mr Dave Garden, Interim Director of Finance
 Ms Heidi May, Nurse Director
 Dr Boyd Peters, Medical Director
 Mr Iain Stewart, Chief Executive
 Prof Hugo Van Woerden, 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
 Dr Lorna Murray, Consultant Physician, Respiratory Services
 Mr David Park, Chief Officer, North Highland
 Ms Katherine Sutton, Head of Acute Services
 Dr Stephen Thomas, Consultant, Respiratory Services
 Dr Beth Sage, Consultant Physician, Respiratory Services

Also in Attendance

Prof Sandra McRury, UHI

1 Apologies

Apologies were submitted on behalf of Ms Mary-Jean Devon, Mr Alex Anderson, and Ms Ann Pascoe.

2 Declarations of Conflict of Interest

- Alasdair Christie wished to record that he had considered making a declaration of interest 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. However, in relation to Item 8b, North Highland Integration Review, if the discussion was to go beyond noting and informing, and a decision was being sought, he would leave the room.

- Gaener Rodger declared a non-financial interest in Item 12, The Annual Operational Plan 2021-22, as the Chair, on a voluntary basis, of the Highland Children's Forum.

3 Respiratory Services Presentation

Dr Stephen Thomas, Consultant Respiratory Physician, Dr Beth Sage, Consultant Physician, Dr Lorna Murray, Consultant Physician

Dr Thomas presented the following topics:

- Medical conditions covered by Respiratory Services
- Service Development & Sustainability including the increasing role of Specialist Nurses
- Infrastructure
- Technical innovation
- Service design, which led to improvements for lung cancer, sleep medicine, pleural services
- Service redesign for outpatients – details of improvements
- Value management on ward 7a, Raigmore Hospital
- Developing an effective team
- Consultant staffing challenges and solutions
- Recruitment solutions including Medical Training Initiative, the link to Royal Brompton, Innovative Job Plans & Specialty Doctor posts
- Sustainable workload and retention solutions, including a team building (away day), career development, university links, sabbaticals, feeling valued and supported

In relation to Outpatients, Dr Sage highlighted the 5-6 month waiting lists, issues with inconsistent and complex pathways, the plan to use patients to help redesign the service, and the longer term aims for the service.

Dr Thomas explained efforts being undertaken to respond to the climate emergency, including reducing patient and staff travel through the use of technology, avoiding unnecessary hospital visits and tests, and switching to more environmentally friendly inhalers.

Future challenges and developments for the services included:

- Staff recruitment
- Sustainability: Specialist Nursing
- Sustainability: inefficiency of short-term funding
- Clinical space requirements
- Development of adequate day case and rapid assessment facilities
- Long waits for patients with suspected sleep disordered breathing
- Service redesign (Pathfinders)
- The challenge of climate emergency

During discussion, the following issues were considered:

- The focus on the climate emergency was welcomed and information was sought and provided on the level of patient engagement in relation to Near Me. It would be helpful if money saved on travel expenses could be reinvested in the service.
- In relation to patient participation, the aim had been to focus on multiple unique patient groups, broadly from five areas: Inverness, Skye, Fort William, Ullapool & Lochinver, and Wick. Work was being undertaken with primary care practices interested in the service redesign and with communities less able to get to Raigmore. Local workshops were being held, with the research team traveling to the patients, and VC facilities being made available when required. Travel expenses were being offered to patients attending main project board meetings, which were being held in a variety of locations.

- In relation to inequalities, there was a strong association between Chronic Obstructive Pulmonary Disease (COPD), lung cancer and deprivation. Lung conditions did not have the strong national voice that certain other illnesses had. The pathfinder project to transform Respiratory Outpatients sought the involvement of third sector charities, Housing Services, and the Scottish Ambulance Service to address imbalances at a local level, recognizing that urban and rural deprivation had distinct issues and required to be tackled differently.
- Attention was drawn to collaboration between NHS Highland and the UHI, which included clinical sessions, university qualifications for Allied Health Care Professionals, and using the university's research resources to consider service pathways and run workshops, with community engagement being encouraged.
- The high workload was considered a barrier to recruitment and the Director of Human Resources referred to the longer-term recruitment strategy that was being developed and would take the service needs and issues into consideration.

The Board thanked the team and **noted** the presentation.

4 Minute of Meeting of 24 September 2019 and Action Plan

The Board **approved** the minute.

5 Matters Arising

In relation to the child flu vaccination programme, there had been delays as a result of vaccine shortages, and some rearranging had been required for high priority groups. A catch up was planned and no undue adverse impact on health services was anticipated.

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

This month's report incorporated updates on:

Board Appointments

Hot Topics/issues:

- Mid-Year Review
- The 2018/19 audit of NHS Highland
- Risk Management
- Elmgrove Care Home
- Staff flu vaccination programme
- Clinical Care Strategy
- A&B Staff Excellence Awards
- Allied Health Professions at Work
- Recovery Walk Scotland
- Opportunity to return to nursing at Belford Hospital
- HQA award for Highland Children's Unit
- NHS Highland first for 'tattooless' radiotherapy
- Friends of Raigmore software donation
- Mental Health Conference

The following areas were highlighted and / or discussed:

- In relation to Culture Fit for the Future, this was on the agenda at Item 7. The role of External Advisor was being advertised and the company to undertake the review in A&B was to be announced. As a result of feedback from 23 engagement sessions, a new action plan was being developed.
- Attention was drawn to the financial situation which would be discussed at Item 9.

- The Chair and Chief Executive had attended the Mid-Year Review on 4 November 2019, chaired by Jeane Freeman, the Cabinet Secretary for Health and Sport. The review had considered funding and sustainability, performance, integration, strategy, service redesign, and culture.
- The Auditor General for Scotland had published the report on the 2018/19 audit of NHS Highland which noted the challenges faced in a number of issues including overspends on drugs, adult social care, locum staffing and other organisational challenges such as leadership changes, recruitment difficulties and incidents of bullying.
- A Risk Manager had been appointed to ensure improvements in that area.
- The Clinical and Care Strategy was being progressed.

During discussion, information was sought on what was being done to hold to account areas identified as weaker in Audit reports. Visits to other NHS organisations were being undertaken to identify best practice to ensure risk consideration became a 'business as usual' issue, embedded into daily work.

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

This was a standing item on the agenda and further progress had already been made since the report had been written.

Key issues covered during the presentation included the following:

- At this stage, approval was sought for the principles of the healing process, after which more detail would be developed with the Culture Programme Board (CPB).
- The first meeting of the CPB had been held, and terms of reference and membership agreed, although these would evolve as the programme progressed. Following debate, it had been agreed the CPB would be chaired by the External Advisor, who was being recruited, with the Senior Responsible Officer (SRO) being Vice Chair.
- The closing date for the External Advisor post was 13 December 2019, but with some flexibility on the timescales, given the importance of getting the right person. It was being advertised via the website, press releases and social media, and Directors were urged to share the information widely.
- An update on the Action Plan was provided, with a refreshed version anticipated on 9 December 2019.
- Progressive Partnership had been selected to carry out the Independent Review of Culture within NHS Highland in Argyll & Bute, at a cost of £19,834, and the two-stage review process was fully described. Assurance was provided that staff groupings in small communities would be wide enough to ensure anonymity was preserved. A report on the A&B review was anticipated in mid-April 2020.
- A full summary of the Healing Process was provided, this being open to former employees of NHS Highland who had experience of inappropriate or bullying behaviour whilst employed by NHS Highland. Current employees who experienced bullying or inappropriate behaviour should direct this via the informal and formal processes in place including Occupational Health support and services. It was emphasised that any employees who wished would be listened to through this process, even where there was no ongoing informal or formal action underway. Included in the process was the opportunity to be heard and listened to, investigation of complaints or concerns, and access to appropriate support and treatment where the experience at NHS Highland has impacted mental or physical wellbeing or health. It was not a Human Resources process but would be managed by the SRO and overseen by the CPB.
- The proposals for anyone seeking financial compensation were summarised, this being via the Employment Tribunal process for employment related cases or via the Civil Courts for matters of employer liability or damages.
- The engagement proposals for the Healing Process, as well as next steps and timelines were summarised.

During discussion, the following issues were considered:

- Additional staff-side reps were suggested for the evolving membership of the CPB, and this would be considered, while ensuring the correct balance and number of people for the CPB was achieved. Rotating membership had been suggested for some areas of representation, as had having a core membership with additional people invited as required.
- There had been a suggestion from some Trade Unions that the scope of the A&B review ought to include management structures, partnership working and some council-employed staff. It was explained that a balance had to be achieved between meeting all requirements and meeting the majority of needs in a quick and effective manner. It was considered vital to seek the views of A&B staff on their experiences as soon as possible and to have a manageable purpose, but whatever additional information that emerged from the review would be shared and acted on, for example any concerns about management structures etc.
- Assurance was sought that plans were in place to cope with potentially high levels of demand for the healing process and it was explained that existing support staff would be used, with backfilling of their posts where necessary. Links had been made with other NHS Boards with a view to short-term workload-sharing solutions.
- It was important to embed culture in the daily work of the organisation and not to view it as a separate project. The CPB would track delivery of specific aspects of the programme, such as the healing process.
- Positive feedback on the proposals were voiced on behalf of the Area Clinical Forum.
- LinkedIn was suggested as a possible means of advertising the External Advisor position and work was underway to establish an NHS Highland profile on that platform. In the interim, other forms of social media would be used and could be shared to LinkedIn.
- In response to a suggestion that the recruitment of an External Advisor should be ragged amber until someone was recruited, it was explained that it was green because the recruitment was running to schedule but could be noted as amber in the next update if it was not progressing satisfactorily.
- Further consideration should be given to the wording of section 2 of the CPB Terms of Reference which intended to give authority to the CPB members to investigate activity within its terms of reference.
- A wide range of people would be involved in the process for assessing applications, which was still being set out but was likely to mirror the Executive recruitment process. The involvement of someone with 'lived' experience was suggested and training and support should be offered to those leading the conversations, which were likely to be challenging and could be upsetting.
- A new national policy 'Once for Scotland' was being developed, to include bullying and harassment issues, with a launch planned in April 2020.
- Reference was made to the potential heavy workload and steep learning curve of the External Advisor, especially in the early days, and the information and advice that required to be made available to all involved. It was acknowledged there might be a higher level of support required in the early days, with robust processes, oversight, and challenges, and an element of learning throughout the process to constantly improve, noting that this was a new process.
- In relation to desired outcomes from the process, it was important people felt they had been listened to and received an apology for any hurt caused.
- Information was sought on how confident people would feel about coming forward to the organisation that had caused them hurt in the past. This was a challenge, but the SRO was new to the organisation and would have a strong role in setting up the process, with the possibility of each case being analysed to determine who would be best suited to handling it, and with some cases possibly requiring external support.
- The Chief Officer in A&B welcomed the review and the opportunity to build a more positive and caring culture for the future.
- It was important the selection panel had external members.
- The Board was being asked to approve the principles of the approach at this stage.

- The culture reset was one of three key elements in transforming the organisation, the other two being the development of the clinical and care strategy and financial recovery.

The Board **approved** the terms of reference of the Culture Programme Board, the approach to the Argyll & Bute review and **approved** the principles of the Healing Process, as set out in the presentation.

8 Health and Social Care Partnership Agreements – Updates

a. Argyll & Bute

Joanna MacDonald, Chief Officer, Argyll & Bute

The Board **agreed**:

- The revisions detailed within the updated Integration Scheme attached at appendix 1 to the circulated report.
- That Officers proceed with arrangements for the joint consultation exercise as set out at section 3.2 of the report.
- In the event the consultation feedback suggested no further changes to the Scheme and voiced no opposition to the proposed changes, to authorise the Chief Executive to approve the draft revised Integration Scheme on behalf of NHS Highland prior to submitting it to the Scottish Government for approval.

b. Highland

David Garden, Interim Director of Finance

The Highland Health and Social Care Partnership was unique in Scotland with the Lead Agency rather than Integration Joint Board model. It had been adopted in 2012, then updated as a result of the Public Bodies (Joint Working) (Scotland) Act 2014, and was due for renewal in April 2020. Extensive negotiations were underway with the Highland Council, not only to bring the legal document up to date but to attempt to achieve an agreement on the financial situation, there being a funding gap of an estimated £11m. NHS Highland was seeking agreement with the Council on the level of the gap, how it would be funded and for an appropriate level of funding for Adult Social Care going forward.

During discussion, the following issues were considered:

- The urgent need to resolve these negotiations was emphasised, noting that the outcome, and the current uncertainty, could affect service users, their families and staff. The Chief Executive confirmed that both organisations were meeting frequently and were keen to find an early resolution.
- Whatever the final outcome of the financial negotiations, the most important issue was to continue effective service integration. With reference to the new framework for integrated authorities that had recently been issued, the need for self-evaluation and improvement plans, and the anticipated guidance on community engagement for integrated services, the outcomes of integration should be considered separately by the Board from the technicalities of the integration agreement.
- Children and Young People's Services were also included in the integration agreement.
- Continuation of the funding gap was unsustainable for NHS Highland.
- It was welcomed that in addition to addressing the financial situation, there was also a focus on clinical and professional leadership to find a balanced way forward.

The Board **agreed**, that once the financial situation had been resolved, it would take a strategic look at the outcomes for integration, for North Highland and A&B, and **noted**:

- The background on the review of the Integration Scheme and Partnership Agreement between NHS Highland and The Highland Council.
- Current issues and progress.
- The update on current timescales.

9 Finance

Dave Garden, Interim Director of Finance

For the 7 months to October 2019, NHS Highland had overspent against budget by £9.9m, which predominantly related to 7 months of the planned £11.4m deficit, along with emerging cost pressures in drugs in Raigmore and continued use of premium staff costs. The forecasted position showed a £24.1m overspend, which included the £11.4m planned deficit, leaving £12.7m in the forecasted position, comprised of £9.5m of savings to deliver, and £3.2m of cost pressures.

In terms of savings delivery, the unadjusted total pipeline at month 7 totalled £29.2m, a small increase on the overall savings requirement. However, this included ideas, opportunities and plans in progress as well as schemes which were fully developed and moved to delivery.

The risk adjusted values within the pipeline were:

- Moved to delivery £20.1m
- Risk adjusted pipeline £ 2.7m
- **Total £22.8m**

- Target £28.0m

- **Gap to close £ 5.2m**

Forecasted savings Gap;

- Savings gap month 7 £ 9.5m
- Risk adjusted pipeline £ 2.7m
- Cost reductions not yet reflected in ledger £ 1.6m

- **Gap to close £ 5.2m**

In terms of day to day operational budgets, excluding savings, operational divisions were predicting a potential £3.2m of net cost pressures which required to be managed over the course of the year. Capital budgets were forecasting a break-even position.

Further detail from the report was summarised, after which discussion took place on the following issues:

- The complexity of the financial situation and reporting meant it was difficult to explain to other parties and a request was made for simpler explanations or graphics to aid comprehension. However, the finances were complex, especially as a result of the PMO work, and to over-simplify them could result in vital information being omitted and thereby creating a lack of transparency. The finances were scrutinised in more detail by the Finance Committee.
- Concern was expressed about non-recurring savings, although it was acknowledged that a certain amount of non-recurrent savings, both planned and in-year, were unavoidable, and the level of recurrent savings was positive, with NHS Highland having a higher level of recurrent savings than 15 other Boards and a lower level than six.
- In relation to concerns about the organisation's ability to achieve a balanced budget, significant decisions were required to address the £3.2m of net cost pressures in the operational divisions, but at this point in time, it was not felt that drastic action, with unpalatable decisions, was required.
- The Board thanked all staff who had contributed to the recovering financial position.

The Board:

- **Considered** the financial position of the Board to Month 7 noting the overspend of £9.9m.
- **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** the Interim Finance Director give consideration to a simpler way of presenting the essential financial information.

10 Director of Public Health's Annual Report 2019

Prof Hugo van Woerden, Director of Public Health and Health Policy

While previous years' reports had been on a specific topic, this year's, 'Past, Present and Future Trends in Health and Wellbeing' was more aligned to the Clinical and Care Strategy, the Annual Operational Plan, Community Planning Partnership work and implementation of the new GP contract.

A presentation was provided condensing some of the key facts and figures in the annual report, which in turn provided an overview of the population of NHS Highland and considered key demographic trends for populations and households, as well as analysis of life expectancy, deaths and changes in health and disease. The report provided continuing evidence of health inequalities and discussed the impact on dependency and care. Throughout the report were examples of current actions to improve health and wellbeing in Highland and Argyll & Bute, including an update on a previous report on Realistic Medicine.

In summary, key challenges facing NHS Highland were a more frail, elderly population especially in rural areas, fewer young people, rural depopulation resulting in services and resources being in the wrong places, increasing levels of dementia and diabetes, the persistence of inequalities, and high medical and care costs for the very young and very old. To improve the sustainability of services and communities, the following were suggested:

- Reduce use of low value/high cost care.
- Incentivise to reverse rural depopulation.
- Minimise the health inequity caused by poverty.
- Redesign care systems - prioritise low cost care for people with multiple conditions, frailty and cognitive decline.
- Financially incentivise communities to offer support to their residents (Compassionate Communities, Befriending Schemes).
- Financially incentivise families/carers to provide 'informal' care.

During discussion, the following issues were considered:

- The Chair of the Area Clinical Forum passed on the Forum's appreciation of the report, which reflected the life curve and emphasised the need for reduced dependency on public services through upstream focus on enabling support to promote self-management and maximising independence. It had been suggested through Advisory Committees that the link between the Clinical and Care Strategy and Public Health could be strengthened. A significant piece of work on community services would be helpful and was not currently reflected in the draft strategy themes.
- There was an anticipated increase in the use of Allied Health Professionals in coming decades and their voice required strengthening.
- The report was welcomed for having made complex issues easier to understand, and it was hoped the Clinical and Care strategy would be aligned to the information in the report.
- Reference was made to the increasing number of high costs care packages for very young children and to the increase in diabetes.
- The Board would benefit from improved knowledge of health economics, which impacted on decision-making.
- The report provided a helpful analysis of the history and the future of healthcare, as well as the reality of current demographic challenges. There was a need to communicate the importance for society to manage its expectations and to increase personal responsibility for health. Initiatives such as Compassionate Communities and Befriending could help with this and to reduce hospital stays. Links with local government and Scottish government initiatives could present opportunities to incentivise carers. Community resilience would need to be a critical element of care.
- It was suggested the government and the Board could take a more proactive approach to changing behaviour toward healthy choices, and to embed self-care and management, with clinical and academic staff being brought together to develop a strategy on this.
- Information was sought on patterns of population growth in the Highlands, which was erratic, and how NHS Highland could be responsive to this for service planning. Growth maps were being worked on through Community Planning Partnerships and geographic subsets might need further consideration where this was a relevant factor.

- Highland already had good statistics on levels of volunteering and caring within communities and this could be built on through its strategies. Stronger links with Community Planning Partnerships were required, and reviewed use of the Highland Outcome Improvement Plan was proposed. The importance of building health economics into business cases was emphasised, with reference to the value of service reduction from some of the activities being funded.
- It was important to continue educating the public to encourage them to safeguard their own health and wellbeing.
- Allied Health Professional resources might benefit from a greater focus on population health, and closer working with public health.
- Increased collaboration with Raigmore, the Allied Health Professionals and the Community Planning Partnerships was welcomed, noting the importance of community engagement.

The Board:

- **Noted** the rising demands on health and social care services that were anticipated over the coming decade.
- **Supported** the dissemination of the DPH annual report via Community Planning Partnerships.
- **Recommended** the findings were considered by the Clinical and Care Strategy, in the implementation of the GP contract, and in NHS Highland's Annual Operational Plan.

11 Performance Report

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

The new format report was introduced and summarised, and feedback sought. A significant difference, in addition to increased detail, was that officers had been given the opportunity to comment on the data prior to its submission to the Board. Performance would be reported at each Board meeting.

The three main sections of the report were:

- An executive summary of the key areas in the report.
- An overview of progress on the aims and objectives detailed in the Annual Operational Plan for 2019/20.
- Current Outcomes on the NHS Highland Annual Operational Plan Standards.

Work was ongoing to improve levels of detail on cancer and mental health services in the report. Additional detail on Outpatients and Treatment Time Guarantees (TTG) for North Highland had been requested and would be reported in the Highland Health and Social Care Committee performance report in January 2020.

With weekly updates now available for Outpatient and TTG figures, the current figures were provided to the Board.

During discussion, the following issues were considered:

- Delayed discharge figures were not included and this was because they were reported to the Highland Health and Social Care Committee but would also be included in future Board reports.
- It would be helpful if, for each key data set in the report, the name of the scrutinising governance Committee was included.
- The new format was welcomed but much of the detail of the second section of the report was scrutinised at other Committees and reported to the Board via the minutes of those meetings, therefore it was suggested the detail in the middle section of the report only required to be reported to the Board by exception. The Chief Executive would consider this with the Senior Leadership Team.
- In relation to the downward trend against target for smoking cessation, confidence was expressed that this was a data lag and that targets would be met.

The Board **reviewed** the performance detailed in the report and **agreed**:

- That consideration be given by the Senior Leadership Team to providing information on progress against Annual Operational Plan outcomes by exception, with full detail available on the intranet.

- To include the name of the scrutinising governance committee against each key data set in the report.
- To include data on Delayed Discharges in future reports.

12 Annual Operational Plan 2020-21 Update

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

There remained some uncertainty from the Scottish Government about timescales for delivery of the plan. Initial expectations had been for a first draft to be submitted by 13 December 2019 but this now seemed unlikely and was due to be discussed at a forthcoming meeting of NHS Directors of Planning.

Progress was being made on the detail of the plan, and it was hoped a draft would be presented to either a special meeting of the Board in December 2019 or the scheduled meeting in January 2020.

The Board **noted** the verbal update.

13 Infection Prevention and Control Report and Midyear Workplan Update

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 – Sept 2019/2020 24.3	Green (NHSH data)
Staphylococcus aureus bacteraemia	HEAT rate of 24.0 cases per 100,000 AOBs to be achieved by year ending 03/20	April – Sept 2019/2020 26.5	Red (NHSH data)
Clinical Risk assessment Compliance	90% screening target	July –Sept 2019 Methicillin 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- July 2019 combined rate of 1.9%	Green (NHSH data)
Orthopaedic Surgical site infection	Target rate of 2% or below	Jan- July 2019 combined rate of 0.8%	Green (NHSH data)
Colorectal Surgical site infection	Target rate of 10% or below	Jan- July 2019 rate of 5.1%	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)

Issues from the report were highlighted as follows:

- In relation to the staphylococcus aureus bacteraemia target being red, work was ongoing to tackle this and learn from cases. This was also noted on the mid-year Annual Workplan.
- There had been a significant improvement in clinical risk assessment compliance as a result of hard work in the operational units.
- There were forthcoming changes to national standard indicators for infection control and prescribing. This could be a challenge due to low reporting numbers for some indicators.

- At week 45, 4148 NHS Highland staff had received the flu vaccination, much improved on the previous year which had been 3427. This had been helped by taking the vaccine to workplaces.
- Progress with Hospital Electronic Prescribing and Medicines Administration (HEPMA) was summarised and expected to be introduced by the end of 2020.
- In relation to progress with the Annual Workplan, 'assurance from Estates of completion of HAI-Scribes for all new builds / refurbishments' was ragged as amber and this was because data was being gathered. Statutory and Mandatory training was also ragged as amber, with the aim of achieving 95%.

During discussion, the following issues were considered:

- Roughly 40% of staff were known to be vaccinated, with a higher percentage in Raigmore. It was likely that additional staff had been vaccinated in communities but were not recorded. The Board emphasised their support for staff vaccination and urged compliance.
- In relation to meeting new targets, a mixture of improving current practices and using learning from case reviews to improve were recommended.
- It was confirmed that microbiologists had been involved in the process for the planned new build hospitals to ensure their safety in this area, and an explanatory synopsis was being drafted. National work was being undertaken on a new piece of work around new builds and upgrades, involving the Scottish Government, Health Protection Scotland, and Health Facilities Scotland, with further detail awaited.

The Board **noted** the position, the update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland, and progress against the 2019/2020 annual work plan for Infection Prevention and Control, six monthly update.

14 GDPR Compliance

Donald Peterkin, Data Protection Officer, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

The report was summarised, including the background to GDPR, and concerns raised through the audit process, in particular that completion of data protection training was significantly below the target completion level and there was inconsistency in the approaches taken to complete assigned actions within individual services. An action plan had been drawn up but a recent Audit Committee meeting had not received adequate assurance and requested that the matter be escalated to the Board. Renewed management actions were set out in the report.

During discussion, the importance of GDPR compliance becoming embedded in daily business across the organisation was emphasised. The timescales for achieving compliance were ambitious but could be achieved with adequate effort and cooperation, and the leadership team were taking this forward, with a verbal update to be provided to the Board in January 2020.

The Board **noted** the update, **approved** the management proposals, and **agreed** a verbal update be provided to the Board in January 2020.

15 eHealth Six Monthly Update

Iain Ross, Head of eHealth, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

A full summary of the report was provided, including the following areas:

- Cyber Security including work on the Microsoft products
- The Electronic Patient Record
- The implementation of digital ward
- Service delivery
- Risks and issues
- Digital Maturity
- General Data Protection Regulation

- National Programmes

During discussion, the following areas were considered:

- Information was sought on funding for the new contract and services for GP IT re-provisioning. Some funding was anticipated centrally and a Business Case would be required. In the early stages communication was being undertaken with GPs on their involvement and on the functionality required from the system, and the work would be carried forward through the GP Sub-Committee. It was anticipated that multi-disciplinary colleagues within practices, including, for example, physiotherapists and pharmacists, would be involved.
- In relation to risks, further information was sought on the supplier of the Immediate Discharge Letter system, this being scheduled to go to 'end of life' at the end of March 2020. This risk had been unexpected, but two back-up plans had been drawn up and agreement had been sought from the supplier to extend support beyond March 2020 if required, although this would be at a cost. The importance of tracking such contracts had been discussed by the Asset Management Group and would benefit from improvement overall.
- Attention was drawn to reported national programmes for which local funding might be required, and information was sought on the possible levels of this and how it would fit in with financial planning. These would have to be dealt with by Business Cases. Some issues could be challenging as the size and specifications of national projects could vary over time and some, such as Hospital Electronic Prescribing and Medicines Administration (HEPMA), would be expensive but could have a significant impact on clinical quality and care.
- Interest was expressed in the anticipated report on benchmarking expenditure levels with other organisations. It was thought NHS Highland would have similar levels of eHealth investment to other Boards but could be less than many private sector businesses.
- In relation to digital maturity, focus groups had taken place in Highland, and approximately 400 individual responses had been submitted, although the final report was still awaited. Analysis would be undertaken once the report had been received, especially of any gaps identified. Efforts were underway to be smarter on engagement on emergent workstreams to move things forward.
- Digital maturity and eHealth were cross cutting themes as part of financial recovery.
- It was important, when developing and implementing new systems, that the cost of maintaining the original systems during the changeover period was taken into account in Business Cases.

The Board **noted** the update.

16 Constitution / Terms of Reference Amendments

The Board **approved** the revised Area Clinical Forum constitution.

17 Clinical Governance Committee of 10 September 2019

A verbal update had been provided at the previous Board meeting. It was clarified that the staffing situation in Portree Hospital remained fragile.

18 Staff Governance Committee of 5 November 2019

- The Terms of Reference were being refreshed and would be presented to the next Board meeting.
- Statutory and Mandatory training was still being followed up.
- On iMatter, the 53% of teams now having completed an action plan was considered, on balance, positive.
- Staff turnover had reduced slightly.

19 Audit Committee 28 October 2019

- GDPR and Electronic Patient Records had been considered but had been dealt with elsewhere on the agenda.
- Attention was drawn to the list of outstanding Audit actions and follow up of those was urged, with many of them being relatively minor. Executives were invited to attend the meeting scheduled on 17 December 2019 to provide updates on actions and the Chief Executives asked that colleagues be urged to complete the actions.

20 Highland Health & Social Care Governance Committee of 7 November 2019

- A useful discussion had taken place before the formal start of the meeting about the Committee's Terms of Reference, and the possible impact of a renewed partnership agreement on them.
- To improve understanding of financial reports, a development session would be held before the February 2020 Committee meeting.
- A report had been submitted on this year's winter planning strategy, for which additional funds were received every year. There were particular challenges in Raigmore so a different approach had been chosen this year, which was to work with community colleagues to provide a rapid response to requests for care at home services. Post-acute analysis of patients and their needs had found there were, on average, 1.7 patients leaving Raigmore per day, and plans were to increase this by two patients per day, noting that the average length of stay was 107 bed days, with around 60% of patients in acute beds waiting to leave to alternative services. A contract was due to start the following week and it was hoped would reduce pressure in the hospital and help patients leaving hospital to rehabilitate faster.
- Attempts to recruit a lay representative for the Committee had not attracted sufficient interest and would be relaunched in January 2020. Other means of obtaining patient and public opinion were being explored.

21 Integration Joint Board of 25 September 2019

- Governance structure, particularly in relation to committees, had been tightened to provide improved robustness and scrutiny.
- The financial situation, particularly in relation to ongoing negotiations about the Service Level Agreement with Greater Glasgow and Clyde Health Board, was a significant ongoing concern.
- Recruitment for Carer and Public representatives was ongoing.
- A report was being presented to the IJB on 27 November 2019 on proposals to facilitate having professional leads scrutinise any proposal being presented to the IJB.
- Two external Heads of Service had been appointed.
- A summary was provided of a recent meeting of Chairs and Vice Chairs of IJBs which had included Best Value audits, to which all IJBs were subject. It was not yet known if Lead agency partnerships would also be subject to this, due in September 2021, but this would be an additional form of external scrutiny. A brief summary was provided of the current situation in A&B with regard to Best Value audit.
- The Director of Human Resources would be attending the IJB on 27 November 2019 to discuss Culture issues.

22 Area Clinical Forum of 19 September 2019

In addition to consideration of a revised constitution (Item 16 of the Board agenda), discussions had taken place on how the ACF would engage with the development of the Clinical and Care Strategy, and with the Annual Operational Plan.

23 Finance Sub-Committee of 23 October and 19 November 2019

Relevant points had been covered elsewhere on the agenda.

24 Asset Management Group of 15 October and 19 November 2019

- The contingency fund was low, but there might be some slippage on projects and this was being carefully monitored.
- Work continued on Raigmore Hospital car park, with a barrier system being the next phase, aiming to be in operation by the end of the year.

25 Health and Safety Committee of 24 October 2019

- The importance of H&S as a collective responsibility was emphasised and a Board development day on this was suggested for the second quarter of 2020.
- Due to the establishment of a North Highland Health and Safety Forum, it was intended the H&S Committee could now become more strategic in nature.

- In relation to representation, it was important that key members, especially staff-side, had deputies to ensure representation.

26 Any Other Competent Business

The Chair thanked staff for their handling of the Elm Grove Care Home closure, which had been a challenging situation.

27 Date of next meeting: 28 January 2020

The Board **noted:**

- The potential to call a special Board meeting in December 2019 to focus on aspects of the partnership agreements, with a date to be confirmed.
- The next scheduled Board meeting would take place on 28 January 2020.

Close of meeting: 1.10pm