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	**29 January 2019 – 8.30 am**

Present
Dr David Alston, Chair
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Sarah Compton-Bishop
Mr Robin Creelman
Ms Mary Jean Devon – VC
Ms Deirdre Mackay
Ms Margaret Moss
Mr Adam Palmer
Ms Ann Pascoe
Dr Gaener Rodger
Mr Dave Garden, Interim Director of Finance
Dr Rod Harvey, Medical Director
Dr Gregor Smith, Interim Chief Executive
Mr Iain Stewart, Chief Executive
Prof Hugo Van Woerden, Director of Public Health

In Attendance
Ms Kay Allan, Area Support Manager, N&W Operational Unit (Item 4.8) - VC
Ms Dawne Bloodworth, Director of Human Resources
Ms Ruth Daly, Board Secretary
Mr Eric Green, Head of Estates
Dr Rebecca Helliwell, Realistic Medicine Clinical Lead - VC
Ms Michelle Johnstone, Area Manager, Caithness and Sutherland (Item 4.8)
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Tracy Ligema, Deputy Director of Operations, North and West
Ms Fiona MacBain, Committee Administrator, Highland Council
Mr George McCaig, Planning and Performance Manager
Mr Gordon MacDonald, Project Manager
Ms Joanna MacDonald, Chief Officer, Argyll & Bute HSCP
Ms Jane McGirk, Interim Head of Public Relations & Engagement
Ms Gill McVicar, Director of Transformation and Quality Improvement
Mr Christian Nicholson, Quality Improvement Lead
Mr David Park, Chief Officer, North Highland HSCP
Ms Lorraine Paterson, Head of Adult Services West, Argyll and Bute HSCP - VC
Ms Kate Patience-Quate, Lead Nurse

Also in Attendance
Prof Crichton Lang, UHI.
Cllr Raymond Bremner, Highland Council (Item 4.8) - VC
Mr Ron Gunn, Vice Chairman of CHAT (Item 4.8) - VC

Preliminaries

The Chair welcomed Iain Stewart, the new Chief Executive, and thanked Gregor Smith for acting as Interim Chief Executive.

1 Apologies

Apologies were submitted on behalf of Mr Alasdair Lawton, Ms Melanie Newdick, and Ms Heidi May.

2 Declarations of Conflict of Interest

Mr A Christie wished to record that, as an elected member of the Highland Council, 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.

3.1 Tier 1 Report: Rapid Process Improvement Workshop – Improving Paediatric Assessment Unit Flow and Time to Senior Clinician Review
Adeela Hosenie, Consultant Paediatrician and Julie Allanson, Advanced Nurse Practitioner

This item was **deferred** to the meeting in March 2019.

3.2 Minute of Meeting of 27 November 2018 and Action Plan

The Board **approved** the minute.

3.3 Matters Arising

In relation to Action 86, Central Funding for the Healthcare Science Forum, this had been discontinued in 2015 and there was now no permanent funded post in place in NHS Highland. The Head of Clinical Physiology would attend meetings of the Area Clinical Forum to provide advice but as it was not known how long this would be maintained, the matter would remain on the action sheet and be discussed further outwith the meeting.

3.4 Culture Change – Verbal Update
Gill McVicar, Director of Transformation and Quality Improvement

During discussion of the Highland Quality Approach at the previous board meeting, a survey monkey had been suggested to seek views on progress with improvement measures. Twelve responses had been received from Board members, and the interim report suggested these were mixed, with some feeling a steady state had been achieved and some feeling progress had deteriorated. Alignment of key elements had not yet been achieved, the biggest factor being the need to focus on developing people and elements of the transformation continuum such as visible leadership, creating an environment of two-way trust, and the meaning and purpose people have in their work, all fully supported with daily accountability, the uptake of which varied across the organisation. Team empowerment and enablement, and visible leadership were areas of priority for the coming year and a final report would be brought to the Board in early course, 90 responses having already been received from wider distribution of the questionnaire, which was still open and only took minutes to complete.

The Chair urged all Board Directors to complete the survey, and emphasised the importance of culture change through proactive visible leadership, noting there could be some crossover with the external organisation review being undertaken by John Sturrock, QC. Concern was expressed about capacity issues in Human Resources and it was **agreed** a report on this be brought to the next Board meeting.

The Board **noted** the update.

3.5 Appointments

- **Update on Recruitment Process for Non Executive Directors**

The Board **noted** that 38 applications had been received, and short-leeting was to take place on 1 February 2019 by a panel including the Chair and representatives from the Scottish Government and external stakeholders. Particular skills were being sought including strategy setting and constructive challenging, and it was expected the new Directors would be in place by April 2019.

- **Chair of Highland Health and Social Care Committee**

  The Board **agreed** to appoint Ann Clark as Interim Chair until the Board meeting in May 2019, at which point the new Non Executive Directors would be in post and stock would be taken of various Committee appointments.

4.1 Finance
Dave Garden, Interim Director of Finance

For the month 9 period to 31st December 2018, NHS Highland had overspent its budget by £13.7m, against the forecasted potential position of £18m overspend at the year end. A savings challenge of £50.5m was calculated for 2018/19, with £31.5m of savings identified in the Annual Operational Plan (AOP), leaving a gap of £19m. Capital was in balance but remained challenging. The financial position had been scrutinised in detail by the Finance Sub-Committee, for which the minutes were included at Item 5.6.

During discussion, the usual areas of pressure were outlined, namely drug costs, locum doctors and Adult Social Care, as was the situation with regard to savings, with a significant number being non-recurrent, which was of concern. The Chair referred to the huge financial challenges that lay ahead and recognised the work done by all staff to achieve what was a better than anticipated financial position. Staff were thanked on behalf of the Board.

The Board:

- **Noted** the financial position as at December (month 9) which reported a potential overspend of £18m.
- **Acknowledged** the financial position as outlined in the report.

4.2 Financial Recovery Status Mobilisation – Actions and Decisions
Deborah Jones, Director of Strategic Commissioning, Planning and Performance, on behalf of Gregor Smith, Interim Chief Executive

NHS Highland was now on Level 4 of NHS Scotland's ladder of escalation, due to the significant risk of not delivering on quality and financial performance. This had resulted in the receipt of support from the Scottish Government in the form of personnel to help achieve the pace required to for financial recovery. External contractors would provide support to implement a programme of work to allow clinical and professional staff to be involved in managing the change required. Reference was made to the governance structure for the Programme Management Office (PMO) that would sit alongside the Board's own governance structures.

During discussion, the following issues were considered:

- The Chair highlighted the need for pace, and acknowledged Board members' queries about the mesh with existing systems, and that further decisions would require to be made about terms of reference, delegation of powers and the relationship of the PMO with existing governance structures. At present the Board was being asked to agree to mobilise the financial recovery and to be provided with further information in due course.
- Formal links would be made to the Highland Partnership Forum and Trade Unions.
- The cost of the PMO would be in the region of £0.5-1m, depending on the structure and timescales and noting the high calibre of support staff that would be required to achieve the change required. It was anticipated that the cost would justify the ongoing investment in the PMO.
- If available, further detail would be brought to an additional Board meeting to be held on 26 February 2019.

The Board **agreed** the proposal to implement the described managerial framework for the Programme Management Office within NHS Highland with intent to achieve financial recovery**.**

4.3 Realistic Medicine Update

Dr Rebecca Helliwell, NHSH Clinical Lead for Realistic Medicine, on behalf of Dr Roderick Harvey Board Medical Director

Realistic Medicine (RM) was a new approach to healthcare, with the patient at the centre and an underlying philosophy to promote better communication between patients and doctors and to provide an individualised but consistent approach to care. The concept of Triple Value was explained; personalised value - what is of value and importance to the individual, technical value – the ability to execute a process efficiently, and allocative or population value – the value obtained from a resource when applied to a population. The principles of RM would contribute to the financial and performance recovery plan.

During discussion Board members expressed their support for the approach and raised the following issues for consideration:

- Initiatives underway were outlined in the report, with a key concept being shared, informed decision making and an understanding of all aspects of 'value', noting that elements of value could be in conflict with each other, for example an individual's requirements versus the needs of the population.
- The multi-disciplinary aspect of RM was highlighted, noting that the role of non-medical support staff should be made more explicit.
- In relation to the National Atlas of variation, it was noted that NHS Highland was a positive outlier for orthopaedic procedures. 3 maps had been published to date (2 in orthopaedics and 1 in cataracts) and more were anticipated imminently which would look at easily measurable issues, but it was hoped that in due course variation in more challenging issues would be mapped.
- The newsletters on RM were welcomed.
- Reference was made to the need to link RM to improvement work and financial recovery and examples were provided of some of the work likely to be undertaken as part of the financial recovery plans to reduce variation and waste across many areas. It was anticipated the PMO could support the principles of RM in a structured, time-limited way. The challenges of cost-benefit analysis of improvement work were outlined, and the need to consider where any savings made were being spent was also important.
- Patient involvement in RM was a planned next focus area, with links being established through patient networks and the Scottish Health Council. The 'it's okay to ask' initiative encouraged patients to seek information during consultations.
- Presentations to local Community Partnerships were suggested and information was sought and provided on the rollout of Near Me, which was being done in a tightly controlled manner to ensure any barriers could be addressed on an ongoing basis.
- A local review in 18-24 months was suggested to monitor the impact on patients and assess their perspective, noting that the Scottish Health Council had started work on patient reflections on RM in a recently published report.
- RM was not a typical project but a concept, with communication the most important tool in its roll out, internally to staff and externally to patients and the public. Professional Advisory Groups played a key role.
- The concept of shared decision making was emphasised, noting that a challenge was the wide variation in health literacy among patients, as was the multi-professional approach to RM. Two books were suggested: Patient Preferences Matter: stop the silent misdiagnosis (Kings Fund) by Al Mulley, and Tracking Medicine, by John Wennberg.
- It was suggested that GP clusters might be helpful in tackling variation.
- A future challenge for the Board was to establish a clinical and care strategy that was underpinned by the principles of RM.

The Board:

- **Noted** and **endorsed** the approach to the implementation of Realistic Medicine.
- **Supported** the progress of the Realistic Medicine compatible initiatives and projects described in the paper.

- **Agreed** that the implementation of the principles of Realistic Medicine should form a core component of the NHSH financial recovery plan.

4.4 Quarterly Performance Reports

- Items (a) and (b) had been included in the wrong order as the Operational Scorecard replaced the LDP scorecard previously reported to the Board, and the MSG indictors reported standards across the A&B IJB and the North Highland Lead Agency.
- Discussion took place on the level of performance detail that should be reported to the Board to provide adequate assurance, noting that performance was scrutinised in detail by the A&B IJB and the Highland Health and Social Care Committee. The new Chief Executive would give this further consideration, including appropriate and useful report formats, for example the use of run charts rather than graphs.
- Attention was drawn to cancer waiting times, which were down against target, and to Stage 2 complaints and Treatment Time Guarantee targets, which were also down. The relationship between TTG and waiting times was summarised and had been at topic at a recent HHSCC. The report covered April to September 2018 and there had been some improvement in the later part of the year. There was a Scottish Government Policy for all Boards to be up to date with TTG and waiting times within two years and although progress was being made through transformational work, there were backlogs in some specialties due to various reasons including national staff shortages. In relation to complaints, urgent work was required to improve the pace and tone of responses, and the issues had been identified as an area for Kaizan improvement work.
- Rod Harvey pointed out that the A&E conversion rates, at 37%, was higher than the Scottish average and Deborah Jones offered to investigate this.

(a) Ministerial Strategic Group (MSG) Integration Indicators for North Highland and Argyll & Bute
George McCaig, Performance Manager, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

The Board:

- **Reviewed** MSG performance identifying any areas requiring further information or future exemption reports.
- As a new report, **noted** that the new Chief Executive would give consideration to any changes or improvements in format or content to ensure it fully met Board requirements.

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

The Board **reviewed** the performance recorded in the scorecard at Annex A identifying any areas requiring further information or exception reports.

(c) Argyll & Bute – April to June 2018
Douglas Hunter, Senior Manager Performance & Improvement, on behalf of Stephen Whiston, Head of Service Strategic Planning & Performance

The Board **noted** the performance report that was submitted to the A&B Integration Joint Board in November 2018.

4.5 Area Clinical Forum Response to Gosport Memorial Hospital Enquiry – Board Briefing
Margaret Moss, Chair Area Clinical Forum

The report summarised a number of clinical problems and prescribing activities that had impacted on an estimated 450-600 patients in the Gosport Memorial Hospital since 1988 and now provided an opportunity for Health Boards across the UK to check for similar practices. The report had been

considered by the Area Clinical Forum (ACF), cascaded to all professional advisory committees for comments and submitted to the Clinical Governance Committee. . Key issues included the strong culture that had existed at Gosport of not questioning doctors and the particular risks faced by small and remote hospitals.

During discussion, the following issues were considered:

- There had been no national response to Gosport yet but there had been a recent announcement that the Care Quality Commission was planning to review the report and provide recommendations, as would professional bodies.
- The issues identified were high level and required detailed discussion, in tandem with the Human Resources data review and culture change. A strong message from the Advisory Committees, which included all related professions, was the importance of a clear and supported whistle blowing policy, with defined routes for staff to raise concerns.
- The ACF had suggested issues be progressed via a Positive Working Culture Short Life Working Group which would feedback to the Board and to the ACF
- Recommended improvements in the use of technology were detailed in the report.
- Robin Creelman, Board Whistle-Blowing Champion, explained that on informal visits to two hospitals he had not seen evidence of whistleblowing policy or information on noticeboards and although information had been printed on payslips, not all staff had sufficient knowledge and this required improvement. It was pointed out that a Scotland-wide review of whistleblowing was due in the coming few months and would provide an opportunity to update and publicise policies.
- It was suggested that the Board report had missed an opportunity to recommend more specific actions to the Board and the need for completeness in reports should be considered in future. Following discussion of this, the Chair suggested the high level recommendations be developed into an action plan with input from the corporate team and the Area Clinical Forum, noting that some of the actions were already being undertaken but the Board required assurance on any gaps. Any actions should be checked against culture transformation actions and national reviews or initiatives to avoid duplication.

The Board:

- **Noted** the recommendations of the Area Clinical Forum.
- **Agreed** the recommendations be progressed by the corporate team in consultation with the Area Clinical Forum into an action plan as detailed during discussion.

4.6 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

	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 Oct-Dec Q4 2018	**Green (NHSH data)**
Staphylococcus aureus bacteraemia		HEAT rate of 24.0 cases per 100,000 AOBDs to be achieved by year ending 03/19	26 Oct-Dec Q4 2018	**Red (NHSH data)**
Hand Hygiene		95%	Oct-Nov 2018 performance 96%	**Green**
Cleaning		92%	Oct-Nov 2018 performance 96%	**Green**
Estates		95%	Oct-Nov 2018 performance	**Green**

	Group	Target	NHS Highland HEAT rate	
			96%	

In relation to staphylococcus aureus bacteraemia (sabs), the target was unlikely to be met, but the year-end position would be clearer in March 2019. Brief discussion took place on device related preventable sabs, versus non-preventable, and it was pointed out some device-related infections were unavoidable due to treatment requirements.

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 NHS Highland would not achieve the Staphylococcus aureus bacteraemia (SAB) target.
- that NHS Highland was over the Clostridium difficile target trajectory but might still meet this target.

4.7 Building on Experience - A Vision for Mental Health Services in Argyll and Bute
Lorraine Paterson, Head of Adult Services West, Argyll and Bute HSCP, on behalf of Heidi May, Nurse Director

The report, which had already been approved by the A&B IJB, presented the culmination of a 12 year project to review mental health services in A&B, which had resulted in a redesigned mental health patient unit in Mid-Argyll Community Hospital. Patients had been moved in 2017 and overall feedback from staff and patients had evaluated the situation as positive. Attention was drawn to the report amendment which read as follows: Alongside the ward staff, both the independent advocacy service and the chaplain will continue to have a regular and supportive input to the ward to encourage the views of our patients are heard and we remain committed in continuing to engage with our staff as we go forward.

During discussion, the following issues were considered:

- Despite challenges and a sense of loss in the community for the original facility, there had been positive feedback on the new arrangements.
- The chaplaincy approach was explained as an emotional touchpoint conversation, spending time with staff and patients then reporting back formally.
- Information was sought of means on ensuring mental health patients were integrated into the wider hospital community and although some areas were secure, some shared areas were promoted, such as the outside gym.

The Board:

- **Noted** the contents of the attached paper presented to Argyll and Bute HSCP Integration Joint Board, including the official amendment.
- **Noted** the recommendations within the paper.
- **Agreed** the preferred model of acute adult psychiatry inpatient beds in Argyll and Bute and to proceed to inform the Scottish Government that there was no longer a requirement to proceed with a business case for a new built facility**.**

4.8 Public Consultation into Proposed Major Redesign Of Health And Social Care Services Across Caithness
David Park, Chief Officer, Michelle Johnstone, Area Manager, Caithness and Sutherland, and Eric Green, Head of Estates on behalf of Gregor Smith, Interim Chief Executive

A presentation was provided summarising the history of the redesign of health services across Caithness, including details of the extensive public consultation, with the most recent suite of engagement receiving positive support for change. The public, staff and stakeholders were thanked for their input into the process, which had also received endorsement from the Highland Health and Social Care Committee. Deirdre MacKay highlighted the economic and social issues faced in Caithness and

how they related not only to health services but also to jobs, transport, housing and education. The valued role of third sector organisation and the Community Partnerships was emphasised, as was the participation of the independent facilitator in the consultation process.

During discussion, the following issues were considered:

- Engagement was an active listening process while traditional 'consultation' was seen as a more distant and dry process. Effective engagement was key to attracting public and political support for change.
- Tribute was paid to the project team, the independent facilitator, the outgoing Head of Public Engagement, Maimie Thompson, to whom best wishes were extended for the future, and to the local staff who showed commitment and compassion to their community and to the organisation, which could at times be challenging. It was pointed out that consideration should be given in future to inadvertently creating situation in which staff routinely had to give up time over and above their contracted hours. The aim was for learning from the experiences in Caithness to be taken forward for the future by the new Chief Executive.

The Board:

- **Noted** that the Highland Health and Social Care Committee fully endorsed the consultation process and recommendations.
- **Considered** the findings from NHS Highland's full consultation report and the Scottish Health Council Independent Assurance Report.
- **Endorsed** the comprehensive nature of the consultation process.
- **Agreed** that the findings confirmed there was broad support for the case for change and the new models of services being proposed.
- **Endorsed** the recommendation on the preferred way forward and next steps.

4.9 Modernisation of Community and Hospital Services in Lochaber
Gordon MacDonald, Project Manager, on behalf of Dr Gregor Smith, Interim Chief Executive

The Lochaber Health and Social Care Redesign was a project currently in development to reshape service provision in Highland, and approval of the Strategic Assessment, which set out the need for change was the first requirement in this process. Board approval was necessary after that of the Health and Social Care Committee and the Asset Management Group.

During discussion, the following issues were considered:

- The purchase of the site had been a change to the Scottish Capital Investment Programme and had required earlier stages of the redesign process to be completed later than normal, with an aim of project completion by March 2023.
- It was hoped the Financial Recovery Plans and issues around the future design of Rural General Hospitals would dovetail with this project.
- It was pointed out that the capital position and staff availability in 3-5 years' time was unknown.

The Board **approved** the Strategic Assessment, the first requirement of the Capital Project bid for a new facility in Lochaber, in compliance with the Scottish Capital Investment Manual.

4.10 Interim Chief Executive's and Directors' Report – Emerging Issues and Updates
Report by Interim Chief Executive

This month's report incorporated updates on:

a. Introduction from interim CEO
b. Hot Topics/issues
    1. Raigmore Porters
    2. Brexit preparations
    3. Appointments

4. Lookahead – key event in next two months: Annual Review

c. Celebrating Success
    1. The University of the Highlands and Islands Shortened Midwifery Programme
    2. Development of suicide prevention initiative
    3. Implementing Stonewall Diversity Champions Programme in NHS Highland
    4. Cervical screening clinics for NHS staff
    5. Queen's Nurse Award
    6. NHS Highland Pharmacy Team - National Award
    7. Lead Specialist Heart Failure Nurse wins national award
    8. First pacemaker patient receives an MRI in Highland
    9. Ritchie Report implementation.
    10. Caithness: Hospital in line for world first for green project
    11. Board expands video-consulting NHS Near Me Service

- The Chair pointed out that the Interim Chief Executive's weekly staff briefings had been well received.
- The Interim Chief Executive thanked the Senior Leadership Team and the Chair for their assistance during his time in post and he referred to the important progress that was being made with the three priorities: financial recovery, performance improvement and cultural change. He recognised the contributions made by the previous Chief Executive, Elaine Mead.
- Attention was drawn to preparations for Brexit, the uncertainty surrounding many issues and the steps being taken to ensure 'business as usual', locally and nationally.
- Attention was drawn to the number of successes detailed in the report and the dedication of the staff.
- The Interim Chief Executive was thanked for his efforts during his time in NHS Highland.
- Engagement with the public on successes was urged and it was disappointing that not all Board members were invited to attend the Annual Board Review to engage with the Cabinet Secretary directly.

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

5.1 Asset Management Group of 20 November (18 December was cancelled) 2018

There were no additional comments.

5.2 Area Clinical Forum of 22 November 2018

- At the meeting the previous week, appreciation had been expressed for the work of the Short Life Working Group considering the external Human Resources review, and it was hoped similar feedback would be provided on the outcomes from the Sturrock review. There was a keenness from within the Area Clinical Forum membership to make a meaningful contribution to support change and improvement.
- Concern was expressed at the delays in Board reports being issued for consideration prior to meetings, and this was echoed by other Committee Chairs.

5.3 Integration Joint Board of 28 November 2018

- The West of Scotland Regional Plan was progressing.
- A visit from Brian Steven, Scottish Government Board Recovery Finance support, had been helpful, especially in relation to the Service Level Agreement with Greater Glasgow.

5.4 Clinical Governance Committee of 4 December 2018

- The minute presented was only in draft format and would be submitted for approval to the CGC on 5 February 2019.
- A decision was still required on the implementation of the Clinical and Care Sub-Group of the Highland Health and Social Care Committee.

5.5 Audit Committee of 18 December 2018

There were no additional comments.

5.6 Finance Sub-Committee of 11 January and 23 January 2019

- It was noted that the sentence that read 'there has been a transition towards in house provision of care at home where possible opposed to externally sourced' had been transposed.
- Assurance was sought and provided that plans to renegotiate joint activities with the Council were to be tackled by the new Chief Executive with the Highland Council's Chief Executive. The Chair stated that a new arrangement was required beyond 2020.

5.7 Highland Health & Social Care Governance Committee of 15 January 2019

There were no additional comments.

The Board:

(a) Confirmed adequate assurance has been provided from the Governance Committees.
(b) Noted the Assurance Reports/Minutes and agreed actions from the Clinical Governance, Audit and Highland Health & Social Care Governance Committees.

6.1 Date of next meeting

The next meeting of the **Board** would be held on 26 March 2019 in the Board Room, Assynt House, Inverness, with a provisional date for an additional Board meeting on 26 February 2019.

6.2 Any Other Competent Business

There was none.

Close of meeting: 11.50am