REPORT OF THE MEETING OF HIGHLAND NHS BOARD 
ON TUESDAY 2nd SEPTEMBER 2008 IN INVERNESS

Chair’s Introduction

Garry Coutts, Chair of NHS Highland, reminded the Board that there was a need to appoint a Non Executive Chair of the Control of Infection Committee; a Non Executive lead for Patient Focus and Public Involvement; a Non Executive link with NHS Western Isles; an additional member of the Audit Committee; and a Non Executive lead for energy efficiency. Following discussion, it was agreed that Garry Coutts would make the appointments, taking account of individual Non Executive Director’s wishes and existing commitments. These appointments would be reported to the Board.

Annual Review

Garry Coutts reported on the Annual Review of NHS Highland by the Minister for Public Health, Shona Robison, on 27 August 2008. The meeting was held in public and was attended by approximately 70 people in the Centre for Health Sciences in Inverness, with video links to Wick, Lochgilphead, Fort William, and Golspie. The meeting was also broadcast on the internet. The Minister was accompanied by Dr Kevin Woods, Director General and Chief Executive of the NHS in Scotland, and Kennett Hogg, Deputy Director of Delivery.

Garry Coutts felt that the Minister had given considerable credit to the work of the Area Clinical Forum and of the Area Partnership Forum, and had welcomed the level of public involvement. Overall the Annual Review had been positive and NHS Highland had been able to demonstrate significant progress over the last year, without being complacent. NHS Highland had highlighted the areas we were targeting for improvement. There had been a rigorous examination of our performance but we were in a stronger position this year to demonstrate progress

There was a short question and answer session at the end of the Annual Review. It was noted that there had been some criticism of the length of this session and it was felt that there was a misunderstanding of the purpose of the Annual Review. This was a Review by the Scottish Government of the performance of NHS Highland. This had been held in private in the past but was now open to the public to attend as observers. It was agreed that there was a need to ensure that people are aware of the many ways of interacting with NHS Highland. The Board noted the excellent work undertaken by the Communications Team, the Public Health Team, and many others in undertaking the preparations involved to make the Annual Review a success

NHS Highland will receive a letter from the Minister in due course, following which an Action Plan will be prepared and brought to the Board.
Staff Governance Committee Draft Minute of 12 August 2008

Anne Clark, Chair of the Staff Governance Committee, referred to the minutes of the last meeting and highlighted the work being undertaken around the development of volunteering to complement the existing NHS Highland workforce. CEL 10 (2008) ‘Refreshed Strategy for Volunteering in the NHS in Scotland was circulated in February 2008. This CEL outlined a collaborative approach between Volunteer Development Scotland and NHS Boards in implementing the refreshed strategy and achieving the Investors in Volunteers Standard. NHS Highland has an existing Volunteering Policy developed on the back of MEL (1998) 42 and MEL (2000) 4 but this required revisiting. A report will be presented to the Board in due course.

Anne Clark confirmed that the Workforce Strategy would be launched on 18 September 2008 at the Drumossie Hotel, in Inverness.

Mrs Clark also stressed the importance of Medical Workforce Planning and suggested that this be included as an item in a Board Development Session in order that all Board members understood the issues involved. Dr Ian Bashford, Board Medical Director had given the Staff Governance Committee an interesting presentation on Medical Workforce Planning. It was agreed that this would be presented to the Board members at an appropriate session.

Endowment Funds Committee Draft Minute of 17 July 2008

Ian Gibson, Chair of the Endowments Committee, referred to the minutes of the last meeting. He highlighted the discussions regarding the proposed Valuing Service awards. The Committee had agreed that there required to be further debate on this whole issue, including consideration of cost implications, and that an additional meeting of the Committee be held, to which all Trustees of the Endowment Funds would be invited to participate.

Mr Gibson also noted the effect of the stock market on the investments of the Endowments Funds and the implications this will have on Endowments allocations next year.

Joint Committee for Children and Young People Minute of 6 June 2008

The Board noted the minutes of this meeting. Pam Courcha, Non Executive Director, confirmed that Councillor Margaret Davidson now chairs this Joint Committee. She also reported that the Children’s Champions were in place and were working closely with The Highland Council and Jan Baird, Director of Community Care.

Argyll & Bute Health and Care Strategic Partnership Minute of 20 June 2008

The Board noted the minutes of this meeting. Bill Brackenridge, Chair of the Argyll & Bute Community Health Partnership highlighted the position on Delayed Discharges.
Strict management has been used to plan and push the agenda forward. There are currently 19, 71x’s recorded. The average time is 36 days and there is a 68% turnaround.

Referring to the Older Persons: Commissioning of Services project, Mr Brackenridge confirmed that both he and Mr Derek Leslie (General Manager of the Argyll & Bute Community Health Partnership) sat on the Project Board.

**Leadership & Performance Group Minute of 4 July 2008**

The Board noted the minutes of this meeting. It was agreed that there had been improvements in joint working.

The developments to establish a Stakeholder Forum, with the first meeting of the Forum to be arranged to take place in the autumn, were noted.

It was noted that the new Administration of The Highland Council had published their programme of action for the next three years. The Leaders of the Independent, Liberal Democrat and Labour Groups on the Council - Sandy Park (Independent), Michael Foxley (Liberal Democrat) and Provost Jimmy Gray (Labour) – have set out their priorities for making the Highlands one of Europe’s leading regions in a Programme of the Council for 2009-2011. The programme will be presented to the next scheduled full Council meeting on Thursday 4 September for confirmation. The Board welcomed the involvement of NHS Highland in the development of the programme.

**Director of Public Health’s Annual Report - “Making Highland Healthy”**

In his innovative annual report on the health of NHS Highland’s public, Director of Public Health, Dr Eric Baijal presented his information in a new way. This was through telling the stories of three fictional, but representative Highland characters. The stories of Bob, Shona and Dariusz are an attempt to personalise the persisting problem of health inequalities in Highland.

In the report, all three characters suffer setbacks in their lives which have an impact on their health but they cope with them in different ways. Shona and Dariusz feel comfortable getting help while Bob is mistrustful of services and this becomes a barrier to him getting support. Shona and Dariusz embark on professional careers early in their lives which sets them up for better financial stability in later years while Bob swaps jobs in a crisis and ends up in the building trade where he suffers an injury at work.

Dr. Eric Baijal said that this year’s annual report emphasises the joint effort needed to tackle inequality in health. Within the public health department, one of his senior staff had devised a new tool called a ‘life clock’. This demonstrates that the choices we make and the circumstances that we live in influence our health, our wellbeing and eventually our time of death. His aim was for everyone to realise that it will take collective action to level the playing field and ensure everyone enjoys an equal chance of good health and a long life.

The Board welcomed the report and it was agreed that it would be discussed at each Community Health Partnership and Raigmore Hospital Committees, as well as with both
of the local authorities. It was agreed that it was important that each of the Community Health Partnerships have plans in place to tackle inequalities.

The Board discussed the various approaches to improving public health in each of the Community Health Partnership areas, in partnership with the two Council partners, especially in Schools. The work to support smoking cessation and to tackle alcohol abuse was discussed. There are a large number of injuries and illness as a result of alcohol abuse. The Board noted the difficult cultural aspects to this issue, including the double standards regarding alcohol and other drugs. It was felt that there may be lessons to be learned from France and other countries that had successfully changed cultures in relation to alcohol.

The Board welcomed the report which was very accessible. It was agreed that Dr Baijal would discuss with the communications team how to get the more accessible elements of the report to the general public.

Health Improvement Policies

The Board discussed the Report by Cathy Steer, Head of Health Improvement. Since the publication of ‘Better Health, Better Care’ in December 2007, the Scottish Government have published a number of health improvement policies to provide further guidance to the NHS and partner organisations on taking forward work on the priority areas for health improvement. The report summarises the main health improvement policies that have been developed in recent months and describes the implications of each for the Board.

During discussion, it was noted that it is up to Public agencies to get together to establish an action plan to deliver the policies. It was agreed that this should be included in the planning for the proposed joint event with The Highland Council and Argyll & Bute Council, to prepare for the next Single Outcome Agreements.

The consultation by the Scottish Government on “Changing Scotland’s relationship with alcohol: a discussion paper on our strategic approach” was discussed. It was agreed that this was a high priority and one which the Board should have an opportunity to debate at the next meeting. It was agreed that the Scottish Government would be asked if they would accept a late submission. It was agreed that Board members would submit written comments to Cathy Steer by 16 September 2008, and copy their comments to the other Board members.

Development of a Highland Implementation Plan for the Mental Health of Children and Young People

The Board noted this report by Sally Amor, Child Health Commissioner/Public Health Specialist, and Jan Baird, Director of Community Care.

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, was published by the Scottish Executive in November 2005, with a ten year timescale for implementation. The expectations of the Framework are that NHS systems address, a range of mental health needs and difficulties for children and young people across the whole continuum of mental health, from mental health promotion, through preventing mental illness, to supporting, treating and caring for those...
children and young people experiencing mental health difficulties of all ranges of complexity and severity. The Framework acknowledges that the primary purpose of specialist NHS CAMHS services is to provide services for those children and young people with the greatest mental health need. These principles underpin the approach in the development of the Highland CAMHS Framework Implementation Plan.

The report updated the Board on the work that has been undertaken since February 2008. The CAMHS Framework Implementation detailed in that paper detailed an ambitious work programme for the CAMHS Implementation Group and integrated children’s service partners. An updated version of the CAMHS Framework Implementation Plan to date is available on request.

During discussion it was noted that a lot of work was being undertaken around protocols for admission of young people to New Craigs. It was agreed that a visit to the CAMHS services should be included in the programme of visits for Non Executive Directors. The next report would include a stock take of current services and identify any gaps in services.

**NHS Highland Calendar of Meetings 2009**

The Board agreed the calendar of meetings for 2009, subject to amendment of the Endowment Committee day.

It was confirmed that a report would be submitted to the Board regarding the programme for the May Annual Event. It was noted that the 2009 Annual Review date is yet to be agreed with the Scottish Government. It was hoped that this would be held in Argyll & Bute.

**Performance Review Group - Role and Remit**

The revised Role and Remit of this Committee was adopted. Its remit is to undertake detailed, high level scrutiny of NHS Highland’s performance against the Local Delivery Plan and local targets; to focus on those areas of performance where improvement is required to meet targets and improve outcomes; and to focus on impact and outcomes of actions taken by NHS Highland. It was agreed that this would be a committee of the Board.

**Development of an NHS Highland Environmental Strategy**

The Board received a Report from Douglas Seago, Head of Facilities Management. Mr Seago explained that NHS Highland, along with six other Health Boards, has entered into a partnership with The Carbon Trust, as part of the Public Sector Carbon Management Programme to develop a Strategy and Implementation Plan which will explain the “why, what, how and when” of the Board’s Carbon Management Strategy. This document will be produced by the end of March 2009 and will recognise the ongoing work which is currently being undertaken to reduce the Board’s carbon output.

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1 Child and Adolescent Mental Health Services
The Board is mandated through HDL (2006) 21, Environmental Management Policy for NHS Scotland to reduce energy consumption and to exercise best practice with regard to its waste management, procurement and sustainable development. As a large public sector organization NHS Highland has a key role in developing sustainable reductions in CO2 emissions which will also free up scarce financial resource which can be reinvested to support further carbon reduction measures and improvements in health care.

Health Facilities Scotland collects data regarding climatically adjusted energy consumption. The target is to achieve an efficiency level of less than 100. Only one Board achieves this, with NHS Highland the fourth most efficient of the mainland Boards with a Comparative Energy Performance of 123.

It is estimated that around 45% of potential savings can be achieved by updating the services in the Board’s estate. Controls and switches are being renewed on a regular, programmed basis to ensure energy is used in the most effective way. In the same way, light fittings are currently being replaced with modern, more efficient units.

During discussion, it was noted that if staff knew the additional cost of disposal of clinical waste (at £459 per tonne) rather than £112 per tonne for domestic waste, they would be more careful about segregating the different kinds of waste. The level of heating in Raigmore Hospital was discussed and whether it could be turned down. It was noted that investment in additional controls was required to achieve this. It was noted that NHS Highland may need expert advice on invest to save initiatives in this area.

The Board agreed the timeframe for the development of the NHS Highland Environmental Strategy to improve the use of resources and reduce the impact of the Board wide activities on the environment, and to identify Non-Executive support to the Programme Board.

**Chief Executive’s Report**

The Board noted the Report by the Chief Executive.

The Board welcomed the decision by NHS Greater Glasgow and Clyde to develop proposals for a long-term safe and sustainable vision for the future of the Vale of Leven site. It was hoped that this might be published in time to enable a discussion at the next Board meeting.

The Board discussed the issue of anonymous complaints. It was clarified that if an anonymous complaint was not investigated, it would be filed for future reference but would not be included in individuals’ personal files. Mr Okain McLennan, Chair of the Audit Committee, confirmed that internal audit were looking at the NHS Highland Whistle Blowing Policy and he hoped that anonymous complaints might be included in this. He agreed to provide examples of procedures from other organisations, relating to anonymous complaints, to the Medical Director.

The Chief Executive highlighted the work of the Senior Executive Dental Leadership Group, which has been established under the co-chairmanship of the Board Chair and Chief Executive. The Leadership Group has met twice to date and the aim is to encourage and facilitate the development of a comprehensive dental strategy, an action
plan to assure the attainment of HEAT targets and the development of a comprehensive, sustainable and affordable dental service throughout NHS Highland.

The Chief Executive referred to the announcement that day by the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, regarding Car Parking Charges. Car parking charges are to be abolished at NHS hospitals across Scotland, following a review of NHS Boards' car park charging policies. The Chief Executive noted that there were significant resources allocated to managing car parking at Raigmore Hospital. If that needed to continue, resources will need to be taken from other areas. This will be reviewed.

Area Finance Report to 31 July 2008

The Board received a paper from the Director of Finance, Malcolm Iredale.

The forecast year end projection showed an overspend of just under £1m, which is offset by further adjustments to achieve a breakeven. This represents a small improvement on the position reported to the August Board. It obviously requires ongoing close scrutiny to ensure full delivery of budgets, including any emerging cost pressures. It also requires the necessary level of planned savings.

The Savings Plan showed a significant improvement from the August Board Report. The Board noted that recurring savings of £6.098m of the £9.544m target have already been achieved. This is an achievement of over 60% within the first four months, and is an improvement of over £4m since the August Board Report. Plans for a further £2.035m have also been identified, and work is also underway to secure the remaining £1.411m of the target.

The savings within Operational Units are being delivered through a variety of programmes which are designed to maximise efficiency of service delivery.

Chris Meecham
Board Secretary
3rd September 2008

NB This report is intended as a summary of the meeting. A formal minute will be produced in due course. All Board papers are available from the NHS Highland website at http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Pages/welcome.aspx