

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	30 November 2021 – 9:30am	

- Present**
- Prof Boyd Robertson, Board Chair
 - Dr Tim Allison, Director of Public Health and Health Policy
 - Mr Alex Anderson
 - Mr Graham Bell
 - Ms Elspeth Caithness, Employee Director
 - Mr Alasdair Christie
 - Ms Ann Clark
 - Ms Sarah Compton-Bishop
 - Mr Albert Donald
 - Ms Pamela Dudek, Chief Executive
 - Mr David Garden, Director of Finance
 - Mr Graham Hardie
 - Ms Joanne McCoy
 - Mr Gerard O'Brien
 - Mr Adam Palmer
 - Dr Boyd Peters, Medical Director
 - Ms Susan Ringwood
 - Dr Gaener Rodger
- In Attendance**
- Ms Mary Burnside, Deputy Director of Midwifery
 - Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership
 - Mr Stephen Chase, Committee Administrator
 - Ms Ruth Daly, Board Secretary
 - Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB
 - Ms Ruth Fry, Head of Communications and Engagement
 - Ms Fiona Hogg, Director of People and Culture
 - Mr David Park, Interim Deputy Chief Executive
 - Kate Patience-Quate, Deputy Director of Nursing
 - Ms Catriona Sinclair, Acting Chair of Area Clinical Forum
 - Ms Katherine Sutton, Chief Officer, Acute Services
 - Prof. Brian Williams, University of the Highlands and Islands
 - Mr Alan Wilson, Director of Estates, Facilities and Capital Planning
- Also in Attendance**
- Karen MacKay, Senior Health Improvement Specialist, Infant Feeding Advisor, Public Health Team (Item 3)
 - Arlene Rollo, Breastfeeding Co-ordinator (Item 3)
 - Lana Black, Infant Feeding Support Worker (Item 3)
 - Heather Cameron, Senior Project Manager (Item 13)
 - Michelle Johnstone, North Area Manager, North & West Division (Item 14)
 - Diane Forsyth, Senior Projects Manager, Estates Department (Item 14)
 - Eric Green, Head of Estates (Item 14)

1 Welcome and Apologies for absence

Apologies for absence were received from Jean Boardman, Deirdre Mackay, Philip Macrae and Heidi May. Kate Patience-Quate attended in place of Heidi May.

The Chair welcomed Elspeth Caithness as the new Employee Director and Chair of the Partnership Forum, and Joanne McCoy as a Non-Executive to the Board, and Professor Brian Williams from University of the Highlands and Islands attending meetings of the Board from today as Head of the School of Health Social Care and Life Sciences.

2 Declarations of Conflict of Interest

A Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt his status was too remote to the agenda items 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 Staff Recognition – Maternity Team

The Chair introduced Karen MacKay, Senior Health Improvement Specialist, who presented the experiences throughout the Covid19 pandemic of the Maternity Team and the effect of Covid19 measures on infant feeding and highlighted the following:

- The Maternity Service had changed dramatically during Covid with the main focus being to help support women in whatever way necessary.
- Initially, staff worked from home providing telephone assistance but soon realised mothers needed more than this, so they went back out into the community to assist new mothers face to face with the necessary risk assessments and PPE.
- Face-to-face clinical work through 'Near Me' restarted in Invergordon Community Midwife Unit from April 2021, and thanks were expressed for the support of the team at Invergordon for training to continue through MS Teams.
- The closed Facebook breastfeeding page for new mothers had been a success with all people looking to join being screened appropriately in order to protect the members. The antenatal course conducted via the Facebook group had been changed to meet the needs of parents to be, and had significant uptake during the pandemic. The course had been supplemented with advice on mental health, 'Money Matters' and with current Covid and vaccination information.
- Accreditation under the UNICEF Baby Friendly Initiative had been an important achievement made possible through significant effort and hard work. The pass rate for accreditation at each stage is high at 80% and the Nurse Director had been highly commended throughout the assessment process.
- The impact on staff of working through the pandemic could not be fully described. Staff were exhausted and the uncertainty around future funding for the service and the impact on women and babies is a concern.
- Feedback from families had been very encouraging and their positive comments were highlighted in the presentation.

In discussion, the Chief Executive thanked Ms MacKay for her presentation and her team for working flexibly and innovatively during the pandemic. The service demonstrated what a modern service should look like, particularly in relation to the testing of change. Work addressing antenatal and early years is critical for the future health of the population and it was encouraging to hear the attention to mental health.

Responding to a query as to which new ways of working the team would continue for the future, it was confirmed that all the adaptations would be continued as they had largely proved useful. In particular, the use of Microsoft Teams for training purposes had been invaluable and had opened up many opportunities.

The Chair thanked Ms Mackay for her presentation and expressed sincere thanks on behalf of the Board to the team for their commitment and their exceptional efforts during the pandemic providing such a critical service with resilience and adaptability.

4 Minutes of Previous Meetings and Action Plan

The Board Secretary highlighted a typographical error and confirmed that Ms Catriona Sinclair had been present at the last Board meeting in her capacity as Acting Chair of the Area Clinical Forum.

With this amendment, the Board **approved** the minutes of the meeting held on 28 September 2021.

The Board **Noted** the Action Plan, with attention having been drawn to the actions now closed. Given the timing of new Non-Executive Director appointments, and with the agreement of the Chair, the Committee memberships review would be brought to the Board in January 2022.

5 Matters Arising

There were no matters arising.

6 Chief Executive's Report – Verbal Update of Emerging Issues

P Dudek noted that community engagement on the Strategy development would take place imminently across Highland and Argyll and Bute. The purpose of the engagement was to consider what communities require from the organisation, to understand what is working well and ensure that perspectives matched. The new strategy is expected to be presented to the Board in May 2022.

Executives were looking at different ways to address workforce recruitment challenges within the current context of the pandemic and remobilisation efforts. It was acknowledged that both staff side colleagues and unions had expressed concerns for staff mental health in relation to these circumstances and the Board is treating this seriously.

The Vaccination Programme is of high importance and an enormous task to be delivered. Recent changes in requirements meant an increase in pace ahead of the next potential wave of the virus which had heightened the pressure on the system. Colleagues had responded well, and communities were asked to understand the scale of the challenge.

Health and Social Care services had faced extreme pressure in all areas, with activity increasing. This is multi-factorial and staff are working beyond normal hours with daily assessment being undertaken to understand the current position. Regret was expressed at the need to pull back from elective surgery but the Board will respond as well as possible and work with other Boards to address this challenge.

It was confirmed that staff pressures arising from the requirement to self-isolate would be kept under review.

The Board **noted** the position and endorsed the Chair's comments that staff had been under a sustained period of significant pressure and were deserving of the Board's support.

7 Covid19 Update

Dr T Allison drew attention to the rapidly changing situation with regard to both the pandemic and the measures required to address it, hence the need for only a brief written report to the Board. He advised that the numbers of Covid cases in Highland had reduced over the past few weeks with fewer than 100 cases per day. Young people are the predominant group currently affected with around 1 in 3 of all cases aged 5-14. While the number of schools affected had gone down significantly, this may change due to the onset of the Omicron variant.

The Omicron variant was described according to the current limited information available. It was difficult to extrapolate how Scotland may be affected by it, however a small number of cases had been identified in Scotland and there were currently none in the NHS Highland area.

Dr Allison provided an outline of the uptake of seasonal flu vaccination as well as the current issues and challenges associated with the Covid vaccination delivery. In discussion, the following issues were addressed:

- Given that the Pfizer vaccine was being used for the booster, concerns were expressed for any potential impact on delivery and access due to the special storage requirements. It was confirmed that criteria for the storage of Pfizer had been clarified making it easier to transport and store it.
- It was currently unknown how long the beneficial effect of a booster would last. There was good evidence that the vaccine would work against the Omicron variant.
- It was queried whether the new variant was more susceptible to individuals of a particular race and why the impact on ethnic minorities previously commented on widely was no longer being discussed. Dr Allison advised that there was no evidence to connect the virus to ethnicity and that ethnicity itself was not a significant factor.
- With regard to health inequalities, a plan had been submitted to government which addressed a range of different matters such as geographic areas of deprivation, transmission and care in prisons, and arrangements for people who are not registered with GPs. The headline figures do not show the groups at higher risk but efforts are being made to reach those individuals.
- Attention was drawn to the 'Smile with Your Eyes VaccinAid' initiative where some staff were trying to raise funds to support vaccination in developing countries.
- In response to a request, Dr Allison undertook to circulate figures to Board members for vaccination rates among NHS Highland staff.
- The long-term impact of Covid-19 on children was not fully known. Work had been underway for several months looking at developing services for 'long Covid' in adults, however it was noted that the effects were not uniform.
- There were several trials ongoing for specific drugs and dexamethasone was frequently used in the treatment of Covid in hospital. Some drugs were now at the implementation stage to be made available in the community. There was still no evidence as to how effective these drugs would be against the new variant.
- It was queried whether an academic study was planned on the pattern of Covid in the Highland area. It was confirmed that work had been undertaken with other Health Boards to consider the specific challenges experienced. This had now been submitted for publication.

The Chair acknowledged that there had been challenges in rolling out the vaccination programme due to the changes to the delivery model in adherence to national requirements. It was gratifying that there had been good progress in delivery of vaccines with 38% of the population having received their third dose at this stage.

The Board **noted** the update.

The Board took a short break at 11.00 am and the meeting resumed at 11.15am

8 Integrated Performance and Quality Report

D Park introduced the report, noting that the Board delegates primary review of performance to its Governance Committees whose feedback provides context to the overall performance dashboard as described in the IPQR. Lorraine Cowie provided an outline of performance and challenges across the system as follows:

- There was a task force in place to align improvement plans and reprioritise activity to maximise improvements to delayed discharges. Highland was outperforming the national average in terms of Emergency Department performance, however this would be part of a wider system approach which would also benefit from the efforts of the Flow Navigation Centre.
- In terms of outpatient performance and TTG, a three-year Annual Operating Plan would shortly be required by Scottish Government. The Performance Board would review this on a monthly basis.
- 31 and 62 day cancer targets and urology were showing positive outcomes.
- An improvement plan had been developed for CAMHS for North Highland, which included plans for recruitment, weekly meetings and closer working links with The Highland Council.

- An improvement plan is in place for complaints and FOIs and this will also aim to filter out COVID/vaccination queries to the correct channels.
- Falls Improvement Plans were in place to address the target of a 20% reduction in falls and a 30% reduction of falls with harm, by September 2023.

During discussion, the following answers to questions were provided:

- The IPQR has included areas of Statutory and Mandatory Training so that the Board can build up a detailed picture of developments. The Information Governance module was only one area of focus at the Staff Governance Committee.
- With regard to delayed discharges, a review is underway of the existing programmes to establish whole system and longer-term opportunities. It was noted that this is a complex area and efforts are underway to improve data collection and analysis. It was also noted that the Highland Health and Social Care Partnership was still working to develop indicators for the IPQR for Adult Social Care which was an area under pressure. A key aim is to have an objective tool that will provide better understanding of NHS Highland's performance in both health and social care.
- Some areas of performance in acute services were impacted by the need to refer outwith the Board to other areas. This was the case for cancer services and it was confirmed that there was close monitoring of the 62-day cancer referral performance and issues were escalated where required.
- Improvement to CAMHS is heavily dependent on recruitment, collaborative working with The Highland Council and the Target Operating model that examined the numbers of new patients and numbers taken off the waiting list.
- A recovery plan for First Appointment Waiting Times (both routine and urgent) has been set up to feed into the Annual Operating Plan.
- The role of the Flow Navigation Centre was described, it being a model suggested by Scottish Government for redirecting patient flow away from hospital Emergency and Acute services to other sectors to relieve pressure and improve efficiency and treatment.
- With regard to Corporate Performance, it was noted that the colour and arrowed coding is very useful but that there are some areas of confusion between the trends shown and the accompanying commentary. Better assurance in terms of assessing trends could be achieved if the data was presented in graph form.

Following discussion, the Board **Noted**:

- the key information presented in the report, and
- that the format and content of the report is continually reviewed to provide the Board with an IPQR that meets the needs of the organisation. Updates with regard to RMP4 will be included and other key areas such as public health may be included in the future.

9 Finance Assurance Report

The Director of Finance gave a brief overview noting the overspend at month 7 (October) of £11.9m with the potential year-end overspend projected at £20.4m. Scottish Government had recently indicated, however, that they will be supporting Boards to deliver a break-even position. He confirmed that ways of improving the Board's financial position and delivering savings were nonetheless still being pursued.

A summary was provided of income and expenditure as of October 2021 highlighting the forecast overspend in Acute Services of £8.078m and unexpected delivery of savings amounting to £11.325m. The main drivers for the overspend in Acute services and in both Health and Social Care Partnerships were outlined. There was a £12m shortfall expected in delivery of savings due to the system pressures of the past year. The PMO continued to pursue different initiatives to stimulate improvements.

It was reported that £23.3m of the £72.9m capital allocation had been spent. Assurance was given that the remainder of the allocation would be spent during the financial year on schemes identified.

The challenges for 2022/23 were noted and further information would be shared with the Board in terms of the budget settlement once this was confirmed. In discussion, the following comments were made:

- The increase in drug costs was due to short supply and increase in demand in certain areas with Acute Services being affected more than Primary Care. Work is underway rebasing all budgets according to service delivery, however some challenge was expected in the drugs budget over the next two years.
- Discussions were ongoing with The Highland Council as to how best to address funding issues for Adult Social Care. The meeting of the Joint Monitoring Committee in early 2022 would, therefore, be important. Appreciation was shown to the Adult Social Care team for their work in achieving savings.
- Scottish Government had recently written to Boards on the Zero Carbon Strategy providing recommendations. NHS Highland had established a Sustainability and Environmental Board to assess the Board's ability to achieve the targets and the associated significant costs.

The Board **noted** the update.

10 The Culture Programme Update

F Hogg introduced the paper which had been written in the new reporting format agreed by the Board in September 2021 and which had been piloted through the Staff Governance Committee. The report highlighted that substantial assurance was proposed on the Culture Programme update for the Board's consideration. The Culture Programme had seen strong progress with the return to a green status. There had been a positive response to the Leadership Training Programme with 72 colleagues inducted into the first cohort for Levels 1-4. The plan for further cohorts was being refined and Ms Hogg paid tribute to the those who had been involved in delivering the programme.

A Project Officer is now in place focussing on delivering the Wellbeing workstream which would be included in future Board reports. Funding From Scottish Government and Endowments is available to improve colleague wellbeing and suggestions have been gathered on how this could be used to best effect. Wellbeing and 'Civility Saves Lives' would be key priorities for the year ahead.

Performance management would also be a key priority for next year enabling the culture programme to make an impact at an operational level. An animation for colleagues has been created to help explain how our values apply to everyone in their role, and Ms Hogg took the opportunity to share the animation with the Board at the meeting.

In discussion, there was widespread support for the new assurance reporting format of the paper and it was noted that:

- The Staff Governance Committee endorsed the substantial assurance proposed by the report. Given current pressures, however, it was unclear whether we could maintain momentum on the culture work. The pace of roll-out would be driven by the capacity of the organisation to receive it and, therefore, a flexible approach was being taken.
- There was a need to check access to training in the Leadership and Development Programme, particularly for colleagues in Argyll and Bute. Teams are keen to see a roll out of the Programme although consideration of capacity is required to ensure effectiveness. Board members were keen for individuals who had been part of the Programme to share with them how it had made a difference.
- It was queried on what basis the overall assurance was 'substantial' given that many future targets were already slipping. The contrast between an overall 'green' status against some individual 'amber' status was due to work underway to revise the plan and due to a realistic assessment of the progress of the programme given resource constraints.
- It was asked if a direct connection could be demonstrated between culture metrics and patient outcomes. It was confirmed that the 'Promoting Professionalism' work of Prof. Gerry Hickson of Vanderbilt University has evidence which directly correlated culture and patient outcomes. NHS Highland would be very keen to use some of these metrics as well as considering care opinion.

The Board **Noted** the update and **Agreed** to take substantial assurance from the update.

11 Third Organisational Learning Report from the Independent Review Panel of the Healing Process

F Hogg introduced the report which set out the third Organisational Learning Report from the Healing Process Independent Review Panel together with proposed actions to address these. The report also covered the progress made against existing actions associated with the previous Organisational Learning reports. Actions assessed as amber were mainly large-scale pieces of work on the priority list for the coming year: induction, diversity and inclusion, performance management and introduction of the case management system. The need to be realistic about what can be delivered within appropriate deadlines was noted and timescales and plans will continue to be fine-tuned for maximum benefit.

The Independent Review Panel noted the efforts made at senior level to address the recommendations but that it is taking time to filter through the organisation. The Panel will continue to hear cases until March 2022 with a final overarching report due in July 2022.

In discussion, it was confirmed that:

- An approach would be made to the Panel to establish their willingness to meet with Board members to discuss how best to embed learning within the organisation. The impact of integration on the culture of the organization was important to understand, particularly in terms of embedding learning.
- The Panel's recommendations seemed to develop those contained in previous Organisational Learning reports. The monthly reports from the Guardian Service, regular Whistleblowing reports, and the information from the Listening and Learning Survey would add to the learning opportunities to create a sustained approach beyond the timeframe of the Healing Process.
- Training in Mental Health awareness for managers and the impact of the pandemic on staff mental health was in development.

The Board **Noted** the position.

12 iMatter and Listening & Learning Surveys – Assurance Report

F Hogg spoke to the report which proposed moderate assurance on the high-level results of the September 2021 iMatter survey and the June 2021 Listening and Learning Survey. The report had been considered by the Staff Governance Committee.

Response rates for iMatter were 52% and 42% for the Listening and Learning Survey. Many of the elements picked up in both surveys were consistent and an outline was given on the higher and lower scoring areas recorded in both surveys. There were some 16,000 comments received through the Listening and Learning survey which were still being analysed. Work was ongoing with teams whose scores were either very positive or very negative to gain a better understanding of the issues involved.

Listening and learning visits to localities would be undertaken in the coming months and would link with visits associated with the strategy development. It was also noted that visits to key locations by Mr A Donald, the Whistleblowing Champion, provided much helpful feedback from a huge range of colleagues. Furthermore, a listening and learning partner survey would be carried out from December to mid-January for colleagues who work with NHS Highland but who are not employed directly.

In discussion, it was noted that the more active respondents to the survey tended to work in office environments where response time was easier to manage; this could potentially explain the response rate. It was also the first time that Council staff employed within the Argyll and Bute HSCP had been surveyed, and so it was important to understand the results and how to take forward meaningful change.

The Chair noted the need to take care in not asking too much of staff and suggested the Listen and Learn survey and the iMatter report could be run on alternate years.

Having examined the assurance report, the Board **Noted** the report and **Agreed** to take moderate assurance from it.

Members took a lunch break at 1.15pm. The meeting reconvened at 1.34pm.

13 Initial Agreement Lochaber Major Service Redesign Business Case

A Wilson and L Bussell gave a brief introduction to the report noting that, although the immediate context for the project is the long-awaited replacement for Belford Hospital, the project has a much wider remit in terms of community health in the area.

It was noted that the majority of the Board had seen plans in advance of the meeting through Governance Committee stages. Approval by the Board of the Initial Agreement is required by the Scottish Government's Capital Investment Group. The plans were submitted to Scottish Government's Capital Investment Group who met on 17th November.

During discussion on the sustainability of services in more fragile areas, it was confirmed that, to date, the focus has been on plans for the hospital replacement. However, the redesign of the whole healthcare system for Lochaber area would be the goal, including social and palliative care. Discussions were ongoing with local GPs as to how best to implement these plans. Scottish Government had interviewed the project team directly and undertaken a thorough appraisal of the project.

The Board **approved** the Initial Agreement.

14 Initial Agreement for the redesign of Health and Social Care services in Caithness

M Johnstone introduced the circulated report with a presentation outlining the timelines and context for the project. The chief aims of the redesign were to deliver proactive and joined-up patient-centred community care and to work closely with the Third Sector and the community. The proposal was to reduce five existing care hubs to three 24/7 sites providing a more sustainable service through Care Village/Care Hubs. The sites identified were Thurso (site of Dunbar Hospital), Wick (site still to be determined), and a refurbished Caithness General Hospital in Wick.

Capital costs were estimated between £76m and £82m (funded by Scottish Government). An additional £0.6m of recurring revenue will be required plus £2.3m depreciation costs. A non-recurring investment of £2.8m was required from Scottish Government.

During questions, the following points were made:

- While not within the scope of the project, it was nonetheless expected that there would be benefits for communities in Sutherland.
- Details of factors affecting site option scoring in Wick were provided. The locations in question had very clear differences and one site had more scope for future development than the other contenders. The Board was directed to a hyperlink in the report (appendix ECO6) for fuller details of the scoring.
- It was asked how the redesign project work will link up with workstreams under the transformation programme and the Joint Project Board with The Highland Council. In response, it was intimated that links are being made with the Community-led Support Board and the Unscheduled Care Programme. M Johnstone offered to bring further detail to the Highland Health and Social Care Committee.
- The project is part of the National Pathfinder Scheme and it is hoped that this will lead to additional support from Scottish Government.
- In terms of our Transformation Programme, the learning from the development of the model provided a suitable platform to push forward our ambition for other localities as it demonstrated what an integrated care model should look like.

The Board expressed its thanks to the whole team and **approved** the Initial Agreement.

15 Improvements to the Board Assurance Framework

R Daly introduced the circulated report which focussed on progress implementing the main findings of the Internal Audit review of NHS Highland's Board Assurance Framework.

At the September meeting of the Board, it was agreed to pilot the new assurance reporting methodology through the Staff Governance Committee. The report highlights the very positive feedback from the Staff Governance Committee which welcomed the methodology in terms of the improved clarity in the assurance offered to, and accepted by, the Committee. It was suggested that the Assurance Matrix, set out in Appendix A to the report, should be supplied to Committee members at each meeting as a freestanding guide.

The report also highlighted an update to the Improvement Plan associated with the Internal Audit report recommendations.

The Board **noted** that an update to the Blueprint for Good Governance would be produced imminently and that this could impact on the way the Board sought assurance. The Board **noted** the update and **agreed** to extend the new reporting format to other governance committees and the Board henceforth.

16 Strategic Risk Register

Dr B Peters gave a presentation speaking to the circulated report noting how this was a refresh of the Risk Register and that this was an ongoing routine piece of Board business. He highlighted some small changes to risk profiles, including the addition of vaccination as part of Covid risk due to the requirement to transfer to the Board-led model.

During discussion, the Chair welcomed the addition of Covid vaccinations as a new risk in light of the added pressure. It was confirmed that a revised Risk Register will go to the Audit Committee after whose consideration the risk may be expressed differently with a separate risk status by the next meeting of the Board. The Chair of the Audit Committee endorsed the process outlined to assess the risk for it to be managed more effectively.

It was noted that the role of a Corporate Risk Manager was now being actively considered. A transcription error was highlighted for amendment - the Engagement and Communications narrative in item 632 (on Culture) should be moved to 877. It was also commented that risks 666 (IT and Digital Services) and 714 (Estates and Facilities) should be assessed at operational level with senior management considering how they can be linked.

The Board **noted** the update to the Strategic Risk Register.

17 National Care Service Consultation

Louise Bussell provided a brief introduction to the circulated report which has been submitted to the Scottish Government consultation and invited questions from the Board.

It was intimated that around 11,000 responses were submitted to the consultation and that Scottish Government expect a Bill to go through Parliament in 2022. The Chair noted that the Board has offered assistance to the consultation team given the Board's experience of both models of integration.

The Board **noted** the approach being taken in providing a response to this consultation.

18 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports

(a) Highland Health and Social Care Partnership

Louise Bussell provided a brief introduction to the circulated report and noted that there were some final revisions to make to the RAG rating before the report is submitted to Scottish Government.

The Board **noted** the approach being taken in providing a response to this consultation.

(b) Argyll & Bute Health and Social Care Partnership

F Davies provided a brief introduction to the circulated report and noted that the Argyll and Bute IJB had discussed it the previous week. She thanked colleagues for their efforts throughout the previous year.

The Chair commended the good level of activity undertaken despite the pandemic. It was noted that there were some final minor revisions to make before the report is submitted to Scottish Government.

The Board **noted** the reports.

19 Review of Board of Governance Arrangements

R Daly noted that, following encouragement from Scottish Government, Health Boards had been asked to consider proportionate revisions to governance mechanisms to ensure maximum focus on the challenges currently faced. Committee Chairs and Lead Executives had been consulted to consider any revision to the agreed timetable of committee meetings and development sessions.

The general feedback was that development sessions would be paused and reviewed and that committee meeting agendas would be pared back to the basic essential items. The report outlined the individual agreed proposals from committee Chairs and Lead Executives and the adjustments would be communicated to Scottish Government.

The Board:

- **agreed** to pause development sessions and prioritise Board and Committee business as described in the report with a review to be considered at the Board meeting on 29 March 2022;
- **noted** that no amendments are proposed for Audit and Remuneration Committees for the reasons stated in the report. Meetings will be held in accordance with the agreed schedule with normal business being undertaken as appropriate; and
- **noted** that the weekly meetings between the Chair and Chief Executive, and the Chair, Vice Chair, Chief Executive and Deputy Chief Executive will continue as normal.

20 Governance and other Committee Assurance Reports

The Board **confirmed** that adequate assurance had been provided from the Board governance committees, and **noted** the minutes below and agreed actions.

(a) Finance, Resources and Performance Committee, 26 August 2021

The Committee Chair noted that the meeting had thoroughly discussed the Initial Agreements for major service change, considered performance on CAMHS and how to improve RMP4 and KPIs, and finance. Scottish Government is expected to report on RMP4 after which the agenda will be updated for future meetings.

(b) Highland Health and Social Care Committee, 1 September 2021

The Committee Chair noted the severe system pressures from the funding gap in Adult Social Care.

(c) Clinical Governance Committee, 2 September 2021

The Committee Chair noted that there had been discussion of the experience of older people in hospitals, the remobilisation plan, and the NHS Highland Cancer Service and Screening programme. Regarding Strategic Risk Register item 662 (Clinical Strategy and Redesign) and item 715 (Covid and Flu programme measures), significant assurance was given though it is advised that EDG maintain the current risk level.

(d) Area Clinical Forum, 2 September 2021

The Acting Chair noted that the Forum had a productive meeting during which an update on work to develop NHS Highland's strategy was given with the key messages being taken back to Professional Advisory Committees. The Forum considered the process for the election of the new Chair and information on declaration of gifts and hospitality. It was noted that there had been a large turnover in membership which has, on the one hand, brought new energy to the Forum.

The Board Secretary confirmed that, thus far, there had been one expression of interest in the role of Forum Chair. This would be shared with the Forum for their support. It was anticipated that the process to elect a Forum chair would be completed by the end of the current year.

(e) Audit Committee, 7 September 2021

The committee chair drew attention to item 10, "Management Follow Up Report of Outstanding Actions", and encouraged sponsors to close off these actions by the next meeting of the Audit Committee.

(f) Staff Governance Committee, 8 September 2021

The committee Chair noted a positive direction of travel in terms of revised reporting mechanisms.

(g) Argyll and Bute Integration Joint Board, 15 September

Three new members were welcomed to the last meeting of the IJB: a carers representative and two service user representatives. Good feedback had been received from Audit Scotland on the IJB's accounts. The vaccination programme has proved challenging but the Director of Public Health had provided answers to concerns.

21 Any Other Competent Business

The Chief Executive confirmed that the annual review scheduled to take place on 13 December 2021 would not be in public as in previous years but would be held as a private meeting with the Chair and Chief Executive.

The Chair thanked the Executive team for their exceptional work and the non-executive members of the Board for their engagement throughout the year.

22 Date of next meeting - 25 January 2021

The meeting closed at **3.00pm**