

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)	27 September 2022 – 9:30am	

Present

Prof. Boyd Robertson, Board Chair
 Dr Tim Allison, Director of Public Health
 Mr Alex Anderson, Non-Executive
 Mr Graham Bell, Non-Executive
 Ms Jean Boardman, Non-Executive
 Ms Elspeth Caithness, Employee Director
 Ms Muriel Cockburn, Non-Executive
 Ms Heledd Cooper, Director of Finance
 Mr Garrett Corner, Non-Executive
 Mr Alasdair Christie, Non-Executive
 Ms Ann Clark, Non-Executive
 Ms Sarah Compton-Bishop, Non-Executive
 Ms Pamela Dudek, Chief Executive
 Mr Philip Macrae, Non-Executive
 Ms Heidi May, Director of Nursing
 Mr Gerard O'Brien, Non-Executive
 Dr Boyd Peters, Medical Director
 Ms Susan Ringwood, Non-Executive
 Dr Gaener Rodger, Non-Executive
 Ms Catriona Sinclair, Chair of Area Clinical Forum (until 2.38pm)

In Attendance

Ms Lorraine Cowie, Head of Strategy and Transformation
 Ms Pam Cremin, Deputy Chief Officer, Community Services
 Ms Ruth Daly, Board Secretary
 Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP
 Ms Ruth Fry, Head of Communications and Engagement
 Ms Fiona Hogg, Director of People and Culture
 Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
 Ms Karen King, Associate Director of Midwifery
 Mr Constantinos Yiangou, Deputy Medical Director
 Mr David Park, Interim Deputy Chief Executive
 Ms Kate Patience-Quate, Deputy Director of Nursing
 Ms Katherine Sutton, Chief Officer, Acute Services
 Ms Nicola Thomson, Consultant for Gaelic Plan
 Mr Nathan Ware, Governance & Corporate Records Co-Ordinator
 Prof. Brian Williams, University of the Highlands and Islands
 Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting especially new attendees and members of the public and the press.

Apologies were recorded from Board members Albert Donald and Joanne McCoy. It was also noted that Louise Bussell, Chief Officer Community Services was being represented by Pam Cremin, Deputy Chief Officer, in her absence.

2 **Declarations of Conflict of Interest**

Mr A Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt this was not necessary after completing the Objective Test.

3 **Minute of Meetings of 26 July 2022**

The Board **Approved** the minutes of the scheduled Board meeting of 26 July 2022, amended to show J Boardman as having attended.

4 **Matters Arising**

Board Action Plan

- R Daly highlighted the completed actions for removal from the action tracker.
- Referring to the action to provide Board members with the numbers of babies born en route to hospital over the past year, Heidi May advised that there had been four in North Highland and one in Argyll and Bute. Any update to these preliminary numbers would be provided to the Board following checking.

The Board **Agreed** the updates to the Action Plan.

5 **Chief Executive's Report – Verbal Update of Emerging Issues**

The Chief Executive paid tribute to two healthcare colleagues, Eileen Gow and Sally Foulds who had sadly both died in recent road traffic accidents. She expressed condolences on behalf of the Board, commented on their dedication to their work, and noted that this would be a difficult time for their respective families, friends and work teams.

The Chair agreed to write on behalf of the Board to the two families involved.

Vaccinations

- It was noted that there had been difficulties experienced at the start of the vaccination programme in aligning the national programme with local needs. Several lessons had been learned from these earlier experiences, however there had been a recent issue with letters sent in North Highland inviting some members of the public to travel significant distances for their appointments due to postcode anomalies. There has since been further training and work to address the issues.
- It was acknowledged that vaccination performance in Highland was good by national comparison with uptake in line with other boards.
- There had been a recent incident in Argyll and Bute at Helensburgh where an unusually large number of people arrived for the drop-in sessions. The staff were commended for their ability to accommodate the numbers. The recommendation to the public is to attend the given appointment to avoid delays and inconvenience.

National Treatment Centre

- Recruitment was reported as a significant issue currently being experienced in setting up the National Treatment Centre. This was a national issue and was being actively addressed by D Jones and F Hogg. A promotional campaign had been extended to advertising on the London Underground and on Edinburgh buses. D Jones noted the progress and confirmed a full account will be provided to the Board at a later session.
- There is work underway with clinical leads to address areas such as anaesthetics to help ease the recruitment gaps. Recruitment in some areas such as nursing, orthopaedic surgery and support roles have generated considerable interest.

Visits by the Board

- A number of Board members had undertaken visits to departments across the region.
- P Dudek visited Argyll and Bute, Fort William and Caithness in the past week and paid tribute to the staff for their passion and commitment during difficult circumstances where system pressures have continued to be challenging.

- Unscheduled Care remains a significant challenge, and work is underway to address this across the organisation. Performance in this area compared to the other Scottish health boards is good but requires attention to relieve pressure on clinicians.

The Board **noted** the update.

6 NHS Highland 5 Year Strategy – Together We Care, for you, with you

L Cowie introduced the final draft of the Board Strategy and confirmed that there had been some 45 engagement sessions held with a range of stakeholders which had led to significant feedback with approximately 1,700 responses. It was acknowledged that the draft 5-year Strategy aligned with Argyll and Bute's strategic plan and referenced areas of joint work between Highland and Argyll and Bute in the Annual Delivery Plan. The draft Strategy embedded quotes from the consultation to help emphasise those areas considered most important to the population.

During discussion, in which support for the content and format of the 5 Year Plan was expressed, the following comments were made:

- B Williams commented that he would be keen to see how the University of the Highlands and Islands can work with NHS Highland and find points of strategic alignment. He had asked Prof. Sarah-Anne Munoz to lead some work in discussing collaborative opportunities with partner organisations.
- S Compton-Bishop noted the engagement work undertaken in Argyll and Bute and asked that a link to the strategies be provided in the report.
- It was suggested that reference to the professional advisory committees could be clarified in a future version of the report to show how they fit into the wider governance framework.
- The inclusion of reference to of End of life Care was particularly welcomed and cooperation between NHS Highland and Highland Hospice was also noted.
- B Peters commented that there are many clinical staff who had not been able to be involved in the engagement work because of the clinical challenges but considered that there would be little to disagree with from a clinical perspective.
- The Chair commented that the Strategy marks a defining moment for NHS Highland, as it moved the Board to a sounder strategic footing for the future and built on the commitments of the one year strategy.
- L Cowie commented that she would be working with Ruth Fry on the launch of the strategy with a promotional video. Thanks were expressed to Elspeth Harrison and David Balfour for work in the engagement phase.

The Board **agreed** to take substantial assurance from the report, **approved** the NHS Highland Strategy 'Together We Care, with you, for you', and **noted** that the development of the Strategy had been used as a driver for the Annual Delivery Plan and that implementation has just commenced.

7 Annual Delivery Plan

L Cowie introduced the report and the Annual Delivery Plan which had been submitted to Scottish Government within the allocated timeframe.

- The Annual Delivery Plan (ADP) was commissioned by Scottish Government in June 2022, and from an organisational perspective it would be considered as year one of the Strategy implementation. It was considered important therefore to include areas such as Mental Health services which were not originally included in the ADP brief.
- During the development of the ADP, work was carried out with a variety of teams and professional advisory committees to develop a plan that aligned with the larger Strategy so they could develop appropriate key performance indicators.

In discussion, the following points were raised:

- It was noted that areas for alignment between the respective plans of Highland and Argyll and Bute IJB had been considered and that Mental Health and End of Life Care were two of the key areas for collaborative work.

- It was confirmed that, notwithstanding the fact the Plan had been submitted to Scottish Government, it was in final draft until approved by the Board.
- P Dudek commented that the organisation is still in the process of determining what 'People in Place' means for NHS Highland and used the example of vaccinations as a large project that had seen significant work to adapt to the requirements of the population across the geography of Highland.
- It was noted, in terms of governance, that work to align KPIs from the ADP with associated governance committees was underway.
- It was mentioned that it will be important for managers to view performance indicators as a tool to ensure that work can be carried out and decisions can be made when addressing priorities and risks.

The Board **noted** the report and **agreed** to accept substantial assurance.

The Board took a break at 10.36am and reconvened at 10.55am.

8 **Maternity Services Business Case**

K Sutton introduced the SBAR and draft business case circulated to the Board. The report focussed on the support for, and improvements to, neonatal and maternity care for mothers, babies and families accessing services, particularly through Raigmore Hospital. The draft business case had been developed in line with the Scottish Government's Best Start principles and through engagement with service users and frontline clinicians. In introducing the item, K Sutton and colleagues made the following points:

- Frontline colleagues had provided feedback on the business case to highlight specific areas which required further work, particularly relating to the challenges experienced in recruiting midwives. Work with NES was ongoing to mitigate the challenges experienced.
- K Sutton invited the Board to support a phased approach to the necessary capital investments to the fabric of Raigmore Hospital to facilitate the proposed improvements to neonatal and maternity services. Building a new separate maternity and neonatal unit was not a feasible option given current financial constraints and the ramifications for the remainder of the Raigmore Hospital estate. However, the business case identified refurbishment opportunities, similar to those carried out in other areas of the hospital. A Wilson noted the existing space restrictions on the Raigmore hospital site and referred to imminent meetings with Scottish Government to consider plans for the next 5 to 10 years where a case for a new Raigmore hospital could be explored. However, he also noted the importance of completing the Belford and Caithness projects and the need to be mindful of careful use of available funds. A new facility at Raigmore would take at least 10 years to realise and should be considered as part of a wider suite of improvements for all acute services covering the whole of the Board area.
- It was emphasised that the Board was not being asked to approve the business case at this stage as it was still being developed with clinicians and system leaders.
- K King noted the main concerns around recruitment and retention of staff and how career progression and training was a vital part of addressing this. Alternative service delivery models were being considered to provide continuity until staff recruitment had been completed.
- It was also noted that an enhanced working environment was likely to assist in attracting new staff and retaining existing ones.
- There has been success with student recruitment with six due to start this month. Recruitment fairs such as the RCM Conference in Wales had been targeted.
- It was noted that online and distance learning models were generally more attractive to staff wishing to improve their skills and remain in the region, and programmes like the undergraduate programme at Napier University were being explored.

- C Yiangou noted the importance of including clinical representatives at the planning meetings to discuss the Maternity Programme. A collaborative group had been meeting which included colleagues from NHS Grampian that has been discussing fragmentation of care and addressing pathways which prevent this.
- Staff at all levels had expressed safety concerns and these are being addressed by examining rota arrangements with an intention to recruit more consultants.
- Clinical engagement sessions were in the process of being arranged to bring clinicians together to resolve some of the issues raised. The first of these will happen in Inverness.
- The work under discussion is a proposal for reconfiguration of our services to ensure a safe provision for Highland women and patients with the potential additional work from the Moray area being considered.

During discussion the following comments and questions were raised:

- It would be important to focus on the future provision of good quality services and better choice for all patients and families. There was already a community midwifery led unit in Argyll and Bute. The SLA between Argyll and Bute IJB and NHS Greater Glasgow and Clyde was noted as a successful model for cross-board interaction. Further information was sought on the impact of the upgrade in terms of compliance with Best Start recommendations. It was confirmed that not all Best Start recommendations would be fully achieved in every health board. Every effort was being made to provide midwifery led care, albeit not necessarily within an alongside midwifery unit. The difficulty of ensuring choice of place of birth and continuity of carer was noted with reference to Highland's remote and rural context but that this was addressed via Community Midwifery Units.
- The timescale for work with Moray is tied to ensuring safe clinical pathways are achievable and that resources will be available to take the extra capacity. It was acknowledged that the additional numbers of cases were based on current assumptions and the need for agreed clinical pathways was therefore highly significant.
- The concern was raised that there could be political pressure to accept the plan to support Moray if NHS Highland accepts Scottish Government funding for its own Maternity redesign. The Chief Executive noted that the Board was clear that NHS Highland could only agree to support the Moray plan if its own service redesign was properly addressed. The first phase was to stabilise our own systems before NHS Highland could provide assistance to another Board.
- P Dudek noted the importance of service provision resilience for collaborative working and that a networked way of working is preferable to being in competition for staff across health boards. It was clear there were many issues still to be discussed with colleagues and these discussions would continue in an open and honest way.
- H May welcomed the progress currently being made and celebrated the success of the community midwifery units in Caithness and Skye. She acknowledged some of the concerns expressed by staff and recognised that further work was necessary in this highly complex area. In response to the comments made about Best Start, she suggested that a paper go to the Clinical Governance Committee for further discussion to take place. A Clark and P Dudek commented that they had received encouraging feedback directly from midwives in Argyll and Bute on the work there.
- A Wilson gave assurance to the Board that the refurbishment of Maternity Services at Raigmore was viable. The challenges were acknowledged but it was noted that the Maternity area stands apart from the main building complex limiting the impact on the rest of the building, and that a phased approach would be taken.

Following discussion, the Board **accepted** moderate assurance from the report and:

- a. **Noted** that the draft business case has not been formally submitted to Scottish Government due to the ongoing clinical discussions that are required to take place to ensure joint board

alignment in the establishment of safe maternity and neonatal care pathways for Moray women and their families,

- b. **Noted** that further work is underway to understand the requirements for midwifery led care in the Inverness area alongside maximising this approach at a local level across the Highlands and Argyll and Bute,
- c. **Noted** the current challenges in the NHS Highland system of maternity and neonatal care that require ongoing work to resolve in particular establishing stability and sustainability in the workforce,
- d. **Approved** progress with the capital works in the maternity and neonatal unit within Raigmore that will result in a much improved environment and experience for the women and families along with the workforce in delivering the care, and
- e. **Noted** that this will be formally taken through the Asset Management Group and Finance, Resources and Performance Committee at their October meetings to ensure the governance process is formally followed.

9 Integrated Performance and Quality Report

D Park noted that work has started to align the metrics that are shown in the report back to Strategy and ADP.

- He noted a correction to p.215 as the cancer performance chart is the wrong set of data.
- CAMHS performance remains a critical challenge, and a meeting had recently been had with the Minister for Mental Wellbeing and Social Care to discuss planning in this area.
- NHS Highland is performing relatively well compared to the rest of the country with Unscheduled Care but it still remains a focus for improvement.
- During January and March, NHSH saw a higher than expected level of Clostridium difficile. Every case was reviewed with the Infection Prevention and Control team but no connection was found between the cases. An action plan was put in place and the rate has reduced to within expected levels of infection, and this will continue to be monitored through the Control of Infection Committee and Kate Patience-Quate will continue to report to the Clinical Governance Committee.

During discussion, the following areas were addressed:

- K Sutton noted that cancer performance had been a challenge, particularly around the 62-day performance marker. This was due to a loss of capacity because of staff illness.
- K Sutton offered to provide more data outwith the meeting and bring back a report for the Board that articulates what areas have been impacted. She commented that these issues had been addressed within endoscopy through using private sector capacity to deliver services to try and keep people within their time frames. For the breast pathway, it was noted that this is a very specialist area where access to additional surgical capacity is at a premium.
- K Sutton noted that she would discuss developments with the innovative cancer programme with M Cockburn outwith the meeting.
- K Sutton noted that performance recovery for scheduled care has recently been reformed to prioritise urgent and cancer care.
- Regarding patient falls in hospitals, H May noted that the situation is stable, however an increasing number of elderly frail people are being seen in hospital and this raises the risk of falls.
- The role of hand cleaning procedures in relation to Clostridium difficile was discussed. The Nurse Director noted that she would pick this up with the Infection Control Team.

The Board **Agreed** to take **limited assurance** from the report and **noted** that the Annual Delivery Plan and Winter Plan are in development.

The Board took a break at 12.51pm and reconvened at 1.20pm.

10 Finance Assurance Report – Month 5 Position

H Cooper spoke to the paper and invited questions from members. She confirmed that for the period to end August 2022 (Month 5) an overspend of £17.683m was reported. This overspend was forecast to increase to £33.600m by the end of the financial year. The Year To Date position included slippage against the savings plan of £8.542m with slippage of £12.225m forecast at financial year end.

During discussion:

- A Christie noted the likely increased pressure on the budget for drugs and Acute Services with larger pharmaceutical companies looking to increase profits in response to the market following the pound crashing against the dollar.
- It was clarified that £16m was lodged with Highland Council of which £7m had been allocated by Scottish Government for COVID Recovery. It is thought that Scottish Government will review the level of expenditure against the £7m and reclaim the difference for redistribution based on Q2 information. Therefore any potential slippage against the £7m may not be held within Adult Social Care reserves.
- Confirmation had been received from Scottish Government that funds had been set aside for an Agenda for Change Pay award of 5%.
- It was noted that Grip and Control measures were more suited to short term centralised financial decision making and implementing these measures would reduce staff accountability and not assist awareness among staff of what authority they held.
- P Dudek noted that there is a task force to address the most difficult questions facing health boards across Scotland.

The Board **Agreed** to take **limited assurance** from the report.

11 The Culture Programme Update

F Hogg gave a presentation noting the key points of the report.

- She noted that the People and Culture Programme Board will oversee all the progress around the programme, chaired by herself and reporting to the Performance Oversight Board.
- Membership of the People and Culture Programme Board will be drawn from key operational and professional leadership roles, as well as from subject experts and workstream leads, staff side and other key stakeholders. It will replace the Workforce Board and the Culture Oversight Group.
- Progress with transformation will be overseen through the strategic IPQR report and through assurance reports into the Staff Governance Committee. Sitting below this will be more detailed reporting from operational leadership and management groups.
- Focused work will continue on speaking up and listening up. The week of the 3rd to the 7th of October is Speak Up Week and there will be a lot of promotion and activity around that including a video helping colleagues understand what they need to do to get up to date with their Statutory Mandatory training.
- The second Listening and Learning panel was held recently, with a number of colleagues from across the organisation focusing on the wellbeing and colleague recognition agenda.
- Onboarding and Exit surveys will gather data from colleagues to get some consistent idea of experience so that recruitment and retention can be better tailored.
- It is hoped that the first meeting of the People and Culture Programme Board will be held before the end of October to review terms of reference, IPQR content and timings.

The Board **noted** the report.

12 Whistleblowing Standards Report

F Hogg spoke to the report and noted that time had been taken to engage with the detail of the feedback from the quarterly reports so that this first annual report would be more visually engaging and present a clear overview of the work undertaken.

- The report will be shared with the independent National Whistleblowing Office, and a version will be created for ease of reference for colleagues to take the work forward.
- The timing of the report works well in terms of promoting its findings during Speak Up week, and there will be a lot of promotional activity across the board area focused not just on speaking up, but on listening and responding to concerns.
- F Hogg paid tribute to the work of A Donald promoting standards and visiting staff across the region, and to the Guardian Service and their valuable independent support and commitment to colleagues which is a service that few boards have been able to offer.
- Whistleblowing and speaking up is an integral part of the strategy and ADP and will be aligned to the Culture Plan.
- It was noted that some cases are complex and require time to address the issues and it was acknowledged that certain cases are still taking too long and that there are still improvements to be made to become more agile and outcome focused whilst encouraging managers to embrace and value change.
- A Donald had supplied a written statement on his response to the report that the Chair read to the Board. In it he noted that he was satisfied with the content of the report and emphasised the importance of raising awareness among staff.

Discussion followed and the following points were noted:

- S Compton-Bishop commented that the Staff Governance Committee had been pleased to see the change in style for the yearly report.
- It was suggested that even though the initial figures are low for a full trend analysis that the data could still be broken down into themed areas.
- F Hogg confirmed that the report was a requirement of the Independent National Whistleblowing Officer (INWO) who require both quarterly reports and an annual report for which they requested a different format.

The Board **noted** the report and **accepted** moderate assurance.

13 Corporate Risk Register

B Peters introduced the paper and noted that while the Board is not yet at its desired destination in its risk journey, it is moving in the right direction in lining up with the work of the Audit Committee.

- L Cowie noted that the Risk Register is undergoing review in line with the larger strategy project and to find alignments with the Argyll and Bute risk register.
- The EDG will review the Corporate Risk Register before it goes to the Board and take an active role in aligning risks to the governance committees for scrutiny and assurance.
- There are a number of updates to the risk register from long standing areas. These will be reviewed to align more closely with the ADP and the Strategy.

In discussion,

- The difficulty in appointing a Corporate Risk Manager was noted and it was suggested that the regular risk report to the Audit Committee might address the process of further embedding the management of risk in the organisation, noting that even with a Corporate Risk Manager it would not be within their remit to resolve every risk issue.
- B Peters noted that it was difficult to say if a response to address points raised would be ready for the next meeting of the Audit Committee but that there is an active plan under consideration.

- It was noted that there had been a training session on risk issues for programme managers to understand how information feeds across the organisation into, and from, the Risk Register.

The Board **noted** the updated and **accepted** substantial assurance.

14 **Board and Committee Meetings Timetable 2023**

R Daly noted that the dates for 2023 had been agreed by the Governance Committees. She confirmed that the sequencing of the FRP Committee had been altered to match the financial reporting time frames more closely and the Committee will now meet on a Friday morning.

The Board **approved** the dates and **accepted** substantial assurance.

15 **Appointment of Endowment Trustees**

The Board **approved** Philip Macrae as chair of the Endowment Trustees until the new Scottish Government mandated governance arrangements for health board endowments are implemented.

16 **Gaelic Language Plan – High Level Aims and first draft GLP3**

N Thomson introduced the plan and noted that,

- If approved, the plan is due to go to public consultation with meetings run in both Gaelic and English. The plan will also be translated into Gaelic. Results from both the consultation and the Staff Survey will be added to the final draft.
- The plan will also be incorporated into the ADP.
- A development session on the plan for the EDG will take place on 17 October.
- The Gaelic Implementation Group will be reformed to ensure monitoring and implementation.
- The proposed level of assurance was moderate because it was felt that the Board had not previously performed to the intended levels with regard to this item.

In discussion,

- N Thomson confirmed she has been working with the planning officer for NHS Western Isles to avoid duplication of planning work, consider areas for collaboration and share best practice; for example, Western Isles have built a database of translations for signage.
- There has also been good interaction with Scottish Fire and Rescue Service on the use of their Gaelic Language Awareness module. N Thomson had also been working on setting up a small working group with Bòrd na Gàidhlig for public organisations to share experience and create benchmarking.
- The Chair commented that UHI and The Highland Council also have Gaelic language officers, and N Thomson added that there had been good collaboration with the Council on Gaelic classes. The Chair noted that there is some funding available through the Gaelic Language Implementation Fund from Bòrd na Gàidhlig and that there is scope there for NHS project applications.
- It was noted that the target dates were set on an approximate basis and in order to give the Board good time to consider each stage. N Thomson welcomed guidance on how the target dates could be amended.
- N Thomson invited members of the Board to participate in Gaelic classes.

The Board **accepted** moderate assurance and agreed the high level aims of the report, and **approved** the first draft GLP3 for consultation

**17 Governance and other Committee Assurance Reports
Escalation of Issues by Chairs of Governance Committees**

a. Finance Resources and Performance Committee, 25 August 2022

- A Anderson commented that there had been a good discussion with a management update from Estates by A Wilson, and discussion of the financial challenges for the organisation.

b. Highland Health and Social Care Committee, draft minutes of 31 August 2022

- A Clark noted that there had been significant discussion of the Vaccinations programme.

c. Clinical Governance Committee, draft minutes of 1 September 2022

- G Rodger commented that Medical Deanery visited Lorn and Islands Hospital in May and noted that significant pressures on clinical teams had meant that training and peer support was not as robust as it could be and that therefore an action plan was now in place, and a report is due to go to the November meeting of the committee.
- Infection Prevention Control reported a rise in some cases. Immediate remedial action was taken and there was no indication that cases were linked.
- The Director of Nursing provided a high-level overview of the steps taken to mitigate the risks of nursing staff shortages and minimise the adverse impact on staff well-being and quality of patient care.
- The Cancer Services Recovery Board had updated the Committee on the impact of recruitment and retention issues on cancer services.

d. Area Clinical Forum, draft minutes of 1 September 2022

It was noted that good discussion was had.

e. Audit Committee, draft minutes of 6 September 2022

- A Christie noted that the committee had been looking for more follow-up on management actions in between the Audit Committee meeting cycle.

f. Staff Governance Committee, 20 July (agreed) & 7 September 2022 (Draft)

- S Compton-Bishop noted that the July meeting had not been quorate but that a good discussion was had. There was a spotlight session on eHealth applying standards, and a development session will be held soon on the Risk Register.
- A Clark commented that she had visited Oban and the staff spoken to indicated that a number of actions arising from the committee's work are having a positive impact.

g. Argyll and Bute Integration Joint Board, draft minutes of 24 August 2022

- S Compton-Bishop advised that the Integration Joint Board marked the launch of the Argyll and Bute HSCP Strategic plan. The Board also received an update on progress against the Primary Care Modernisation Plan, with a focus on the management of risk and challenge in the current operating environment and with the diversely populated urban, remote and island area.
- The IJB also met more recently (21 September) and the Chair verbally reported that the Argyll and Bute Child Poverty Action Plan review and Annual Review of the Children and Young People's Services Plan had been received.

The Board **accepted** adequate assurance and noted the updates.

18 Any Other Competent Business

- G Rodger reported that the Pharmacy Practices Committee had recently approved the inclusion on the Pharmaceutical List of MhorHealth Pharmacy at Spean Bridge. The

Committee had agreed unanimously that it was necessary to grant the application and no appeal against the decision has been received.

- The Chair thanked Heidi May on behalf of the Board for her work and service to healthcare in the Highlands. He noted her significant and constructive contribution to the Board over the past 17 years and her career of 32 years in nursing. H May thanked the Chair and all colleagues and noted that she was leaving on good terms and that she had enjoyed working with this board and working as a nurse.

19 Date of next meeting

Tuesday **29 November 2022** at **9.30am**.

The meeting closed at 3.03pm

Draft