

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>		
<b>MINUTE of BOARD MEETING</b> Board Room, Assynt House, Inverness	<b>31 March 2020 – 11.30am</b>		

**Present**

Prof Boyd Robertson, Chair, VC  
Mr Alex Anderson, VC  
Mr James Brander, VC  
Mr Alasdair Christie, VC  
Ms Ann Clark, VC  
Ms Sarah Compton-Bishop, VC  
Mr Albert Donald, Whistleblowing Champion, VC  
Mr Alasdair Lawton  
Mr Philip MacRae, Telephone  
Ms Margaret Moss  
Mr Adam Palmer  
Ms Ann Pascoe, VC  
Dr Gaener Rodger, VC  
Mr Dave Garden, Director of Finance  
Mr Paul Hawkins, Chief Executive  
Ms Heidi May, Nurse Director, VC  
Dr Boyd Peters, Medical Director

**In Attendance**

Ms Ruth Daly, Board Secretary  
Ms Pamela Dudek, Interim Deputy Chief Executive, VC  
Ms Fiona Hogg, Director of Human Resources and Organisational Development  
Ms Joanna MacDonald, Chief Officer, Argyll & Bute, Telephone  
Dr Ken Oates, Interim Director of Public Health  
Mr David Park, Chief Officer, North Highland, VC  
Ms Katherine Sutton, Head of Acute Services, VC  
Mr Mark Wilde, Strategic Advisor, VC

**Also in Attendance**

Prof Sandra MacRury, University of the Highlands and Islands  
Ms Elouisa Crichton, Shepherd and Wedderburn LLP, Telephone (Item 6b)

### **Preliminaries**

- Due to a poor video conferencing connection, Boyd Robertson asked Paul Hawkins to chair the meeting as he was present in the room.
- Mr Albert Donald, newly appointed Whistle-blowing Champion and Board member, was welcomed to the meeting.

### **1 Apologies**

Ms Jean Boardman,(due to connectivity issues)

## **2 Declarations of Conflict of Interest**

Mr Alasdair Christie wished to record that he had considered making a declaration of interest as a member of the Highland Council 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 Minute of Meeting of 28 January 2020 and Action Plan**

The Board **approved** the minute.

## **4 Matters Arising**

There were none.

## **5 Chief Executive's and Directors' Report – Verbal Update of Emerging Issues Paul Hawkins, Chief Executive**

- Covid19 was elsewhere on the agenda, and a system of bronze, silver and gold meetings was in place to handle the emergency, with plans to separate work into 'business as usual' issues and Covid19 issues.
- Recent appointments included Dr Ken Oates as Interim Director of Public Health, David Bedwell, as Interim Head of Estates and Facilities, and Pam Dudek, as Interim Deputy Chief Executive from 20 April 2020.

The Board **noted** the verbal update.

## **6 Culture Fit for the Future**

### **a. Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer**

Key issues from the report were highlighted as follows:

- Emma Pickard had been appointed as a 2-day per week External Advisor and a summary was provided of some of the initial expectations of that role, which would include the structure and attendance of the Culture Programme Board and stakeholder engagement. Other key areas to be considered included the Healing Process, Human Resources processes and whistleblowing issues.
- The Argyll & Bute review had closed and a report was expected by the end of April 2020.
- A full tender process had been intended for the employee assistance programme but due to the impact of Covid19, a tender waiver had been agreed to issue a contract for this for a period of one year, with a full tender process thereafter for a further three years.
- The guardian service was due to be commissioned after 6 April, and functioning by summer 2020.
- Communication of the culture plan and commitments had been paused to allow the plan to be tied to the Board objectives which were in the process of being agreed.

During discussion, the following issues were considered:

- Assurance was provided that sickness absence and recruitment and retention issues would be monitored, both quantitatively and qualitatively.
- It was possible that towards the second half of the year, a similar adapted survey to the one carried out in Argyll & Bute would be used across the Board, noting the value of the data being sought.

- It was expected the recently complete iMatter survey would fall slightly short of the return rate required for a full report to be produced. This was likely to be in part due to Covid19 staff pressure and capacity issues.
- Prior to the Covid19 emergency, around 200 managers had received courageous conversation training. The roll out plan had been paused but would be a priority in due course.
- Measures in place to help staff stress levels included the employee assistance programme, support from Occupational Health, and ensuring online advice was available, all with remote access being ensured.

The Board **noted** the update.

## **b. Healing Process**

**Mark Wilde, Strategic Advisor and Fiona Hogg, Human Resources Director on behalf of Paul Hawkins, Chief Executive**

Attention was drawn to the detail in the report, and gratitude was expressed to the staff and whistleblowers' group for their work in producing it, acknowledging the challenges that had been faced in doing so.

Three key elements of the process were summarised: the initial meeting (in appendix one of the report); psychological therapies (in appendix two); and the independent review panel (appendix three). Appendix four dealt with the risk assessment for the Healing Process from the legal advisors. The process would apply to current and ex-employees, its independent nature was critical and it was intended to heal harm rather than to seek fault. Although there was a keenness to start the process, it had been agreed with the whistleblowers, staff and staff-side groups to postpone the launch until the impact from Covid19 had lessened, with this to be reviewed at the Board meeting in May 2020.

During discussion the following issues were considered:

- In relation to an evaluation process, there were two areas where feedback and assurance could be provided: through the anonymised numbers of participants in the initial meetings and psychological therapies; and through feedback on the process sought by the independent provider. Further detail on the assurance role of the recently appointed External Advisor would be brought to a future meeting. It was intended the learning obtained from the process would be used for future improvement.
- The 31 December 2019 deadline related to inappropriate behaviour that was happening up to, and at that date. It was intended that for current or future cases, the same principles of healing would be used to attempt resolution prior to commencing more formal procedures. People who were currently in the midst of a formal procedure for issues up to and including 31 December could, if they wished, pause this to explore the Healing Process instead.
- Consideration was being given to extending the process to contractors, such as GPs, or Non-Executive Directors, and this would be further explored at the Board in May 2020.
- Assurance was provided that GDPR issues had been fully taken into account from the outset of the process design.
- The Healing Process was a one-stage process that would not have an appeals system.
- The Chair acknowledged the challenging nature of the process design for some of the people involved and expressed gratitude to all who engaged in the co-production. It was frustrating, that current circumstances were resulting in an unavoidable delay in launching the Process.

The Board **approved** the Healing Process as described in the paper and **agreed** to review the setting of a date for launching the Healing Process at the Board meeting in May 2020, once the

impact of the current Covid19 pandemic on our colleagues, communities and services was better understood.

## **7 Board Objectives** **Paul Hawkins, Chief Executive**

The aspirations, values, and objectives detailed in the report were summarised. During discussion, it was suggested it was likely that the current Covid19 emergency might result in a different way of thinking about these issues, and a postponement of this for a few months might be helpful, given current circumstances.

The Board **deferred** approval of the Board Vision, Values and Objectives until after the Covid19 crisis, and **agreed** the Chief Executive work on this in the meantime with the executive team and governance committee chairs.

## **8 Finance Matters** **Dave Garden, Interim Director of Finance**

Current Financial Ledger Position at Month 11:

- For the eleven months to February 2020, NHS Highland had overspent against budget by £10.9m.
- Approximately £10.5m of this deficit was part of the approved brokerage for the year while the remainder related to the shortfall in savings delivery.

Forecast – Financial Ledger Forecast Position at Month 12:

- The year-end forecast position was a deficit of £12.1m of which £11.4m was planned and approved brokerage.
- This resulted in a £0.7m gap from the target deficit for the year (£12.1m - £11.4m).
- There was also a potential additional cost pressure which was not reflected in the ledger of £1.5m relating to a proposed uplift in Argyll & Bute's Service Level Agreement with NHS Greater Glasgow and Clyde. This remained subject to discussion between the parties.
- The approach to bridging the remaining gap was described in the report.

The position reported was qualified by the as yet unknown effects of the Covid19 emergency, which would be reflected in the Month 12 figures.

During discussion, the following issues were considered:

- Information was sought and provided on how the impact of Covid19 on expenditure would be recorded and monitored.
- It was important the excellent progress that had been made prior to Covid19 towards financial recovery, particularly in relation to recurring savings, was maintained. It was hoped the discipline and control would be continued, and reference was made to the split between Covid19 work and 'business as usual', with some restructuring of the PMO anticipated to assist in this. Nationally, Finance Directors were meeting regularly and a template was being refined to ensure consistency across Boards.
- In relation to care homes, work was being undertaken to create additional capacity, and a new care home had recently opened in Inverness. Significant progress was being made on delayed discharges but pressure remained and work was being undertaken to try to free up internal capacity and divert staff from other duties.
- Professional bodies were contacting recently retired staff through a national hub, with availability to be disseminated to relevant Boards. It was presumed but not known that payments would be made available via national Covid19 pressure funds.
- There had been exchanges of correspondence in relation to the £1.5m disparity in charges from Greater Glasgow and Clyde Board as part of the Argyll & Bute Service Level Agreement. A recent response had indicated a willingness to waive £200k, and the Chief Executive was due to meet with the GGC Chief Executive the following week to discuss the remaining £1.3m, with a likelihood the Scottish Government Finance Department would have to be involved.

The Board:

- **Considered** the financial position of the Board at Month 11 noting the overspend of £10.9m against year to date budgets.
- **Noted** the continued expectation of the need for £11.4m of financial brokerage.
- **Acknowledged** the financial position as set out in the report and appendices.

## 9 Performance Report Paul Hawkins, Chief Executive

Key changes and updates from the last performance scorecard presented to the Board in November 2019 were as follows:

Cancer Waiting Times (31 days). This continued to be an improving trend though was slightly below the national target in January 2020 (PI 92%, target 95%).

Suspicion of Cancer Referrals (62 days). A declining trend had been reversed in January, though too early to tell if this would be a continuing trend (PI 91.8%, target 95%).

18 Weeks referral to Treatment. Performance had continued to decline throughout this financial year (PI 78.1%, target 90%).

New Outpatients Waiting Times. Performance had continued to decline throughout this financial year (PI 82.3%, target 95%). Performance was better than the national average.

Treatment Time Guarantee. Performance level was fairly consistent throughout the year, albeit at levels considerably below the national target and below the national average (PI 56%, target 100%).

CAMHS Waiting Times. Performance levels were improving and moving towards national target (PI 82.8%, target 90%). Data recording and data quality within mental health services were currently under review.

Psychological Therapies Waiting Times. Performance levels were static and below national target (PI 74.7%, target 90%). Data recording and data quality within mental health services were currently under review.

Accident and Emergency Waiting. Performance in A&E waiting had been declining, dropping below the national standard from October 2019 onwards (PI 90.9%, target 95%).

Diagnostic Waiting Times. Performance in Diagnostic waiting had been declining and was below national target and average (PI 66.5%, target 100%).

SAB (MRSA/MSSA). The year-end target for this indicator (approx. 60 cases annually for NHS Highland) would not be met in this financial year (PI 63 cases at 3 Feb 2020).

The Chief Officer, North Highland, highlighted the following:

- 138 Delayed discharges were reported for 2 March 2020, and by 30 March this had reduced to 87, with a projection of around 50 by 11 April. This was in part due to changing behaviour as a result of the Covid19 crisis, such as changing priorities and risks in relation to staying in hospital and more family members being at home and able to care for relatives. A significant portion of the projected 50 were adults with incapacity or complex care needs that required a range of skills.
- In relation to Psychological Therapies Waiting Times, there had been a drop in appointments over the festive period, and progress was now being made with some recruitment challenges. Policy had recently changed to allow the inclusion of Near Me appointments, which would be helpful.

During discussion, the following issues were considered:

- Consideration was being given to the development of plans to maintain Delayed Discharges at the projected lower level of 50.
- The Prime Minister had announced a £5b package for Covid19 management, of which £2.9b was for social care, with Scotland likely to receive £420m of this, through the Integration Joint Boards (IJBs).
- Talks with the Highland Council on ongoing financial issues around Adult Social Care had slowed due to Covid19. Work was ongoing on the redesign of the partnership agreement, with the involvement of the Scottish Government, and this would be dealt with separately to the financial issues, which were of more immediate concern.

The Chief Officer, Argyll & Bute, highlighted the following:

- Accident and Emergency Waiting in Argyll & Bute continued to perform well.
- Sickness absence was being affected by Covid19, and GP availability was being monitored on a daily basis, with a number self-isolating, as were many other Health and Social Care staff.
- There had been 5 Delayed Discharges the previous days. Plans were progressing for local placements with a concerted effort to move people to safer and more homely environments.
- The previous week a decision had been made by the IJB to close a Dementia Assessment Unit, and plans were now in place to convert it to a 12-bed Covid19 emergency centre

During discussion, in response to reference to staff and trade union concerns, it was acknowledged there had been strong feelings in the community, but the Argyll & Bute IJB had made a decision to permanently close the Dementia Assessment Unit, something that was within their remit. The ward would not close permanently until satisfactory alternative arrangements were in place, in consultation with local staff and community. Separate to this decision, the Chief Officer had recommended the unit be transformed for use by Covid19 patients for the next few months, with regular review.

The Head of Acute Services highlighted the following:

- The positive trend on cancer waiting times was welcomed.
- The 62 day target had been a challenge, particularly around endoscopy, and the building of a fourth endoscopy room would help with this. Capacity was being built into the Covid19 preparation plans to allow continued delivery of urgent and emergency operating services to cancer patients.
- Challenges in delivering the 18 week referral to treatment targets were summarised, including reduced capacity due to the Raigmore upgrade, cancellation rates and changes to the Scottish Government reporting process.
- Figures on outpatient waiting times were improving towards the end of March, and continued improvement measures were being undertaken.
- Children and Adults Mental Health Services waiting times were improving and efforts were being made to increase capacity.
- Accident and Emergency (A&E) waiting times had been adversely affected by a care home closure in Inverness in October 2019 due to the impact on flow through the system.
- There had been specific radiology challenges in relation to diagnostic waiting times and access to MRI scanning.
- Since the onset of Covid19 isolation measures, there had been a significant reduction in A&E presentation, providing bed and staff capacity in the hospital, and reducing the number of scans and x-rays waiting to be reported.

During discussion the following issues were considered:

- The Board recognised and welcomed the huge efforts being made by staff in light of the current emergency.
- Information was sought and provided on some of the downwards trends, especially in relation to the impact of Covid19.
- Consideration was given to the reasons for the reduction in A&E presentations, which were complex and multifactorial in general, and recently related to Covid19 issues. It was important to monitor and learn from changes to A&E performance.
- In order to build capacity in relation to MRI scanning, evening and/or weekend operation was being considered.

Having reviewed performance, the Board **noted** the report.

## **10 COVID19 – Update** **Paul Hawkins, Chief Executive**

The Interim Director of Public Health provided the up to date infection figures (44 confirmed cases) of Covid19 in Highland. Scotland was roughly two weeks behind London, and Highland one week behind the rest of Scotland, therefore was benefiting from social distancing from an earlier point on the Covid19

curve. It was important to continue the message about social distancing as greater numbers were expected. Measures were likely to be in place for many weeks.

The Medical Director summarised preparations to deal with the emergency, which included the command and control structure, increased communications, and doubling the size of the ITU capability, with further increases being looked at. Acute hospitals were preparing for patients, including physical changes within the hospitals to separate Covid19 and non-Covid19 patients. Preparations in the community included community hubs and assessment centres, with the aim of keeping as many people as possible in their communities.

The Nurse Director referred to the pressure on the workforce as a result of staff self-isolating, the work being undertaken to identify clinical staff who could change roles, and services that could be redesigned. Third year student nurses and retired clinical staff would be available via the recruitment portal and arrangements were being made to source volunteers, including from among staff, although training would be required. Efforts to ensure availability of the correct Personal Protective Equipment (PPE) was being monitored daily and regular communication was being undertaken with the government and with staff. A brief summary of research opportunities was provided, as well as support being offered staff, including in relation to testing.

During discussion, the following issues were considered:

- It was important that consistent accurate advice was provided to staff about PPE, and the Medical Director advised that some guidance on this had been issued that day, with more due.
- Information was provided on 'shielding' measures for patients with health conditions, and on local support schemes, some through the third sector, to support people to remain at home. This was being dovetailed to ensure nobody was missed.
- Information was provided on home care procedures such as triaging before visits to ensure the home environment was safe for care staff, and ensuring staff had appropriate PPE to protect themselves and their clients. Some of these risks were standard, with individual cases requiring risk assessment firstly by telephone.
- In relation to the supply of PPE, there was a national supply to Highland, and thereafter the logistics of distributing to the correct places and people in Highland. There was sufficient PPE for requirements. Independent care providers normally sourced their own PPE and had their own supply chains, although NHS Highland could provide emergency equipment if required. Routine check-ins with independent providers were being undertaken and it was important everyone ordered appropriately, noting the challenges ahead with increased numbers of Covid19 patients anticipated.
- Work was being undertaken with the Scottish Government to coordinate social care using cluster methodology, and establishing procurement leads and hotlines, which included the Highland Council's free helpline. Further consideration was required for people who sourced their own home care through direct payments and how they could ensure adequate PPE and safety standards.
- It was important to ensure people did not ignore urgent medical needs due to Covid19 fears.
- National discussions were taking place in relation to providing additional hospital facilities and mortuary services, with reference to the mass casualty plan for Scotland, which had Council and military involvement.
- Information on non-Executives volunteering would be sourced by the Director of Human Resources.
- The Chair expressed gratitude and deep appreciation for the work being undertaken by front line staff and the Executives and their teams under challenging circumstances.
- Information was sought and provided on provision being made for the care home sector, with daily check-ins and ongoing dialogue, especially with facilities for patients with Covid19 symptoms, noting that many facilities were short of staff due to self-isolation requirements.
- Testing for Covid19 was an active consideration, with current levels being broadly in line with other Boards. A rise in testing was anticipated and government assistance with this was awaited.
- Fortnightly updates would be provided to the Board on Covid19.

The Board **noted** the update.

**11 Infection Prevention and Control Report**  
**Heidi May, Board Nurse Director**

	Local Target	NHS Highland rate	
<b>Clostridium difficile</b>	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/20	Annual performance April – Dec 2019/2020 19.9	<b>Green (NHS data)</b>
<b>Staphylococcus aureus bacteraemia</b>	HEAT rate of 24.0 cases per 100,000 AOBs to be achieved by year ending 03/20	Annual performance April – Dec 2019/2020 26.6	<b>Red ( NHS data)</b>
<b>Clinical Risk assessment Compliance</b>	90% screening target	Oct-Dec 2019 (last data received from HPS) Meticillin resistant Staph. Aureus (MRSA) 93% Carbapenemase-producing Enterobacteriaceae (CPE) 93%	<b>Green (validated data)</b>
<b>C-Section Surgical site infection</b>	Target rate of 2% or below	Jan-Dec 2019 combined rate of 1.8%	<b>Green (NHS data)</b>
<b>Orthopaedic Surgical site infection</b>	Target rate of 2% or below	Jan-Dec 2019 combined rate of 0.9%	<b>Green (NHS data)</b>
<b>Colorectal Surgical site infection</b>	Target rate of 10% or below	Jan-Dec 2019 rate of 6.9%	<b>Green (NHS data)</b>
<b>Hand Hygiene</b>	95%	Annual performance Jan-Dec 2019 rate of 97%	<b>Green (NHS data)</b>
<b>Cleaning</b>	92%	Annual performance Jan-Dec 2019 rate of 96%	<b>Green (NHS data)</b>
<b>Estates</b>	95%	Annual performance Jan-Dec 2019 rate of 96%	<b>Green (NHS data)</b>

Source: - Health Protection Scotland/ISD/Local data

- The staphylococcus aureus bacteraemia target would not be met but cases were within the expected limits.
- The annual workplans would be presented to the Board in May 2020.
- Work was being undertaken on baseline data for the new standards and indicators for healthcare associated infections and antibiotic use, introduced in 2019.
- The low level of antibiotic prescribing was welcomed.

The Board **noted** the position and the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.

**12 Review of Health and Social Care Integration Scheme – Argyll And Bute**  
**Paul Hawkins, Chief Executive**

At the Board meeting of 25 November 2019, the Board had agreed revisions detailed within an updated Integration Scheme and that a joint consultation exercise was to be undertaken. It had been agreed that in the event the consultation feedback suggested no further changes, the Chief Executive would be authorised to submit the Integration Scheme to Scottish Government. There had been further revisions made to the draft Integration Scheme following the consultation period which had necessitated a report being produced for both NHS Highland and Argyll and Bute Council.

Board members were reminded that in Argyll & Bute the Board had agreed to delegate to the Integration Joint Board adult and children's services, community justice services and funding for Greater Glasgow and Clyde services.

The Board:



- **Noted** the detail of the 45 responses received during the 6-week consultation period, set out in Appendices 1 and 2.
- **Agreed** the revised Integration Scheme (Appendix 3), which had been further updated to take account of feedback received as part of the consultation process.
- **Noted** additional revisions to the integration Scheme might be required in respect of the power to delegate functions in terms of the Children and Young People (Scotland) Act 2014, once in receipt of advice from the Scottish Government.
- **Agreed** the Chief Executives of the two parent bodies jointly submit the revised Scheme to the Scottish Government by end April 2020 for their consideration.

### **13 Short-Life Working Group - Governance Review** **Paul Hawkins, Chief Executive**

Attention was drawn to the remit and scope of the review, and the proposed membership of the group. Meetings had started and timescales would be considered at the next meeting, bearing in mind the current Covid19 emergency which might cause some delay.

The Board **approved**:

- The undertaking of a governance review for the Board's governance committees.
- The establishment of a Short Life Working Group to take forward the review.
- The terms of reference for the Short Life Working Group.

### **14 Arrangements for Governance Committees and Delegation of Authority** **Ruth Daly, Board Secretary, on behalf of Boyd Robertson, Chair**

The Board Secretary provided a verbal update on the proposals as described in the circulated report. The Board was asked to consider the following proposals:

- to delegate responsibility for the governance of NHS Highland for an initial period of three months to the Board Chair, Vice Chair and Chief Executive, with the Vice Chair another Non Executive Director and Deputy Chief Executive acting as substitutes.
- the Board Chair to inform relevant Governance Committee Chairs and the Board by email of any actions taken under delegated authority
- the Chair, Vice Chair and Chief Executive to reserve the right to recall Board and Governance Committee meetings which would be held virtually, and ensure the annual report and accounts process can be completed with the necessary degree of independence in accordance with government guidance.
- Board and Committee Chairs to meet as an advisory committee with the Chief Executive and key members of the Executive Team on a fortnightly basis.

It was confirmed that the proposals had been shared with internal and external audit colleagues. Internal audit colleagues had suggested that a risk assessment be carried out in relation to any temporary changes to governance arrangements so that the Board complied with minimum standards. The Chair clarified that the proposed approach was broadly in line with that of other Boards, with some intending monthly Board meetings but, conscious of not wanting to divert Executive energies and time, would only require verbal reports and a truncated agenda.

Discussion took place on the required regularity and format of NHS Highland Board meetings for the duration of the Covid19 emergency, with some in favour of monthly, mainly electronic, meetings with verbal updates, while others felt that more frequent Board meetings might not be the best use of Executives' time, given the pressure of work in the circumstances. Following further consideration of various suggestions, it was suggested the detailed arrangements be considered separately by the Chair, Vice Chair, Chief Executive and Board Secretary, and circulated to the Board.

Concern was expressed about the need for robust clinical governance during this period, and the Chief Executive summarised the bronze, silver and gold meeting structure, at which clinical governance issues would be considered. The Chief Executive then suggested that the gold members, namely the Chief

Executive, Medical and the Nurse Directors, meet to take the matter forward, and to update the Board in whatever format was decided, with an emergency-type Board meeting in May. The Chair pointed out that the Board had to inform the Scottish Government of their plans.

After discussion, the Board **agreed** to remit the final details of the revised governance arrangements during the COVID19 period to the Chair, Vice-Chair and Chief Executive, and circulate thereafter to the Board.

**15 Governance and other Committee Assurance Reports and Escalation of issues by Chairs of Governance Committees**

**15a Clinical Governance Committee of 12 February 2020**

Although there had been improvement in handling stage 2 complaints, performance was still poor and information was sought on whether Covid19 would affect this being addressed. It was explained that complaints received had dropped dramatically since the onset of Covid19, but there remained outstanding complex cases which would be picked up as a priority once the Covid19 crisis was coming to an end.

**15b Staff Governance Committee of 11 February 2020**

**15c Audit Committee of 25 February 2020**

**15d Highland Health and Social Care Committee of 5 February 2020**

**15e Integration Joint Board of 29 January 2020**

**15f Health and Safety Committee of 13 February 2020**

**15g Area Clinical Forum of 23 January 2020 and 5 March 2020**

Attention was drawn to the need for urgent consideration of ongoing challenges in psychology services and the Chief Executive would take this forward.

**15h Finance Committee of 21 January and 20 February 2020**

**15i Asset Management Group of 22 January and 19 February 2020**

The Board:

**(a) Confirmed** adequate assurance has been provided from the Governance Committees.

**(b) Noted** the Assurance Reports/Minutes and agreed escalated actions from the Clinical Governance Committee and the Area Clinical Forum.

**The date of the next meeting would be confirmed, and the meeting ended at 2.40pm**