

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 May 2023 – 9:30am	

Present

Sarah Compton-Bishop, Board Chair
 Dr Tim Allison, Director of Public Health
 Alex Anderson, Non-Executive
 Graham Bell, Non-Executive
 Jean Boardman, Non-Executive
 Louise Bussell, Nurse Director
 Elspeth Caithness, Employee Director
 Alasdair Christie, Non-Executive
 Ann Clark, Board Vice Chair, Non-Executive
 Muriel Cockburn, The Highland Council Stakeholder member
 Heledd Cooper, Director of Finance
 Garrett Corner, Argyll & Bute Council Stakeholder member
 Albert Donald, Non-Executive, Whistleblowing Champion
 Pamela Dudek, Chief Executive
 Philip Macrae, Non-Executive (until 10.30am)
 Joanne McCoy, Non-Executive
 Gerry O'Brien, Non-Executive
 Dr Boyd Peters, Medical Director
 Susan Ringwood, Non-Executive
 Dr Gaener Rodger, Non-Executive (from 10am)
 Catriona Sinclair, Chair of Area Clinical Forum

In Attendance

Grace Barron, Programme Manager, Strategy and Transformation
 Isla Barton, Director of Midwifery (Item 4)
 Gaye Boyd, Interim Director of People and Culture
 Rhiannon Boydell, Interim Head of Strategy and Transformation
 Stephen Chase, Committee Administrator
 Pam Cremin, Interim Chief Officer, North Highland
 Ruth Daly, Board Secretary
 Fiona Davies, Chief Officer, Argyll & Bute
 Ruth Fry, Head of Communications and Engagement
 Tracey Gervaise, Head of Operations, Woman and Child (Item 8)
 Fiona Grist, Clinical Nurse Manager – National Treatment Centre (Item 3)
 Colin McNair, Clinical Director National Treatment Centre (Item 3)
 David Park, Deputy Chief Executive
 Helen Robertson, National Treatment Centre Manager (Item 3)
 Rashmi Srivasta, Consultant (Item 4)
 Katherine Sutton, Chief Officer, Acute
 Nathan Ware, Governance & Corporate Records Manager
 Alan Wilson, Director of Estates, Facilities and Capital Planning
 Beth Wiseman, Senior Child Health Manager, Argyll & Bute (Item 7)

Also in attendance

Gareth Adkins, Incoming Director of People and Culture

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and introduced Gareth Adkins as the new Director of People and Culture who would be in post from 10 July, having served as Director of Quality, Innovation and People at NHS Golden Jubilee Hospital in Glasgow.

Apologies were recorded from Prof Brian Williams (University of the Highlands and Islands). It was also noted that Gaener Rodger would join the meeting slightly late.

1.2 Declarations of Conflict of Interest

A Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau but felt this was not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 28 March 2023.

The Board **approved** the action plan and **agreed** that a due date for action 3 (the description of radiology outpatients/diagnostics trajectories on the Integrated Performance and Quality report) should be included on the next iteration of the action plan. The Board agreed to close actions 2 and 4 which were being addressed later in the agenda (items 4 and 9 of this minute refer). The Board **Noted** the Action Plan.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive reported that work on the Board's strategy and ways in which to keep it live and responsive were ongoing. The strategy would be featured as part of Patient Participation Week to raise awareness and to seek to carry out further engagement work. There would also be an 'Ask Me Anything' session with staff on 2 June and there would be a trial launch of the Highland 100 Panel to encourage participation across the Board region.

- The Project Wingman bus will be visiting Raigmore Hospital and other parts of the Board as part of a campaign to address wellbeing needs of staff. This was a mobile unit that had been travelling across health boards in Scotland offering welfare advice and support to NHS staff.
- Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport, had visited Raigmore Hospital in recognition of the significant work the Green Theatres initiative had achieved and was working toward. The Minister met with Dr Kenneth Barker (national clinical lead at the Centre for Sustainable Delivery on Green Theatres) and the Board Environment and Sustainability Champion Dr G Rodger.
- System pressure continued to be significant, and work was underway to address issues around planned care. There would be national work to address unscheduled care challenges.

During discussion, it was noted that:

- An equivalent monitoring mechanism to the Operational Pressures Escalation Levels (OPEL) was in development for Community Services.
- Staff and patients had received the recent easing of mask wearing very well and this had especially improved communication for hard of hearing patients. The Director of Public Health commented that there should still be good occupational hygiene and a need to be sensitive towards patients with vulnerabilities who may feel more comfortable with staff wearing a mask.

The Board **noted** the update.

3 National Treatment Centre Update

The Board had received a report from the Chief Officer for Acute Services which provided an update on the National Treatment Centre's (NTC) opening and continued work. The Board was invited to consider the performance and take substantial assurance from it.

The Director of Acute Services introduced the report and members of NTC staff who delivered a presentation to the Board. The NTC's Manager noted the significant amount of work conducted by many people in completing the construction work and the handover ready for opening. The NTC achieved NHS Assure status and the project had been completed on budget. The transition and mobilisation period prior to opening had been complex and a phased approach was taken during the NTC's initial operational period. This had allowed a stand down of ophthalmology within Raigmore to move the service into the NTC.

A building users' group had been established to address any snagging issues with a Balfour Beatty supervisor located on site. There had so far been a minimal number of issues to escalate. Recruitment had seen a 93% success rate and there was still active recruitment for ophthalmology and anaesthetic consultant posts and perinatal operative roles. Support staffing had been fully recruited.

The NTC's Clinical Nurse Manager noted that there had been concerted work on staff education with a 90% completion rate of Statutory Mandatory Training. Staff were fully engaged with Civility Matters work to challenge unacceptable behaviours in the work environment. Thanks were expressed to the Ophthalmology team for its work on the transition from Raigmore. In terms of delivery, the current plan for theatres was 75% delivery as part of the phased planning and this had seen success with some areas operating above this level. Enhanced recovery pathways were reporting well with several patients in areas such as hip and knee operations being successfully returned home the same day.

In discussion, the following areas were raised:

- The Board's Whistleblowing Champion was invited to visit staff at the NTC to discuss the work being done around Culture.
- In terms of recruitment to the NTC, there had been some impact on existing services but positions that were usually difficult to fill had attracted international and UK applicants following a concerted recruitment campaign. It was noted that full recruitment to the NTC was achievable but was not without similar challenges found elsewhere across the NHS. Learning from the NTC recruitment drive would be applied across the organisation.
- The NTC induction process involved dedicated sessions prior to the building opening which had contributed significantly to the high training compliance. The Chair noted the opportunity for learning from the NTC experience around training and induction for other areas of the organisation.
- A system had been put in place to address the mobile signal issues using hand-held phones. Mobile phone access is available for patients who log in to the patient wi-fi system. Work with eHealth was underway to address mobile coverage using the Liberty Net Call system.
- The Chair noted the good collaboration with colleagues from NHS Grampian as part of addressing pathways for the national work required of the NTC.

The Board thanked colleagues for their presentation, **noted** the progress update and accepted **Substantial** assurance from the report.

4 Maternity and Neonatal Business Case

The Board had received a written report by the Chief Officer for Acute Services and Director of Estates, Facilities and Capital Planning to seek approval to progress with submission of a business case to Scottish Government for funding to improve maternity and neonatal services in Highland and to enable recruitment and capital works. A Scottish Government report published in 2021 on maternity services in Moray recommended a way forward that relied on NHS Highland being able

to provide midwifery and consultant capacity and physical space to meet the needs of Moray mothers. The Board was invited to approve the business case and take moderate assurance.

The Director of Acute Services introduced the report and the team who had led on the business case:

- The Head of Operations for Women and Child Services advised that work had been undertaken with stakeholders to move towards the networked delivery model. The policy landscape was complex and would need to address the requirements of the Best Start programme, the Annual Delivery Plan and the national Getting It Right For Every Child (GIRFEC) programme with the overall aim of improving the lived experience of patients.
- The Consultant in Obstetrics & Gynaecology commented on the significant pressures on paediatrics and gynaecology. Three whole-time consultants had recently been recruited and there had been collaboration with NHS Grampian on a range of matters.
- The Director of Midwifery noted that the business case acknowledged the need to increase the existing workforce and interviews for 22 newly qualified midwife applicants were due to take place.
- The importance of recruiting to specialist roles was commented on with note given to the fact that up to 20% of patients will disclose violence in the neonatal period.
- The Director of Estates, Facilities and Capital Planning noted that the building and infrastructure programme was a medium-term solution for the Raigmore site, and that following a long consultation and feedback process most of the issues had been resolved. The design work had been agreed for the Raigmore site and could be started as soon as the business case received approval.

In discussion the following comments were made:

- There had been dialogue between Highland, Argyll and Bute and NHS Greater Glasgow and Clyde that would assist further conversations to support pathways for service delivery across the varied geography and service models of the Board and its partners. Meetings would also be held between the Chief Officer for Argyll and Bute and the Director of Midwifery to ensure good pathways and ensure a consistent pan-Highland approach.
- The Chair noted the need to be mindful of clear messaging for patients, staff and the public in relation to the different pathways accessed by patients across the board's wide geography.
- Public expectations had been raised in terms of delivering the programme within two years. The Director of Estates, Facilities and Capital Planning believed, all things considered, that this timeframe was achievable.
- There had been engagement with community groups such as Caithness Health Action Team as this would be a key method of determining and measuring future impacts.
- The capital and revenue model was discussed and conversations are ongoing with colleagues at NHS Grampian and Scottish Government to ensure that the support needs for facilities are met. It was also commented that the networked model working across both Health Board areas would lead to different ways of working.

The Board **Approved** the Business Case for submission to Scottish Government and accepted a **Moderate** level of assurance.

The Board took a short break at 11.10 am and the meeting resumed at 11.20 am.

PERFORMANCE AND ASSURANCE

5 Integrated Performance and Quality Report (IPQR)

The Board had received a written report by the Deputy Chief Executive which detailed current Board performance for the Board's consideration. The report recommended that the Board take moderate assurance from it.

The Deputy Chief Executive noted that the IPQR was not a standalone report, but a compilation of the reports seen by the Governance Committees. He also noted an ongoing need for engagement between Chairs and Executives to ensure review of the data included in the report to ensure the Board was fully assured of performance.

There had been sustained recovery in waiting times for CAMHS and Psychological Therapies. Updated figures for 31-day Cancer waits were given with 92.7% for March and 94.2% for April showing a sustained high performance. The 62-day figures had seen improvement with 67.8% for March and 71% for April 2023. It was recognised that cancer care is a specialist area and therefore carries challenges around this in terms of waits for specialist staff across several areas.

Recovery numbers and trajectories for Radiology will go first to the next meeting of the Finance, Resources & Performance Committee (FRP) before coming to the Board.

In discussion the following points were made:

- The Chief Officer - Acute Services noted that she would supply information around the number of patients on 62-day waits that it could take to shift the percentage figures in a positive direction. She noted that the Cancer Manager was working across all specialty areas to identify priorities and capacity. The Chair suggested that further discussion be had out with the meeting to understand work to improve 62-day waits and sustain improvements. The Medical Director noted that the Clinical Governance Committee retained oversight of cancer figures and that there were also two clinical oversight groups.
- The data helped teams gain a more rounded understanding of their performance and make connections with areas that had seen improvement. The Centre for Sustainable Delivery was noted as a key point of reference for benchmarking opportunities.
- In terms of reporting on screening numbers, it was noted that the data was based on annual figures rather than more regular reporting as took place for other areas.
- Delayed Discharges had come under significant pressure especially since the closure of the Castle Gardens Care Home. Work continued to address Care At Home commissioning to move people through the system more effectively. More positively, Cradlehall Care Home had been bought by another provider ensuring some continuity.
- Responding to a query about the reason for an increase in the backlog of Datix reporting system entries, the Medical Director advised that the system captured all incidents but that not all were categorised as Significant Adverse Event Reviews (SAERs). He acknowledged the importance of prioritising and clearing the backlog and confirmed that the Clinical Governance Committee had asked for an investigation to understand more fully the reasons for the increase in unreviewed cases.

The Board **noted** the report and the trajectories and system pressures recorded and accepted a **Moderate** level of assurance.

6 **Finance Assurance Report Month 12 Draft Position and NHS Highland Financial Plan 2023/24**

The Board had received a written report by the Director of Finance which detailed the Board's recent financial performance at the end of month 12. The Board was invited to consider the detail recorded in the report, to approve a request for brokerage from Scottish Government, approve the initial budget allocation for 2023/24 and take moderate assurance from it.

Speaking to the report, the Director of Finance advised that the draft position at Month 12 recorded an overspend of £15.891m compared with the £16.262m forecast when the financial plan was originally submitted to Scottish Government in March 2022. Brokerage in line with the originally identified financial gap of £16.272m would allow delivery of a balanced financial position for 2022-23 with an underspend of £0.381m. A breakdown of the year-end position, assuming receipt of brokerage, was provided in the report and subject to final external audit scrutiny.

A financial plan had been submitted to Scottish Government in March 2023 for the period 2023/2024 to 2025/2026. For 2023/2024 an initial budget gap of £98.172m was presented with a

Cost Improvement Programme of £29.500m proposed. Discussions with Scottish Government were taking place to identify mitigating actions to reduce the identified gap with additional tailored support being provided to the Board for delivery and implementation. The initial diagnostic phase would continue to the end of June 2023 with a recovery plan agreed by the end of September 2023.

During discussion, it was noted that:

- A workshop event had been held with Executives and Deputies to communicate the financial situation, and to consider plans and priorities within the context of the challenges ahead.
- Further training and advice would be provided to budget holders in terms of what the Board's expectations were of them and where to find support. This would involve a move from a 'housekeeping' approach to a stronger focus on transformation and cost-reduction work.
- Technical adjustments were partly made up from a release in annual leave carry over accrual, however was reduced from the original plan due to Scottish Government guidance allowing 10 days carryover of leave.
- Adult social care costs under the lead agency model in Highland contributed to a deteriorating financial position for the Board in the medium term. The plan identifies an in year break-even position through the delivery of savings, but with an underlying deficit being carried into future years. The IJB model allows the retainment of reserves which is not consistent into the North Highland model which has provided a cushion for some IJBs, although some IJBs are reporting potential deficits into future years.
- NHS Highland is one of 5 Health Boards with a significant financial gap for 2023/24. The gap can be attributed to the increasing cost of Adult Social care within the lead agency model; increasing costs of acute care due to the backlog of activity and increasing delayed discharge and inflationary costs within corporate services. The cost drivers of rurality and choice would be areas of emphasis and investigation through the work with Scottish Government.
- The Chief Executive had already made a brokerage request to Scottish Government to the value of £16,272 m to meet the deadline for applications and the Director of Finance asked that the Board formally approve this request.
- The Chief Executive commented on the need to take forward the Board's strategic ambitions at a local level. This would be a significant change agenda.

The Board:

- **Noted** the draft Month 12 financial position for 2022/2023 which was still subject to final year-end adjustments and a year-end audit process.
- **Approved** the request to seek brokerage of £16.272m from Scottish Government to enable delivery of a balanced financial position for 2022/2023
- **Approved** the Financial Plan for 2023/24 recognising that discussions would continue with Scottish Government around actions to mitigate the financial challenge; and
- Accepted **moderate** assurance from the report.

The Board took a lunch break at 12.40pm. The meeting reconvened at 1.15pm.

7 Argyll and Bute Children and Young Peoples' Service Plan 2023-26

The circulated report was presented to the Board by the Chief Officer Argyll and Bute providing context and background to the Argyll and Bute Children and Young People's Service Plan 2023-26. The draft plan had also been considered by Argyll and Bute Council at its recent meeting. The Board was invited to note the report and take moderate assurance from it.

The Chief Officer for Argyll and Bute IJB introduced the recently appointed Senior Child Health Manager for Argyll and Bute who gave a presentation outlining the priorities within the plan.

- The plan had four main priorities which included, ensuring Getting it Right for Every Child (GIRFEC) is central to core working practice, enabling access to early help and support, improving mental health and wellbeing of Argyll and Bute's children and young people, and finally a priority around children's rights.

- Children and young people at Hermitage Academy had provided feedback and helped codesign an animation to explain the service plan to work alongside the one-page plan that will accompany the fuller document.
- A working group had been established to create a sustainable model for youth voice and to ensure that there is continued involvement in the service plan with the aim to have a trauma-informed community.
- A gap and needs analysis will take place to understand current service provision, to identify areas of good practice for replication and to identify areas for further work.

During discussion, the following questions were addressed,

- The Chief Officer for Argyll and Bute noted that the area had a long-established strategic group concerned with the needs of children with contributions from health, educational psychology, social work and the Third Sector who had produced the plan and had a good mechanism for sharing information. The group leads on shared commissioning arrangements based upon analysis of data to judge what is necessary to address current service usage and emerging trends.
- Regarding the needs of children and young people living in remote and rural areas it was felt that this is an area where Third Sector support can help address issues of optimizing equity of experience especially where facilities or infrastructure are more difficult to maintain than in more populated regions.
- Involving young people in the design of support services would help to address key areas of concern for those in remote and rural areas such as loneliness and the wider impact this may have on health and quality of life. It was noted that working with young people across Argyll and Bute had found differences of want and need in different kinds of environment.
- The Senior Child Health Manager offered to supply information about the trauma-informed training that was being rolled out across the various parts of education, health and social work. The Chief Officer commented on the good turnout for a recent training event on trauma which suggested a great acceptance of the need for this work across the different sectors and agencies.
- The Chief Officer for the IJB invited the Board's Nurse Director to attend the next strategic partnership group for Argyll and Bute following an offer to support the work of the plan.

The Board **noted** the report and accepted a **moderate** level of assurance.

CORPORATE GOVERNANCE

8 Highland Child Poverty Action report

The Board received a written report by the Director of Public Health as an update to 'The Highland Local Child Poverty Report 2021–22', covering The Highland Council area. The original report noted three key drivers which influenced poverty. The update report set out a description of actions already taken within Highland under the three key drivers and outlined actions that would continue in 2023-24. The Board was invited to note the update and take moderate assurance from it.

The Director of Public Health explained the report related to how agencies within the Highland Council area were taking action to reduce Child Poverty. The report noted the above average level of access deprivation in remote and rural areas; the position of poverty in the Highland Council area was level with the Scottish national average.

Specific elements of services provided in the organisation, especially Primary Care, can help signpost and raise awareness of opportunities that are available to reduce the effects of poverty and in turn improve health.

The following points were raised in discussion:

- StepChange debt charity and the Citizens Advice Bureau had produced documentation on the cycle of poverty and the impact on all age groups.

- The Director of Public Health explained the Scottish Directors of Public Health had identified poverty as a high priority focus over the next year. NHS Highland would be continuing to improve their contribution through the development of the social mitigation plan and reviewing roles of staff members.
- The Chief Executive noted the importance of NHS Highland being an 'anchor organisation' and how the organisation could support communities to thrive through accountability. Service design should be looked at holistically when making changes and improvements.
- Reference was made to comments heard in the earlier part of the meeting that the main constraint on operations within the NTC was due to childcare provision. It was suggested that further options could be developed to provide flexible childcare.

The Board **noted** the report and accepted a **Moderate** level of assurance.

9 Corporate Risk Register

The Board received a written report by the Board Medical Director to provide assurance that the risks held on the NHS Highland Board risk register were being actively managed through the appropriate Executive Leads and Governance Committees. The report also provided an overview on the status of individual risks. The Board was invited to provide final decisions on the risks that were recommended to be closed or added and to take substantial assurance.

In discussion, the following areas were addressed:

- The Medical Director advised that he intended to present a further paper to the Board on the development of risk appetite. The next steps in the risk journey will be a development session with the Board at a future date.
- Responding to a query about the corporate risks listed on the register, the Medical Director advised that the Register only included Board-wide risks.
- The Medical Director confirmed there was a higher level of Statutory and Mandatory training compliance at the National Treatment Centre and advised that consideration was being given as to how this level of compliance could be replicated throughout the Board.

The Board:

- Took **Substantial** assurance from the report and gave confidence of compliance with legislation, policy, and Board objectives, and
- Noted** the risk management process with alignment to the strategy will be presented to a future Board meeting.

10 Blueprint for Good Governance V2 Self Evaluation

The Board had received a report outlining its involvement in a Scottish Government pathfinder exercise on Board self-assessment against the expectations of the new Blueprint for Good Governance, as published in December 2022. A key outcome of the exercise would be the development and implementation of a high-level improvement plan. The report highlighted the agreed improvement themes and proposed that a draft Improvement Plan be shared with the Board at the next meeting in July 2023.

The Chair expressed appreciation toward those who had been involved in the Blueprint for Good Governance Self Evaluation process. The Chair also commented on the level of engagement the process had received both internally and externally.

Thereafter the Board:

- Took **Substantial** assurance from the report.
- Agreed** that a draft Blueprint for Good Governance Improvement Plan be submitted to the 25 July 2023 meeting of the board.
- Endorsed** the involvement of the Committee Chairs in its progress.
- Approved** progress reports be presented to the Board biannually.

11 Review of Committee memberships etc.

The Board had received a report outlining proposed changes to Governance Committee memberships and Chair positions to provide a degree of stability until the Board's full membership had been finalised. A further report would be presented to the next meeting with additional changes, including confirmation of the Chair position for the Pharmacy Practices Committee.

The Chair advised that recruitment of Non-Executive Directors had begun, and succession planning was underway with further updates to be provided to the Board. During discussion it was noted that the Clinical Governance Committee had appointed Joanne McCoy as its new Vice Chair.

The Board:

- (a) **approved** the changes to Committee memberships and Chair positions with immediate effect,
- (b) **noted** the appointment of Joanne McCoy to the position of Vice Chair for Clinical Governance Committee,
- (c) **noted** that a further report would be submitted to the next meeting, and
- (d) **agreed** to accept **Substantial** assurance.

12 Governance Committees Annual Reports

The circulated report confirmed that the Board's Governance Committees' Annual Reports of their activity throughout the last financial year had been endorsed by the Audit Committee on 2 May 2023 thus evidencing that governance processes had been followed.

The Board **noted** that the Annual Reports had been approved by the Audit Committee on 2 May 2023 and agreed to take a **Substantial** level of assurance.

13 Community Empowerment Act – Annual Reports

The Board received a report seeking approval of the annual reports relating to Asset Transfers and to Public Participation requests under the Community Empowerment Act.

The Board Secretary confirmed that two applications had been received for Asset Transfers during 2022-23, however neither application had been determined during the financial year. An application had been withdrawn by the Community Company relating to the McKinnon Memorial Hospital. The Chair stated it would be good to understand what that experience was like from the community's aspect to work with NHS Highland through the Asset Transfer application process.

No Public Participation Requests had been received during 2022-23 financial year. NHS Highland engaged widely with third sector and other partners; this activity had obviated the need for any formal approach using Community Empowerment Act provisions.

The Board **approved** the annual reports and accepted a **Substantial** level of assurance.

14 Register of Members Interests

The Board Secretary outlined the statutory requirement of Board members to Register their interests in the Highland NHS Board Register. The formal Highland NHS Board Register was available at the Board's offices and on the NHS Highland web:

[Public Register](#)

The Board **noted** the update.

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

a) **Clinical Governance Committee of 27 April 2023**

The Chair of Clinical Governance Committee spoke to the minutes and advised that the Committee had considered an entry on the Corporate Risk Register relating to recruitment and retention of the workforce (entry 706). The Committee Chair proposed that this matter be presented to the Board from a holistic perspective once it had been considered by the Executive Directors Group.

b) **Highland Health and Social Care Committee of 26 April 2023**

The Committee Chair and Vice Chair were absent from the meeting and there were no questions received on the minutes.

c) **Finance, Resources and Performance Committee 5 May 2023**

The Chair of the Finance, Resources and Performance (FRP) Committee provided a summary of the meeting and advised that communication had been received from Scottish Government on environmental sustainability: triple planetary crisis, climate change, pollution, and biodiversity loss. The Director of Estates, Facilities and Capital Planning had appointed a senior manager to action and produce an update report to the Committee for assurance purposes.

d) **Audit Committee of 2 May 2023**

The Audit Committee Chair explained that several outstanding management actions had been closed from previous audits. The Committee agreed to defer the audit relating to children services to the next financial year and had agreed that a quality related audit would be removed from the 2022/23 internal audit plan to avoid duplication. The Committee agreed the Internal Audit plan for 2023-24, aiming to distribute Audits throughout the year to avoid a high volume of items coming to the committee towards the end of the financial year.

e) **Staff Governance Committee of 10 May 2023**

The Chair of Staff Governance Committee explained that there was a spotlight session from the Employee Director which stimulated conversation about the challenges faced by workforce planning and recruitment. Due to imminent Committee membership and Executive lead changes, the Committee workplan would be refreshed.

f) **Argyll & Bute IJB of 29 March 2023**

The Chair of the A&B IJB explained that items discussed at the March meeting had been accurately captured in the minute, the next meeting would be taking place on 31 May 2023.

16 **Any Other Competent Business**

No items were brought forward for discussion.

Date of next meeting

There would be an In Committee Board Meeting on 27 June 2023 at 9.30am.

The next full meeting of the Board will be on 25 July 2023 at 9.30am.

The meeting closed at **2.20pm**