

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)	31 May 2022 – 9:30am	

Present

Prof. Boyd Robertson, Board Chair
 Dr Tim Allison, Director of Public Health and Health Policy
 Mr Alex Anderson, Non-Executive
 Mr Graham Bell, Non-Executive
 Ms Jean Boardman, Non-Executive
 Ms Elspeth Caithness, Employee Director
 Mr Alasdair Christie, Non-Executive (until 1.35pm)
 Ms Ann Clark, Non-Executive
 Ms Sarah Compton-Bishop, Non-Executive
 Mr Albert Donald, Non-Executive
 Ms Pamela Dudek, Chief Executive
 Mr David Garden, Director of Finance
 Ms Heidi May, Director of Nursing
 Ms Joanne McCoy, Non-Executive
 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

In Attendance

Mr Stephen Chase, Committee Administrator
 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 Tara French, Head of Strategy, Health and Social Care (had to leave at 2pm)
 Mr 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
 Mr David Park, Interim Deputy Chief Executive
 Ms Katherine Sutton, Chief Officer, Acute Services
 Mr Nathan Ware, Governance & Assurance Co-Ordinator
 Prof. Brian Williams, University of the Highlands and Islands
 Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

Also in**Attendance**

Dr Beth Sage, RDI Director, item 3
 Ms Frances Hines, RDI Manager, item 3

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 Louise Bussell and Philip MacRae.

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 Staff Recognition – RD&I

Dr Beth Sage gave a presentation outlining the work of the Research, Development and Innovation service, of which the key points included:

- The service has between 55 and 60 staff.
- Funding streams generate around £2m annually.
- There are 59 cancer & haematology trials in progress providing access to new drugs for patients.
- There are currently 62 non-cancer studies in progress which include device trials, Registries, surveillance studies, PhD and MSc-related work, and involving around 9,000 patients a year.
- Sustainability is also a key area of work including reducing cost, waste and carbon impact.
- To conclude, the Board was encouraged to think of and talk to RD&I in seeking to achieve its goals.

During discussion the following points were raised, and answered by Dr Sage and Frances Hines:

- RD&I has direct links into most of the innovation work led by Scottish Government.
- Priorities are determined by considering patient need or the wider value across Scotland, and how innovative the project is. The department has a clear decision-making process for every project that comes in. RD&I has particular strengths in resourcing for neurology trials and its work is much sought after. There is also much work ongoing in Palliative Care and addressing inequalities in access to health care.
- The specific health trends of patients in the Highland region were raised and it was noted that this is partly dependent on access to relevant experts in the region but that collaborative work across Scotland and the UK was key to success.
- It was asked how the Board can help RD&I with any blocks in access to funding or access to resources. At the moment there is an Innovation Infrastructure Group to ensure that key players for most innovation or research projects are available to address potential blockages and network opportunities together.
- B Williams noted the wide array of opportunities in collaborative work between RD&I and University of the Highlands and Islands (UHI). A new research strategy is in the process of being written based on the important issues for the region. B Williams commented that his work has had a focus on research capacity and he is keen to continue conversations between NHS Highland and UHI.
- D Park noted the ability of RD&I to attract funding through the successes of its projects and the importance of its work with consultants interested in research and development and innovation. Dr. Sage noted that RD&I is vulnerable to fluctuations in clinical trial activity, and therefore finances are precarious and more so coming out of COVID. Recruitment is a challenge much like other areas in NHS Highland.
- P Dudek commented on the importance of RD&I in relation to considering new ways of working to address long standing challenges.
- B Peters commented on the importance of developing RD&I as a Highland centre of excellence with scope to create a unique branding for research done in the Highlands which should be linked with the 'Together We Care' strategy. It was noted that COVID had raised more awareness of inequality in access to care and research. A number of companies are now approaching RD&I because of its remote and rural experience and there is an opportunity to build on this and not just do research in the same traditional manner within an urban setting.

The Chair thanked Dr Sage and Frances Hines for their informative presentation and encouraged further work to develop links within the Board and outside with UHI and others.

4 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 29 March 2022.

- Item 10 of the Action Plan regarding the Healing Process will be included in the special meeting of the Board in June.
- The Wellbeing Strategy was addressed below under item 13, the target date for completion will need to be moved as this is now an integral part of the Together We Care strategy engagement and consultation, which is expected to come to the July meeting of the Board.
- Following the Board's agreement to the extension of the co-option of an independent member onto the Audit Committee it was agreed that this item be removed from the Action Plan.

The Board **Noted** the Action Plan.

5 Matters Arising

There were no matters arising.

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

P Dudek noted that it has been a busy couple of months since the last meeting of the Board.

The opening of both Broadford, and Badenoch and Strathspey Hospitals took place recently with the Cabinet Secretary attending the official openings. Both events were felt to be positive experiences attended by several local people, people involved in the projects, and national and local dignitaries.

The National Clinical Director of Scottish Government Jason Leach paid a visit to Inverness to meet the Executive team, and met with staff at Raigmore and New Craigs to thank them for their efforts, with a live link up to more remote teams. It was felt that this was well received.

On 28th April the Chief Executive and Board Chair met with the Public Audit Committee regarding the Section 22 report to give evidence. Confirmation was received that that report had now closed and that the Committee was satisfied with the evidence presented.

NHS Highland received its annual review with Scottish Government on 4th May, which was felt to be a good opportunity to reflect and demonstrate progress made despite the pandemic. Feedback from the review is awaited and will be reported to the Board.

Despite the general public's return to a more or less pre-pandemic way of life, there were many system pressures in hospitals and in community settings. Mental Health Services have become an ever more present concern as highlighted by the pandemic alongside issues of physical health, with unprecedented demand.

Recruitment and retention of staff was now a significant concern. This was not unique to Highland, but was exacerbated by the remote and rural geography. NHS Education for Scotland has agreed to work closely with NHS Highland to see what transformation could be made to improve recruitment and retention.

A Maternity Services planning event was held with around 40 staff in attendance. This was felt by attendees to have been a useful event to take stock of plans for transformation of the service.

An inspection of Children's Services would take place during the summer with a focus on children at risk of harm. P Dudek currently chairs the Public Protection Chief Officers group for Highland

where it was discussed the preparedness between Highland and its partners around Children's Services moving forward, which currently appears satisfactory.

As noted above, an additional meeting of the Board will take place on 28 June 2022 to scrutinise the final report from the Healing Process.

During discussion, the following issues were raised,

- Media and political interest in proposed work with NHS Grampian to support its Maternity Services at Dr. Grays Hospital was noted, particularly regarding information on roadside deliveries en route to hospital. The Chief Executive answered that she was meeting weekly with her NHS Grampian counterpart and K Sutton to ensure appropriate pathways are being used. The reported cases of roadside delivery referred to mothers in transit within the Grampian area to Dr. Grays and Aberdeen and not to Raigmore. H May commented that figures for babies born en route are monitored carefully, of which there are very low numbers, and offered to supply the figures to the Board for assurance. The midwifery teams carry out careful risk assessments for all pregnant women developing one-to-one relationships with the women to ensure that there is an understanding of the need for early action on going into labour.

Following discussion, the Board, **noted** the update.

7 Public Health Report – COVID19 Update Assurance Report

The Director of Public Health gave an overview of the current situation, noting that coverage of COVID has reduced in the media and numbers of COVID cases have broadly gone down. He commented that it is important to be aware that fewer tests are being carried out which will affect the accuracy of data. However, in addition to the national surveillance survey, there are some other innovative ways of extracting data such as from sewage monitoring.

- Numbers in the NHS Highland area, particularly the Highland Council area, had been marginally higher than in other parts of the country.
- It is possible that there will be renewed waves of infection later in the summer and a combination with flu during the winter, and therefore there is a need to be aware of the potential harm that could be caused.
- There are some new micro variants of Omicron emerging, and the chance of further new variants such as those as have been seen in South Africa.
- Long COVID remains a major concern, and members may want a further briefing on Long COVID and its risks and measures for controlling it.
- Vaccination remains the main way to control the disease, with the presentation setting out the Vaccination Transformation Program.
- The take up of vaccination has largely been very good. There have been some hiccups in terms of delivery and messaging, but in terms of the overall adult population coverage, NHS Highland has performed better than the average for Scotland across all three doses.
- NHS Highland coverage of the fourth dose or 'spring booster' has not been as good and had lagged behind other Boards. It is thought that this may be due in part to a slow start in the lettering campaign. T Allison apologised on behalf of the Board for the inconvenience caused to the public.

During discussion, the following points were addressed,

- Assurance was sought regarding the difficulties experienced with letters for vaccine appointments. Most of the issues have been resolved but the challenge of matching a national programme with Highland's remote and rural setting remains.
- COVID numbers in hospital have seen a considerable fall and symptoms have tended to be less severe, however there is still considerable pressure on staffing when cases arise and there remains a consequential impact on Care Homes. There is more work to be done

generally in terms of patient flow, but lessons learned during the pandemic have fed in to the workstream addressing flow.

- It was noted that there are some differences in how the vaccine programme is delivered in different localities where staff availability can be more challenging, which may have had an impact on vaccine uptake.

The Board **noted** the update.

8 Vaccination Strategy Report

The Director of Public Health provided an overview of the paper which addressed the larger vaccine strategy for Highland which includes COVID and flu vaccination programmes. The paper offered a moderate level of assurance to the Board.

- The Vaccine Transformation Programme (VTP) has seen the Board move from a GP-led model to Board delivery in line with the rest of Scotland.
- A range of lessons have been learned in developing clinics for COVID and flu about how best to implement VTP.
- The highest volume of delivery is for COVID compared to other vaccinations, closely followed by flu vaccinations.
- Delivery of school vaccinations had previously been carried out by school nursing staff and with the Board taking on this role it is expected that school nursing staff will be freed up to do other activity to help improve the health of young people.
- Implementation of VTP is still a developing picture and confirmation of all the funding available is still to be provided.
- Recruitment is an issue, in that there are seasonal patterns of delivery with very high delivery at certain times of the year, and very low volumes at other times.
- Much vaccine delivery continues to be within primary care while the new model is developed. There are parts of the Board area which will continue with primary care delivery, particularly the islands.
- There is a process for assessment of the model of delivery nationally, but the national system is set up for a more urban environment and does not necessarily fit well with what Highland needs to deliver.
- Thanks were expressed to GP and practice staff for their work alongside the Board, as well as employed colleagues, volunteers, armed forces, the Scottish Ambulance Service, and a range of others in delivering the COVID plan.

In discussion, the following matters were raised,

- The need to adhere to Scottish Government policy while also recognising the challenges of the geography of the Board area was noted, with particular reference to achieving an equitable service, especially when access to public transport may be limited and travel becomes more expensive, as well as difficulties with finding childcare or support for people with disabilities. In answer, T Allison expressed the need for collaborative working with different services to maximise efficiencies for local people and staff.
- There is a formal inequalities impact assessment and a formal Islands impact assessment, which will feed into this work.
- The moderate level of assurance was questioned due to the scale of the challenges posed by the VTP which still has several unknowns. It was also asked how milestones of the VTP will be monitored in terms of governance oversight. In answer, T Allison noted that the Vaccination Programme Board will report to the Performance Recovery Board. There will also continue to be fortnightly meetings with Scottish Government.
- It was suggested that VTP progress be added to the Board's Risk Register.

- T Allison commented that the moderate assurance level acknowledged the framework for delivery, the commission designed to implement VTP, and current progress, although he recognized there was still some way to go with challenges ahead.

The Chair summarised discussion, noting that Board members could not take moderate assurance from the paper at present, and that the governance issues required to be addressed. Instead, it was proposed that limited assurance be taken from the paper and that a further report be presented to the July meeting of the Board at which point it was expected a more secure position could be shown.

The Board **accepted limited assurance** from the paper and **Agreed** that a further report should be submitted to its meeting in July.

The Board took a short break at 11.31 am and the meeting reconvened at 11.45 am.

PERFORMANCE AND ASSURANCE

9 Integrated Performance and Quality Report

D Park introduced the SBAR which was presented for noting and advised that a fuller report with a consolidated IPQR will be brought to the next full meeting of the Board after it has been considered by the relevant governance committees for approval.

The Board **noted** the report.

10 Together We Care Annual Delivery Plan

L Cowie gave a presentation on the content of the paper and gave an overview of the consultation engagement work to date.

Thanks were expressed to colleagues, the wider workforce and Highland population who had submitted pictures for inclusion within strategy documentation.

A subtitle, 'With you, for you' had been given to the 'Together We Care' strategy following feedback from the engagement work with communities. Over 1,700 people have engaged with the consultation and 45 community and partner sessions have been held.

The strategic objectives and associated ambitions were outlined in relation to NHS Highland's different services. An overview of the implementation approach was given regarding the annual delivery plan and the annual delivery plan working group. Members of the Executive Directors Group are taking part in engagement work with dates to visit communities which will follow a similar process to the initial engagement work. A strategy document is being prepared which will integrate the feedback received from the engagement process. This will be brought to the Board in July as a final draft for its consideration.

During discussion the following points were made,

- There are financial challenges ahead and there is a chance that these will impact upon the Board's ability to deliver the strategy, and therefore it may be worth considering how public expectations can best be managed. Delivery of the strategy should therefore be included in the Risk Register.
- Regarding the previous point, it was also asked if the transformational space of the strategy ought to be implemented sooner given the financial challenges ahead. D Park noted that progress will be dictated by external factors and by government priorities. L Cowie noted that work is underway with the Finance and Culture teams to triangulate finance, performance and workforce requirements to best address strategic needs against available resources. P Dudek noted the need to keep the public in the conversation to achieve a better understanding of resource availability in relation to desired outcomes.

- L Cowie acknowledged the need to adapt in response to requirements from Scottish Government and work with the operational units to embed and develop the actions of the strategy.
- Argyll and Bute IJB has its own strategy and the two strategies would be best seen by the public to be sitting side by side supporting one another. Work is underway to consider how best to show how Highland and Argyll and Bute's strategies will work in tandem.

Following discussion, the Board,

- **Agreed** to take **substantial assurance** that the continued development process of 'Together We Care' and the active engagement, listening and consultation across the population, people and partners of NHS Highland will ensure a shared strategic intent is developed;
- **Endorsed** the approach being taken to develop the annual delivery plan alongside the strategy, acknowledging that it will give assurance of the actions being taken to deliver the strategy in complete collaboration with the Board's people and partners; and
- **Agreed** that the Board will receive the final draft of 'Together We Care' and the Annual Delivery Plan at the July Board meeting.

11 Finance Assurance Report Month 12 Draft Position and NHS Highland Financial Plan 2022/23

D Garden spoke to the circulated report and noted that at the start of the 2021-22 period the Board had set a balanced budget, but with a challenge to find £32.9m in savings. However, in line with most Boards in Scotland, NHS Highland was unable to meet the financial challenge and Scottish Government provided all Scottish Health Boards sufficient resource to deliver a break-even position.

- Scottish Government asked that any surplus Covid resource be carried over into next year through reserves. Due to NHS Highland's integration model it will be possible to do this with Argyll and Bute IJB but not for the North Highland Partnership as it is a unique lead agency model in Scotland. Arrangements have been made with Scottish Government and Highland Council to carry any reserves over.
- A one-year financial plan was submitted to Scottish Government in March, and this is due to be revisited in quarter one once some of the current uncertainties are better grasped, such as the National Spending Review.
- There is a current financial gap of £42.3m with a savings target of £26m which is in line with previous years, with the unfunded gap of £16.272 million being discussed with Scottish Government.
- The planning assumption nationally is that there will be no further assistance in terms of COVID costs which presents a potential cost pressure on the plan with an assumed £32m of COVID costs over the year.
- Assumptions have been made for rising inflation, energy, and the cost-of-living costs, but this is an area of uncertainty nationally.
- Scottish Government is looking at the funding issues that are facing Health Boards in Scotland and developing national work streams to find ways Boards can work together with government to find solutions.
- The Chair thanked D Garden and his team for their work and commented on how the Board is entering a very challenging period with regard to funding gaps, but noted that the Board has shown in the past three years that it can deliver on financial savings targets.

During discussion the following matters were raised,

- Concern was expressed at the challenges in closing the funding gap against a backdrop of uncertainty. The Chair commented that the National Chairs Group for Scotland's Health

Boards had noted the mounting concern especially in light of the spending review and were due to meet with the Cabinet Secretary to find out more about the implications of the spending review.

- The shortfall in COVID funding with a potential £8m gap was raised. D Garden noted that previous guidance from Scottish Government was to assume costs would be funded but that work is underway to revise costs through mitigating actions and the potential gap is currently more likely to be £6m.
- The risks ahead for the Board were acknowledged, as were the difficulties of accepting moderate assurance due to the uncertainties. It was suggested that the Board use the Risk Register to help control this risk.
- It was agreed, after discussion, that moderate assurance could be accepted because of the clarity of both the report and the processes involved to mitigate the financial risks. It was suggested that the Risk Register should address these matters in order to help the Board have a good oversight of the situation.

The Board **accepted moderate assurance** from the report noting the difficulties ahead and **approved** the initial budget allocation for 2022/23.

12 National Treatment Centre Highland

D Jones introduced the circulated report which offered substantial assurance in relation to delivery of the National Treatment Centre. It was reported that there were now delays to the project, the details of which were set out in the paper. Following consultation with the contractor, Balfour Beatty, the revised dates are 9 December for the handover with 3 April 2023 as the 'go-live' date.

In discussion, the following questions were addressed,

- Assurance had been given by the contractor that the hand over will allow for a 12-week transfer of services with only minor snagging in the background.
- The challenges of recruitment were raised as there are significant recruitment opportunities with 210 posts. Muckle Media are working with the Communications and HR teams and 32% of staff have been recruited to date. A broader recruitment campaign is underway to minimise the impact recruiting to the NTC will have on recruitment to existing roles within NHS Highland.
- It is anticipated that details of the phasing of beds will be set out at the September meeting of the Board.

It was agreed that the level of assurance be changed from 'substantial' to 'moderate' given the unpredictable circumstances which had affected the delay.

The Board **accepted moderate assurance** from the update, **noted** the impact of the circumstances which had caused this, and endorsed the action plan.

Members took a lunch break at 12.48 pm. The meeting reconvened at 1.15 pm.

13 The Culture Programme Assurance Report

F Hogg spoke to the circulated report and noted an amber reporting level due to the system pressures that had arisen during the reporting period. Current signs were that the next period will see a return to a green rating.

- 30 of 35 bullying and harassment cases had reached early resolution with only 8 cases progressed, signaling a small step forward in the process.
- Regarding outstanding Board action on the Wellbeing strategy progress, as this is now an integral part of the wider Together We Care strategy, F Hogg wanted to ensure all possible engagement and feedback was received to this before a draft was created, but work is well

underway and the final Wellbeing strategy and plan will be developed and consulted on between August and October.

- It was hoped that the final report from the Independent Review Panel would be received in time for discussion at this meeting, but it was not received in time and instead the Board will hold a Special Meeting on 28 June to address the findings, recommendations and culture actions.

A moderate level of assurance was proposed to the Board and it is hoped that this will change to a substantial level of assurance with the remobilisation of this work by July.

In discussion, the following points were raised,

- S Compton Bishop endorsed the paper as presenting a good opportunity for the embedding of this work which the Staff Governance Committee have been discussing in detail.
- The need to make this work 'business as usual' was noted, and to this end easy to use templates were being created to assist local managers with the embedding of Performance Management so that progress indicators are better understood and that work is supported effectively.
- The Chair commented on the danger of staff apathy in responding to multiple surveys and referred in particular to close timing of the Listening and Learning and IMatter surveys. Nonetheless, it was noted that work on engagement was important in spite of its challenges.

The Board **accepted moderate assurance** from the report.

14 **Quarterly Whistleblowing Standards Assurance Report**

F Hogg introduced the update and noted that the July meeting of the Board will see the first annual report (with INWO guidance).

- The Whistleblowing document is the final item of the Internal Audit actions and will be launched in July.
- During the period, one Stage 2 case was closed with an action plan for remote and rural areas in Argyll and Bute.
- Three cases are now resolved with two cases still open and nine evaluated to be not whistleblowing.
- With it being the first year of the process it is still difficult to identify trends.
- The average time to completion for cases was 214 days.
- A Donald has continued to visit staff to raise awareness of Whistleblowing and a schedule of visits has been published for colleagues.

In discussion,

- A Donald noted the need to continue to assess awareness in relation to the national standards. There is also the need for vigilance to ensure all routes of data were observed.
- It was noted that there is a desire to tailor approach for each case, which is often a long standing and complex challenge which requires in depth and wide ranging engagement and investigation, but whilst most stage 2 cases are not closed quickly, the 20 day update - Ensures that progress is reported and those raising concerns have ongoing engagement and updates.

The Board **accepted moderate assurance** from the report.

GOVERNANCE

15 **Strategic Risk Register** **(a) Corporate Risk Register**

L Cowie gave a presentation noting the simplified format of the register to highlight how to embed the strategy and risks in the work of the Board, and a revised Strategic Risk Register will be ready for late summer.

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

(b) Draft Compliance Strategic Risk

F Hogg provided an overview of the report and noted that the Audit Committee, Staff Governance Committee and Risk Management Team agreed that Statutory Mandatory Training be added to the Strategic Risk Register. Updates will be provided to Staff Governance, Clinical Governance and Audit Committees and a project team will establish a plan, Terms of Reference and identify key stakeholders which will be integrated into the People elements of the Together We Care strategy and Annual Delivery Plan.

It was proposed that with the escalation of the risk to the register the assurance level can increase to moderate.

Board members noted the importance of the topic and drew attention to the following points in discussion:

- A Christie as Chair of the Audit Committee noted that the committee had an action to conduct a development session on the theme and asked how this workstream could be moved forward with speed. It was explained actions were being prepared by Emma Pickard before the end of June which will fit into the People elements of the Annual Delivery Plan with appropriate tracking and linking.
- It was commented that the 2024 date referred to on p.185 of the papers reflects how long it is likely to take to achieve all colleagues having objectives and PDP in place and the ground work needed to make this simple, but this is already underway. Every manager has responsibility to take this work forward with their colleagues once the tools and processes are in place to make this easy.

The Board **approved** the addition of Statutory and Mandatory Training to the Strategic Risk register and **accepted limited assurance**.

16 Board Assurance Framework – Update on Progress

R Daly gave an overview of progress made since January 2022.

The Board **noted** the contents of the report and **accepted moderate assurance** that progress is being made towards improvements identified in the Board Assurance Framework Improvement Plan.

17 Review of Governance Arrangements

R Daly introduced the proposal that from 1 June 2022:

- a) the full suite of business should be reinstated at formal Committee and Board meetings and the full timetable of Development sessions for Board and Committees should be reintroduced,
- b) Committee and Board business meetings continue to be held using MS Teams as the means of access for all participants, and
- c) Development and Strategy sessions should also continue to be held over MS Teams for all participants as a standard approach, with discretion being extended to individual Chairs to agree to hold them in person as appropriate.

The Board **agreed** the proposal and **accepted substantial assurance**.

18 Governance Committees Annual Reports

R Daly drew members' attention to the Annual Reports of the NHS Highland Governance Committees which were produced for approval and to provide assurance to the Board throughout the last financial year as part of the Annual Accounts process. The annual reports will be submitted to the Audit Committee on 28 June 2022 evidencing that governance processes have been followed.

The Board **Agreed** to accept substantial assurance and **Noted** that the Annual Reports were approved by the Audit Committee on 3 May 2022 and were presented to the Board for information purposes.

19 **Community Empowerment Act – Annual Reports**

R Daly introduced the SBAR which details the annual reports for Asset Transfer and Public Participation Requests.

In discussion, Alan Wilson noted that there had been a notification of interest for an Asset Transfer in Broadford, Skye and work was underway with the communities in question to support applications.

The Board **approved** the annual reports and **accepted substantial assurance**.

20 **Gaelic Language Plan – Delegation of Authority for Approval of Annual Monitoring Report**

The Board **agreed** to delegate authority to the Board Chair and Chief Executive to approve the terms of the submission of the Bòrd na Gàidhlig Annual Monitoring Report (due 14 July 2022) and report back to the July Board meeting.

21 **Register of Members Interests**

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

<https://www.nhshighland.scot.nhs.uk/Meetings/Documents/Composite%20Register%20of%20Directors%20Interests%202021-2022.pdf>

The Board **noted** the update.

22 **Model of Code of Conduct**

It was noted that, as requested by Scottish Government, agreement was sought outwith the usual schedule of Board Meetings to adopt the revised model of Code of Conduct. Board members had provided their agreement to adopt the new model and Scottish Government have been informed. All Boards had to publish the new Code of Conduct on their websites with branding logos by Friday 10 June and can be located using the below link.

<https://www.nhshighland.scot.nhs.uk/meetings/pages/codeconduct.aspx>

The Board **noted** the position regarding the virtual agreement of the Model Code of Conduct and **noted** that a development session on the Code of Conduct is under consideration.

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

a. Highland Health and Social Care Committee 27 April 2022

b. Clinical Governance Committee 28 April 2022

- Work is ongoing to address deterioration in Tissue Viability and falls indicators. It was felt that the system pressures arising from the pandemic are having an impact on patient outcomes and experience.

- The Board will not meet Infection Control Protocol targets for 2021/22 but are within the necessary levels and there is no concern from Government.

c. Finance, Resources and Performance Committee 28 April 2022

The next meeting will consider the Environment and Sustainability report.

d. Audit Committee 3 May 2022

The Chair referred to the committee's discussion of Strategic Risk in item 15b above.

e. Area Clinical Forum 5 May 2022

f. Staff Governance Committee 11 May 2022

g. Argyll and Bute Integration Joint Board, 30 March 2022

Budget set at the last meeting, including full repayment of monies owed to Argyll and Bute Council

24 Any Other Competent Business

- Argyll and Bute Council have nominated Garrett Corner (who replaces Graham Hardie) as their new Council member of the NHS Highland Board. Highland Council are due to meet soon to nominate their member to the Board.
- There will be a special meeting of the Board after the Annual Accounts held online on 28 June at 2.30 pm.

22 Date of next meeting

There will be a Special Board Meeting on 28 June 2022 at 2.30pm.

The next full meeting of the Board will be on 26 July at 9.30am.

The meeting closed at 2.24 pm