

<b>NHS HIGHLAND 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>DRAFT MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>29 November 2022 – 9:30am</b>	

**Present**

Prof. Boyd Robertson, Board Chair  
 Dr Tim Allison, Director of Public Health  
 Mr Alex Anderson, Non-Executive  
 Mr Graham Bell, Non-Executive  
 Ms Jean Boardman, Non-Executive  
 Ms Elspeth Caithness, Employee Director  
 Ms Muriel Cockburn, Non-Executive  
 Ms Heledd Cooper, Director of Finance  
 Mr Garrett Corner, Non-Executive  
 Mr Albert Donald, Non-Executive  
 Mr Alasdair Christie, Non-Executive  
 Ms Ann Clark, Non-Executive  
 Ms Sarah Compton-Bishop, Non-Executive  
 Ms Pamela Dudek, Chief Executive  
 Ms Kate Patience-Quate, Interim Nurse Director  
 Mr Philip Macrae, Non-Executive  
 Mr Gerard O'Brien, Non-Executive  
 Ms Joanne McCoy, 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**

Ms Lorraine Cowie, Head of Strategy and Transformation  
 Ms Ruth Daly, Board Secretary  
 Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP  
 Ms Louise Bussell, Chief Officer, Community Services  
 Ms Ruth Fry, Head of Communications and Engagement  
 Ms Fiona Hogg, Director of People and Culture  
 Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance  
 Mr David Park, Interim Deputy Chief Executive  
 Mr Nathan Ware, Governance & Corporate Records Co-Ordinator  
 Mr Alan Wilson, Director of Estates, Facilities and Capital Planning  
 Ms Katherine Sutton, Chief Officer, Acute Services  
 Ms Natalie Booth, Board Services Assistant

**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 Brian Williams.

**2 Declarations of Conflict of Interest**

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

### 3 Minute of Meetings of 27 September 2022 and Action Plan

The Board **Approved** the minutes of the scheduled Board meeting of 27 September 2022 and the Action Plan.

### 4 Matters Arising

There were no matters arising.

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

The Chief Executive drew the Board's attention to the following issues:

- While the system remained under pressure, it was important to stress that good care was being delivered across the Board area and positive feedback reflected this. A balanced approach focusing on planned care was central to reducing waiting lists. Along with national campaigns, NHS Highland was also looking at how self-care routes could be better communicated to help avoid unnecessary hospitalisation.
- Building on a more agile workforce approach, volunteers had been sought to assist in care homes with a longer-term aim of permanent recruitment. This followed the model adopted to create COVID Response teams. All PVG requirements would be fulfilled and a formalised recruitment process was in place, as well as access to training resources through TURAS.
- The national Vaccination booking system had been implemented which had caused some challenges for the public. This was now being addressed and had resulted in a good uptake in Highland: 93% uptake among care home residents (against a national average of 89%), 44% for frontline staff and 82% for people over the age of 65.

The Board **noted** the update.

### 6 Integrated Performance and Quality Report

D Park drew particular attention to the updated position on Cancer Services. K Sutton noted that performance had improved recently and work continued to progress. There had been a capacity gap within the diagnostic, radiology and pathology elements of the Breast Service, including surgeon capacity to deliver. She also confirmed that performance for September on the 62-day target sat at 73.5% compared to the Scottish average of 72.1%. Achievement of the 31-day standard had recently increased to 94.4%, against a Scottish average of 93.6%.

In discussion the following matters were raised:

- K Sutton advised that the Cancer Performance Board was being reviewed and would focus on strategic elements and networking across Scotland. The situation with Cancer Services was dynamic and capacity in some areas, such as pathology, was significantly limited across the UK.
- Gynaecology and ENT were challenging areas, but work was continuing to minimise any impact.
- Scottish Government funding had been reduced and so the challenges to meet targets for the end of March 2023 were more evident. Work was underway to deliver a more resilient workforce to all outpatient areas and take advantage of all patient pathway opportunities. Work was also ongoing with partner boards to leverage additional capacity by using virtual appointments and Near Me.
- K Sutton confirmed that a waiting list initiative was in place to leverage capacity by ensuring the use of all nursing staff to help alleviate the situation. A recruitment campaign was also underway.
- Argyll and Bute had been successful in a bid to the Hospital at Home scheme and embedding this into community delivery. This initiative was at an early stage.

- L Bussell noted that recruitment for Drug and Alcohol Services was particularly difficult but there had been some recent success. Funding had been received and discussions were ongoing to see how our partners could work with NHS Highland on this.
- Skye and Caithness had also been identified for the Hospital at Home initiative and there was positive benchmarking with Western Isles.
- F Davies spoke about maximising opportunities for working with Third Sector groups particularly in the Argyll and Bute region.
- P Dudek noted that the balance between the need to deliver services and address a reduced staff complement would continue for some time.

The Board **agreed** to take **limited assurance** from the report; and **noted** that the annual delivery plan and winter plan will support mitigation plans where possible.

## 7 Finance Assurance Report

H Cooper introduced the report and confirmed that, for the period to end of month 7 (October 2022), an overspend of £22.548m was reported which was forecast to increase to £42.981m by the end of the financial year. The year-to-date position included slippage against the savings plan with a forecast of £16.527m slippage at the end of the financial year.

In discussion, the following points were addressed:

- It was noted that short term actions around good financial governance were being reissued to colleagues so that managers' levels of authorisation were clear.
- The Financial Review Board would start to look at the entire financial situation to provide a holistic overview rather than concentrate on savings alone. It was advised that unmet savings had resulted because of several factors and a more robust plan at the beginning of the financial year would have helped. It had taken time to make the required adjustments and additional pressures had also impacted on savings.
- H Cooper advised that if all the identified actions were put in place, an overspend of approximately £26m could be forecast. The main challenge is that there is no additional funding to invest in change while simultaneously making savings.
- H Cooper advised that savings targets were allocated to divisional level and not to managers. However, there is a need to align the savings plans with the ADP to map out activity and evidence the process.
- F Davies noted that the month 6 position shows an overspend within the Argyll and Bute budget, but that financial balance was anticipated within the IJB at year end.
- L Bussell added that the care home sector was under significant pressure both locally and nationally, and some care homes had been lost. There were challenges regarding locum and agency spend but there were opportunities around self-directed support. Work was underway with Highland Council and independent providers to understand future needs and find a more sustainable service for the future. Concerns were expressed about future funding for care homes from The Highland Council and more information on the in-year pressures was requested for the forthcoming Highland Health and Social Care Committee meeting.
- P Dudek noted that statutory responsibility for adult social care sat with The Highland Council, and it would be necessary to work together as partners to resolve the budgetary challenges. She added that the Board must understand the implications of this and confirmed she would be considering how this matter could be taken forward collectively within each organisation. Further updates would be provided to the Board along with commentary on the associated risks.
- P Dudek stressed the need for good clinical engagement to understand the risks to support and defend the situation of how services are run and negotiate priorities on a national basis.

The Board **discussed** the report and **agreed** to accept **limited assurance**.

*The Board took a break at 11.10am and reconvened at 11.20am.*

## 8 Winter Preparedness

K Sutton spoke to the circulated report and advised that the Winter Preparedness Plan was being taken forward under the strategic direction of the Unscheduled Programme Board chaired by Fiona Davies. The vaccination programme was central to the plan given the anticipation of high levels of respiratory illness. It was confirmed that the plan had been developed according to the Scottish Government Framework and made use of the associated action lists. The Board was also reminded that winter preparedness arrangements for Argyll and Bute were being taken forward through the IJB.

The plan set out the necessary enablers and referred to additional finance to support the Board. In addition, work was underway to build capacity across the system both in hospital and social care settings. It was also confirmed that the national Operational Pressures Escalation Level framework (OPEL) was now being used in Highland. Given the unpredictability of population demand for services and the challenges faced within health and social care teams, only limited assurance could be offered. While mitigating actions had been put in place, periods of intense system pressure over the winter period may be unavoidable.

During discussion, K Sutton provided the following additional information:

- The plan included mission critical elements and the Plan reflected the collective input from social care and GP colleagues.
- There was a plan for managing outbreaks of flu and norovirus in Highland's inpatient settings. Previous red and green COVID pathways had been stepped down.
- The plan would be re-evaluated in May 2023 and would be brought back to the Board to assist with winter planning for 2023-24.
- Scottish Government funding had been received to assist with the reintroduction of extended hours and enhanced services. Extended GP hours were already in place.
- There was an opportunity to redesign pathways to ensure they are fit for purpose and, if they proved successful, it would allow continued investment in other areas.

Reflecting on a meeting the previous day of the Board Chairs Group with the Cabinet Secretary, the Board Chair expressed a note of caution in terms of actions 45 and 47 about the deployment of medical students. He also requested that future iterations of the Winter Preparedness Plan include a glossary of acronyms.

The Board **noted** the Winter Preparedness report and **agreed** to accept **limited assurance**.

## 9 NHS Highland Engagement Framework

R Fry introduced the item and noted that the framework was a toolkit rather than a strategy. The toolkit helped define what the Board meant by communications engagement, set out the key performance indicators and explained the assurance and governance process.

In discussion, the following matters were addressed:

- Actions arising from the feedback received from engagement work will be taken forward via the team plan, overseen by the Staff Governance Committee, and timeframes will be assigned to the actions.
- It was commented that the framework should be viewed as a living document and that it will respond to the actions of the wider organization.
- Careful thought should be given to the advocacy process especially in relation to work with those with lived experience and groups such as Highland Senior Citizens.
- F Hogg welcomed the progress made by the Communication and Engagement team and noted the need to take every opportunity to work with Community Planning partners to listen to the various voices around the table.

The Board **Agreed** to take **substantial assurance** from the report and **approved** the Engagement Framework.

The Board took a break at 12.55pm and reconvened at 1.25pm.

## 10 National Treatment Centre

D Jones introduced the item and reiterated the context for the National Treatment Centre (NTC) and how, as part of the COVID recovery programme in Scotland, a decision had been made by Scottish Government (SG) to look at how the NTCs could be viewed as national assets to support the recovery of national waiting times.

Construction work would soon be complete and there were no major concerns regarding the completion date. Recruitment was reported currently at 66% of the total staffing complement. There were residual risks associated with recruitment with implications for the numbers of beds and theatres available at the date of opening. In particular, the challenges associated with recruitment of clinical fellows were described. Mitigations to the risks associated with recruitment were highlighted in the report.

During discussion:

- D Jones agreed to provide numbers on how many staff will be recruited from Raigmore Hospital and other healthcare settings within NHS Highland outwith the meeting. K Sutton noted that this had been a national concern as all boards were recruiting from the same pool.
- F Hogg noted that the approach to recruitment undertaken by D Jones and K Sutton was a template for the future for NHS Highland. There was a particular focus on 'grow our own' approach to fostering talent in Highland.
- P Dudek commented that the implications and risks had all been acknowledged at the outset of the project. The 'Aim High, Aim Highland' recruitment campaign on the London Underground and elsewhere had been extended to support wider recruitment and some benefit had been derived from this approach.

It was noted that the bulk of band 3 support staff would be recruited after Christmas. The Board **Agreed** to take assurance from the progress of the construction programme and the development of the service model for care delivery for the National Treatment Centre Highland.

The Board **Noted** that the NTC-H would be considered a national asset by the Scottish Government hosted by NHS Highland and that a 'People not postcode' approach would be taken in the allocation of activity within all National Treatment Centres.

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

## 11 Whistleblowing Quarterly Update Q2. 2022/23

F Hogg advised that the week of 3 October 2022 had been designated as 'Speak Up Week' and presented an opportunity to promote whistleblowing and related areas across the Board area. During that week, the Guardian Service met staff across the Board area to highlight how staff could raise concerns. A Donald, as the Board's Whistleblowing Champion, had met with staff in Argyll and Bute to promote the whistleblowing standards and get a sense of the extent to which staff felt their voices were being listened to. One area of note for follow up was around equality and diversity related concerns.

The engagement work shows that there is still work to be done to raise awareness among colleagues and partners to understand the whistleblowing standards and how to raise concerns, but that there is an improvement in people knowing about and taking up the opportunity to speak up. Training had been developed to help staff understand what kind of concerns could be classed as whistleblowing.

F Hogg advised that she was involved with the independent National Whistleblowing Office as part of a small national working group developing a toolkit of guidance and support for managers and others involved in managing concerns. This should be ready to use by next April.

It was confirmed that the Quarter 3 report would be considered by the Board in March 2023. It was expected that this report would highlight areas such as monitored referrals, trend data and reporting capability. The Whistleblowing Champion visits had proved useful and would continue to assist with embedding and enhancing this work. It was noted that the timescales for resolution are very tight and, in some cases, they were not being met largely due to the complexity of several cases.

The Chair commended the visits being undertaken by the Whistleblowing Champion and the useful feedback in the reports he had provided. The Chair also suggested that similar feedback could be made available to the Board from the Guardian Service.

The Board **Agreed** to take **moderate assurance** from the report regarding confidence of compliance with legislation, policy and Board objectives.

## 12 Corporate Risk Register

### (a) Report by Lorraine Cowie, Head of Strategy & Transformation on behalf of Dr Boyd Peters, Medical Director.

Dr Boyd Peters provided an overview of the report which highlighted the strategic risks being considered for closure and additional risks to be added to the register. The report also informed the Board of how the risk register would be re-aligned with the Together We Care Strategy.

Risk 662 was now proposed for closure as this related to the completion of the Together We Care Strategy. The Finance, Resources and Performance (FRP) Committee had agreed to close risk items 123 relating to system performance during Covid, and 830 on sustainability of funding. The Board was asked now to agree to their removal.

The FRP Committee had agreed to the addition of new risks relating to redesign of services to create transformation, achievement of financial balance, and achievement of financial efficiencies. The Board was asked to agree to these additions. The Board was also invited to note that there would be other risks to be added to the register which would be covered in the paper by the Director of People and Culture. Item 12(b) refers.

Board members raised the following points in discussion:

- The concise layout of the report was welcomed as it helped to provide assurance.
- Concern was expressed regarding the wording of the two newly proposed risks relating to achievement of financial efficiencies and balance. The wording of the risks needed to articulate the longer-term sustainable position of the Board rather than the current financial year.

The Board **Approved** the addition of three new risk areas, as set out in the report with appropriately modified wording, The Board **Approved** updates to risks 662, 123, 830, and **Agreed** to take substantial assurance from the Strategic Risk Register update.

### (b) People and Culture Strategic Risk Review Report By Fiona Hogg, Director of People and Culture

Fiona Hogg provided an update on the Staff Governance Committee's approach and oversight of the strategic risks within its remit. The Committee had proposed some substantial revisions that reflected the changing risk profile and mitigation. The opportunity had also been taken to align the risks to the Strategy and the Annual Delivery Plan. The Committee had taken assurance and oversight of the level 2 risks held and managed by the Director of People and Culture and would review them on a rolling basis.

Fiona Hogg drew particular attention to risk 877 relating to engagement and highlighted that this did not sit within the scope of the Committee's remit. It was proposed that this risk would be

overseen by the Highland Health and Social Care Committee as it applied only to the Highland area and plans were already in place in Argyll and Bute.

A new risk was proposed about the ongoing impact of social, political, and economic factors on our workforce. These factors could have multiple impacts on staff health and well-being.

Moderate assurance was proposed from the Staff Governance Committee in relation to the strategic risks for which it was responsible.

During discussion on risk 877, Board members highlighted that the Highland Health and Social Care Committee would not have oversight of issues within acute services in Highland. On that basis, it was suggested that the risk owner should be the Chief Executive. The Chief Executive noted her agreement to this proposal and that the risk should remain a corporate Board level risk.

Following discussion in which a brief outline was also provided on progress with international recruitment, the Board:

- (a) **AGREED** to take moderate assurance from the review of the People and Culture related Risks and the approach by Executive Directors and the Staff Governance Committee to the ongoing oversight of these risks, as set out in the SBAR and Appendices.
- (b) **APPROVED** the updates to risks 632, 706 and 1056, as set out in Appendices 1,2 and 4 and **APPROVED** the new risk related to the impact of the ongoing Socio-Economic situation as set out in Appendix 5 for inclusion to the Strategic Risk Register.
- (c) in respect of Risk 877, **APPROVED** the interim updates to this risk as set out in Appendix 3 and **AGREED** that this risk should be included in the Corporate Risk Register with the Chief Executive as the Accountable officer. Oversight of the risk would be maintained by both the Highland Health and Social Care Committee, and the Clinical Governance Committee for acute services, moving forward.

### 13 **Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports**

#### **(a) North Highland**

L Bussell outlined that the report indicated an improvement on the previous year's performance. There was, however, a need for further work to embed the improvements and developments across the service.

In discussion of the report:

- It was advised that the aim for next year's report is to make it more visual and bolder in conveying the information. For the present report, the aim was to produce a version that summarised the key messages succinctly so it could be presented on one page.
- S Compton-Bishop commented that the public and carer representatives who sit on the Strategic Planning Group have provided invaluable advice in terms of avoiding unnecessary jargon.
- The Chair noted that the reports highlighted a lot of good news and congratulated the teams involved. He suggested that the Comms Team be consulted on ways of communicating the highlights of the reports widely but in a more accessible fashion.

The Board **Approved** the HSCP Annual Performance Report for 2021/22.

#### **(b) Argyll and Bute IJB**

F Davies introduced the report on behalf of Argyll and Bute IJB, and paid tribute to the significant work over the past couple of decades undertaken by the Head of Performance for Argyll and Bute Health and Social Care Partnership, Stephen Whiston, who was unable to be present and is due to retire in 2023.

The Annual Performance Report had been postponed due to COVID rules. The report had been presented to the Integrated Joint Board on 23 November 2022 and brought to the Board for noting.

The focus of the report was on the HHSCP response to the pandemic and continuing work on the remobilisation of services and the vaccine programme.

The Board **Noted** the HSCP Annual Performance Report for 2021/22 and **Agreed** to accept Substantial Assurance.

#### 14 **Child Poverty Action Plan Review 2021-22**

A paper had been circulated on the terms of the 2021/22 review of the Argyll and Bute Child Poverty Action Plan. The plan was jointly produced by the Health Board and the Local Authority to set out work being undertaken to tackle child poverty within their areas.

F Davies noted that the paper stated it was presented for awareness, but that this should be amended to say, 'presented for a decision'. She confirmed that the plan was also available as a children and young people friendly version that has been co-produced with young people.

Earlier in 2022, the End Child Poverty Coalition published an analysis which showed a 1.8% reduction in child poverty for Argyll and Bute. While this was seen as good news, the year had presented significant new challenges in relation to child poverty, food shortages, the cost of living crisis, and the war in Ukraine, all of which had presented a difficult backdrop in working to mitigate child poverty. The key areas of the plan were to increase income through employment, earnings, and benefits. In the past year, Argyll and Bute IJB had been able to demonstrate how families have been directed to over £10 million of relevant support through advice centres.

During discussion:

- P Dudek commented on the positive way the Plan had been generated with involvement of children for a more comprehensive picture of children's services, and that this approach could inform the forthcoming Highland plan.
- S Ringwood commented that she had had the benefit of seeing the report when it came to the Argyll and Bute IJB and noted the chart which showed a reduction in the number of children experiencing poverty over the period between 2014 and 2021. This reflected a near 10% improvement which should receive commendation.
- The Chair congratulated Fiona Davies and her team on the report and noted the continuing challenges ahead.

The Board **endorsed** the Child Poverty Action Plan 2021-22.

#### 15 **Gaelic Language Plan V3**

R Daly introduced the paper which appended the third Gaelic Language Plan for NHS Highland for submission to Bòrd na Gàidhlig by the end of March 2023. The report invited the Board to take moderate assurance.

In discussion, Board members welcomed the Plan's emphasis on actions relating to staff recruitments.

It was asked if evidence could be gathered showing the health benefits of people being able to engage with services in their preferred language. This was an area for research and potential collaboration with UHI that could be promoted as a special area of interest for NHS Highland. The Chair commented on the benefits of using first language among elderly groups and especially in the context of dementia.

The Board **Agreed** to take **moderate assurance** from the report and **Approved** the final draft for submission to Bòrd na Gàidhlig.



## 16 Committee Memberships and Chair Positions Review

R Daly introduced the report which detailed the review and recommendations for changes to Committee memberships and chair positions. It was confirmed that discussions had been held with all non-executive members of the Board concerned and that the recommended changes set out in the report were intended to take effect from 1 January 2023.

At the request of the incoming chair of the Clinical Governance Committee, consultation was underway with a view to change the meeting dates for March and June 2023. Final agreed dates would be communicated in due course.

In terms of the integration scheme for Highland Health and Social Care Partnership, members of the Board will be involved in the main strategic Committees of both lead agencies. Highland Council has been approached for Board membership of the Council's Health, Social Care and Well-being Committee and further details would be confirmed later.

In discussion:

- it was noted that the Chair of the Pharmacy Practices Committee would be appointed later.
- the list of vacant 'champion' roles was intended to show the range of roles to which other health boards had made appointments. Further clarity would be sought to establish if there was a definitive list of Champion positions.
- T Allison noted that he, as Director of Public Health, and the Director of Nursing are invited to be non-voting members of the Highland Council Health, Social Care and Well-being Committee as members of the NHS Highland Board.
- A Anderson noted that the FRP Committee would discuss the changes to its Terms of Reference at its next meeting regarding the wording of the document and the changed membership.

The Board agreed to:

- (a) take **moderate assurance** from the report and;
- (b) **Agreed** to increase the FRP Committee membership.
- (c) **Agreed** to the changes proposed for Committee memberships and Chair positions to take effect from 1 January 2023.
- (d) **Agreed** to the proposed Clinical Governance Committee date changes in March and June 2023.

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

The Board **received assurance** from the reports below and **noted** the minutes and actions.

### a. Finance Resources and Performance Committee, 20 October 2022

A Anderson commented that the Committee had spent much time discussing the financial position of the Board and the minutes reflect the discussion and potential actions arising.

### b. Highland Health and Social Care Committee, draft minutes of 2 November 2022

A Clark noted that the minutes reflected the discussion at the Committee.

### c. Clinical Governance Committee, draft minutes of 3 November 2022

G Rodger commented that the Committee had evolved well over the last few years in terms of its reporting of assurance levels and raising of items for the Strategic Risk Register. The Committee is aware, along with the Board, that there are ongoing system pressures for clinicians. Positive feedback in terms of Clinical Governance quality and performance data dashboard reporting had allowed better triangulation of information and therefore greater assurance.

**d. Area Clinical Forum, draft minutes of 3 November 2022**

C Sinclair drew the Board's attention to a report raised by the Area Pharmacy Committee regarding pharmacy closures within the Health Board. The ACF had agreed to highlight the challenges set out in the report to the Board. Moderate assurance had been offered by the Community Pharmacy Services team in terms of providing a consistent pharmacy service to affected areas such as Inverness. B Peters added that this issue highlighted the workforce challenges faced by independent partner organisations which impacted on patients and the NHS. The independence of this sector meant that the issues were difficult to address directly.

J McCoy noted that she had attended the November meeting of the ACF and asked for the minutes to be amended to reflect this.

The Board Chair added that he had recently held a meeting with the ACF Chair, the Chief Executive, and the Medical Director to discuss how the Board and ACF might work more closely to improve the flow of information and engagement and that the Chief Executive will take this forward.

**e. Staff Governance Committee, draft minutes of 9 November 2022**

S Compton-Bishop noted that there had been discussion of hot topics on the wealth of ongoing work to support the workforce. This had included an examination of the risk registers and noted the evolution of the People and Culture Programme Board.

The Committee had agreed to dedicate more time at its next meeting to discussion of Whistleblowing and to receive an update from A Donald about his visits to staff across Highland in his role as Whistleblowing Champion.

**f. Argyll and Bute Integration Joint Board, draft minutes of 21 September 2022**

S Compton-Bishop gave a brief update on the most recent IJB meeting in November to supplement the minutes presented for September.

At the meeting on 23 November, the IJB had considered the strategic workforce plan which highlighted the challenges of staffing island communities. The Annual Report from the Argyll and Bute Chief Social Work Officer was received which articulated current societal pressures and challenges and how these had been hidden or amplified because of the pandemic. The papers were available at the IJB website and were recommended to all Board members.

**g. Pharmacy Practices Committee of 31 August 2022**

G Rodger noted that following mention in AOCB at the previous meeting of the Board, the Pharmacy Practice Committee had met and approved the pharmacy to go ahead in Spean Bridge.

**18 Any Other Competent Business**

The Board Chair updated the Board as follows:

- Confirmation had been received in October 2022 that Scottish Government had de-escalated NHS Highland to level 2 on the NHS Board Performance Escalation Framework in respect of Culture, Leadership and Governance. NHS Highland will remain at level 3 of the Framework for Financial Management and Mental Health Performance until further progress is made. The Board welcomed the move as recognition of further significant progress in challenging times, having been de-escalated from level 4 earlier in the year.
- Staff Recognition items at Board meetings had been very valuable for helping the Board to understand activity across the organisation, especially during the pandemic. How the Board incorporates such sessions in future is under consideration, with one possibility being that they form part of the Board's development session programme.

- The Chair would write to congratulate Andy Kent, who had recently won the Global Citizen Award at the Scottish Health Awards. He would also write to the Arrochar Medical Practice and to Rory Munro who had been nominated for other categories of awards.
- A Board briefing would take place on Wednesday 18<sup>th</sup> January when the Chair of Greater Glasgow and Clyde Health Board, John Brown, will present the new Blueprint for Good Governance. This will begin the process of a Pathfinder Self-evaluation on Governance.
- A session would take place on 15<sup>th</sup> December for Non-Executive members on access for training to the TURAS system led by colleagues from the Learning and Development team.

**19 Date of next meeting**

Tuesday **31 January 2023** at **9.30am**.

**The meeting closed at 2.23pm**

Draft