

<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 March 2022 – 9:30am</b>	

**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  
 Mr Graham Hardie, Non-Executive  
 Ms Deirdre Mackay, Non-Executive  
 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 (not 2pm to 3pm)

**In Attendance**

Ms Louise Bussell, Interim Chief Officer, North Highland HSCP  
 Mr Stephen Chase, Committee Administrator  
 Ms Lorraine Cowie, Head of Strategy and Transformation  
 Ms Ruth Daly, Board Secretary  
 Ms Tara French, Head of Strategy, Health and Social Care  
 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 George Morrison, Depute Chief Officer, Argyll & Bute IJB  
 Mr David Park, Interim Deputy Chief Executive  
 Ms Katherine Sutton, Chief Officer, Acute Services  
 Mr Nathan Ware, Governance & Assurance Co-Ordinator  
 Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

**Also in Attendance**

Ms Krys-Anne McBean, trainee Biomedical Scientist (item 3)  
 Dr Susan McDonald, Clinical Scientist (item 3)  
 Ms Mary Summerscale, Senior Biomedical Scientist (item 3)  
 Ms Lynda Thomson, Senior Health Improvement Specialist (item 12 from 1pm)

**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 Philip Macrae, Fiona Davies (substituted at the meeting by George Morrison) and Prof. Brian Williams (UHI).

### **Preliminaries**

The Chair noted that Deirdre Mackay would be attending her last formal public meeting with the Board today because she would not be standing as a candidate at the local government elections in May. She had been a Highland Council Board member since June 2017 and had made a significant contribution to the Board throughout her tenure. Deirdre was appointed a member of Highland Health and Social Care Committee and took the position of vice chair in 2020; she served on the Clinical Governance Committee until March 2021; chaired the Endowments Committee and trustees since November 2020; and had been the Board's representative on the Sutherland Partnership. Furthermore, Deirdre had a particular interest in the work of the Organ and Tissue Donation Committee which she chaired for several years until 2020. Thanks were expressed for her dedication, commitment, hard work, and friendship, and well wishes were given for the future.

D Mackay thanked the Board and all the colleagues she had worked with, noting that she had seen significant changes to the Board and gave credit to Executives and staff for the changes over recent years. She also thanked NHS Highland staff for her care experience as a patient.

## **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 his status was too remote to the agenda items to reasonably be taken to fall within the Objective Test and, on that basis, he felt it did not preclude his participation at the meeting.

## **3 Staff Recognition – Microbiology**

The Chair introduced Dr Susan McDonagh, Mary Summerscales and Khrys-Ann McBean from the Microbiology Service who gave a presentation about the experiences of the Microbiology Team during the pandemic. The Service was described in terms of its pre-pandemic duties, which included a six-day molecular testing service, batch testing, and a same day service. On the one hand, the service had already been experiencing strain due to staffing recruitment issues, but on a more positive note, the service had introduced Point-of-Care Testing (POCT) for respiratory infections at Raigmore which had resulted in fewer ward closures for flu.

The service has been challenged by the wide geographical area it covers and the fact that Microbiology is only available at the Raigmore site. The service's pandemic response was described:

- Initially, with the high numbers of cases, samples were sent to Glasgow for analysis.
- Systems were introduced locally, and seven-day testing was introduced with extended hours.
- Four workflows were developed with the Scottish Microbiology and Virology Network (SMVN).
- Testing activity had increased from approximately 10 samples per day pre-pandemic to more than 400 per day.

In the wake of the pandemic, staff were now exhausted. It was acknowledged that this was experienced in much of the NHS. Staffing levels are an issue both in terms of the impact of COVID and with the difficulties of recruitment.

In discussion, the following questions were discussed:

- Recruitment was noted as a challenge as it is for other specialist areas in Highland. One method to address this is to encourage the development of 'homegrown' staff from the region partly as a way of improving retention.
- The positive opportunities for trainees to develop as scientists within the department were noted. The challenges of the past two years were acknowledged, however this had also presented several learning opportunities. The number of trainees is not as high as it would have been due to pandemic-related delays to students graduating on time.
- It was noted that difficulties with IT connectivity is a key issue especially for working with certain instruments. It is also hoped that the introduction of POCT across the region's hospitals will be of

increasing benefit, however most POCT rely on manual entry which has issues of human and machine error in the recording process.

- The service is pressed for space with the increase in equipment, especially desk space for writing up work and members of the Board expressed willingness to explore what options there may be to assist.

The Chair thanked the team on behalf of the Board for their continued work and dedication during the pandemic.

#### **4 Minutes of Previous Meetings and Action Plan**

R Daly drew the Board's attention to two items from the Action Plan which are now completed:

- The Board considered risk matters at the last Development Session on 17 March. Arrangements for strategic risk management will be shared with the Board as work progresses.
- The Review of Board Governance arrangements was brought back to the present meeting.

Two actions still ongoing were noted:

- There will be a report to the Board in June 2022 on the conclusion of the Healing Process
- Arising from the meeting of 25 January 2022, a detailed strategy for the wellbeing workstream is expected at the next meeting of the Board in May.

The Board **approved** the minutes as an accurate record of the meeting held on 25 January 2022.

The Board **Noted** the Action Plan.

#### **5 Matters Arising**

There were no matters arising.

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

Pam Dudek noted that the past couple of months have been difficult across the service and for partners. This is largely due to the current phase of the pandemic which has seen a greater impact on staffing and significant numbers of hospital admissions. However, cases have generally been less severe than for previous waves. There are no easy solutions to this situation, however it was important to ensure public messaging encouraged the use of alternative options to avoid unnecessary emergency admissions.

Social Care also continued to be challenged across the Board area due to staffing levels affected by the pandemic. It was noted that some Care Homes have chosen to stop trading and the Board is working to address these issues on a case-by-case basis. There was close working with colleagues in Scottish Government and the two local authorities across the Board area to sustain services.

Ms Dudek gave a brief outline of her recent visit to Argyll and Bute which included a walkabout at Lorn and Islands Hospital with Susan Ringwood, Non-Executive Director. She had seen the challenges of recruitment and retention, however had been encouraged by the motivation of staff.

'Together We Care' engagement work has proved difficult to carry out because of lack of face-to-face opportunities and staff pressures. A development session would be held in the summer to consider the strategy and a request was made to extend the timeframe for its submission to the Board for approval.

Board Executives had met with the Maternity Services team at Raigmore to hear their concerns relating to the options in the Moray maternity report. The Programme Board was now up and running, the Cabinet Secretary had visited the facility very recently and an announcement was expected soon from Scottish Government. Ms Dudek reiterated the need for the right infrastructure environment, staffing levels and pathways to ensure that the system would work well. These concerns had been articulated to the Cabinet Secretary. The Director of Nursing noted the importance of the Redesign for Maternity Services as an opportunity to address the welfare of mothers from remote and rural settings who must stay away from home and for whom accommodation close to neonatal services is important.

In discussion, the following points were addressed:

- The Board reiterated its position regarding Maternity Services and the substantial investment required to meet both the service redesign and a proposed agreement to support NHS Grampian's service at Dr Gray's Hospital. Ms Dudek reaffirmed the importance of conditions being satisfactory so as to deliver a safe and improved service within a realistic timetable, and to have capital and revenue funding requirements in place. It was acknowledged that recruitment is an issue for all areas of the Health Service, including Maternity. It was hoped that a clearer position could be brought back to the Board in June/July 2022 regarding Highland Maternity Services, whatever the outcome of the Moray review might recommend.
- The matter of Cowal Hospital and the GP practice in Dunoon was raised. G Morrison stated that external consultants are working with the GP practice and that the architects are working with them to design detailed drawings for the area of the hospital. There will be some realignment of staff and services within the hospital to vacate the space that will be used. It is hoped that construction work will commence soon. Two practices will be moving into the hospital and discussions are underway about merging. Separate discussions are underway with a third practice which did not wish to relocate to ensure that all parties are fully informed and involved in plans.
- Concern was raised about commercial Care Home suppliers pulling out of the area and if there were contingency plans in place to address this possibility. P Dudek answered that this would be a significant challenge were it to happen but that each case needed to be considered on a bespoke basis.

Following discussion, the Board,

- **Noted** the update
- **Agreed** to extend the timeframe for consideration of the draft Strategy Report to July 2022.

## 7 Public Health Report – COVID19 Update Assurance Report

The Director of Public Health gave an overview of the current situation and a presentation regarding Covid19 in Highland, noting the fast moving and unpredictable situation. Case numbers have been high but there is scope for optimism due mostly to less severe cases as a result of the vaccination coverage and indications that the recent high numbers were falling.

Care Homes have experienced a huge impact with staffing levels hit and several closures to admissions. Care At Home staffing has experienced similar pressures. Cases within Raigmore and other hospitals had more recently arisen from patients admitted for reasons other than COVID. While Highland was currently experiencing high levels of COVID, these were not significantly more than for the rest of Scotland. There was cautious optimism around falling rates for Argyll and Bute. The number of cases is higher among the young and there has been a slight rise among ages 85+ which may be due to a waning vaccine effect.

### Vaccination Programme

The coverage for Highland has been excellent but work is needed with boosters for younger and working age cohorts. A Spring booster will be offered to ages 75+ and vulnerable groups because immunity will be starting to wane six months after the third dose. A universal offer will soon be rolled out for ages 5 to 11 and there will be continued opportunities for those members of the public who are currently unvaccinated to take up the offer. Contact tracing will wind down from April.

The Director of Public Health paid tribute to staff dealing with COVID and its effects, and the Vaccinations staff for their hard work, and the population of Highland for their engagement.

In discussion, the following comments were noted:

- There was currently a higher rate of COVID infection with women which could be attributed to an increased willingness to test and record or an increased risk associated with contact with younger people. This was a particular challenge in terms of the impacts on the Board's workforce.
- Communication regarding the Spring Booster will be a national campaign with most of the NHS Highland population invited to attend a vaccination centre with notification by letter.
- Care Home residents and the Housebound will be vaccinated at home as for previous vaccination tranches.
- The Inverness vaccination centre is moving from the Retail Park to the Eastgate Centre which will hopefully provide easier access to the facility.
- The rate of re-infection is increasing but at a slower rate. However, this is not too much of a concern and the population will experience some form of waning immunity whether this is from the vaccination or from having previously contracted COVID. The principal concern was that those who are vulnerable are re-vaccinated.
- The issue of research into Long COVID was raised. There is much research underway in this area. The numbers appear to be lower than estimates expected but it is hoped that mapping will improve for this issue with service remobilization.

The Board **noted** the update.

**The Board took a short break at 11.02 am and the meeting resumed at 11.15 am.**

## **PERFORMANCE AND ASSURANCE**

### **8 Integrated Performance and Quality Report**

D Park and L Cowie introduced the circulated report. It was noted that an update on the remobilisation plan would be provided to the next meeting of the Board with a particular focus on the expectation that performance should revert to pre-pandemic target levels for certain services. It was encouraging to see that service reviews had resulted in improvements in cancer performance.

In discussion, the following comments were made:

- The IPQR was discussed and presented at the Board's Governance Committees.
- Board members commented on the helpful design of the report and the team noted that they would continue to work with Committees to present data in the most useful ways.
- Work has been ongoing to see how best to display different areas of impact and how this affects Community, Mental Health, and other areas through use of the Dashboard. Work was underway to refine the granular detail underpinning the report as a 'single point of truth' for the organisation and to support action plans for all programme boards.
- Work around cancer treatment times has seen positive improvement. There has been some concern around late presentations of cancer, and it was noted that some patients had put off contacting their GP or visiting Hospital during the past two years of pandemic. The Pharmacy teams including Community Pharmacies have helped extensively around first contact for a lot of patients.
- There is a clear expectation by Government that Health Boards will do things differently in the wake of the pandemic in terms of redesign both organisationally and at a service level. It was acknowledged that balancing the current situation with the reform requirement will be a challenge.
- The aim in producing the IPQR is to be as transparent and accessible as possible for anyone interested in the information, whether they be patients, politicians or press so that progress can be evaluated clearly.
- Assistance was sought in interpreting the data on Significant Adverse Events. It was confirmed that SAERs have had a six-month target. The cases noted from September 2021 fell into the end of one six-month period and the next review point will be at the end of March 2022. It was also expected that better graphics could be used to describe complaints and FOI compliance in future. An update to this section of the report could be issued to Board members. It was also noted that the narration part

of the report referred to staffing issues and it was requested that workforce matters should be discussed in a future development session.

- A request was made for inclusion of data on Statutory and Mandatory training as this had been an area of concern for a period of time. It was confirmed that all the indicators for the Staff Governance Committee would align to the five staff governance standards. Discussions had been held on this issue at the Staff Governance Committee development session and consideration was being given to what data could be usefully provided for the Committee.
- Emergency Department metrics were noted in the report to ensure the department is as responsive as possible and to address what planning can be put in place to help manage the delivery of patient care, for example to note where there is regular or recurring attendance in the ED from particular patients.
- In terms of falls, since July 2021 NHS Highland had been trending 10 points above the mean. There was variation with some areas sustaining good levels and others seeing an increase. The Falls Prevention Group had been re-established to consider the data and direct the improvement work. The organization was sighted on the current data and expected a downward trend eventually.

The Board took **Substantial** assurance and **Noted** the content and form of the report.

## 9 Finance Assurance Report

D Garden introduced the report which showed the month 11 position for NHS Highland. It was confirmed that Scottish Government has agreed to support all health boards with a financial package to achieve a break-even position for the 2021/2022 financial year. The Board was invited to take moderate assurance from the report.

Notwithstanding the support to be offered, at the end of February 2022 there was an overspend of £3.553m forecast to increase to £3.559m by the end of the financial year. This was a significant improvement to the projected year-end overspend reported to the last Board meeting of £19.567m and reflected the application of funding to cover slippage on savings.

It was also reported that £37.533m of the revised capital resource of £65.513m had been spent. Assurance was given that the remainder of the allocation would be spent during the financial year on schemes identified.

In discussion, the following comments were made:

- All SLAs were set at a national level across all boards based on historic activity but this has been taken forward by the National Finance Group based on the current circumstances so is not unique to Glasgow and Argyll & Bute and is being reviewed overall.
- The current underspend within the National Treatment Centre of £8 Million will be met before year end as will the £3.5 million for Radiology as deliveries of new equipment are being receipted.
- A report has been submitted to Government addressing what the Board expects the financial challenges for 2022-2023 to be. The current estimate is approximately a shortfall of £16 million.

Responding to a query regarding measures to elevate the level of assurance, D Garden confirmed that the level of assurance should be changed to Substantial given Scottish Government had confirmed all Boards would be in a break-even position. The Board agreed to this revision.

The Board took **Substantial** assurance and **Noted** the content and form of the report.

## 10 Argyll and Bute IJB Initial Budget Offer

D Garden introduced the report which had been circulated ahead of the meeting.

The approved 2020/21 budget offer indicated that Argyll & Bute's funding offer for 2022/23 would return to full NRAC share.

Argyll & Bute's share of the total NHS Highland NRAC funding is 28.77%, the draft offer totalled £246.8m which included a 3.6% uplift on the adjusted baseline 21/22 allocation. Also included is an estimate of additional in-year allocations which will be adjusted throughout the year as resources are allocated to the Board.

The Board took **Substantial** assurance and **Noted** the content of the report.

## 11 National Treatment Centre – Assurance Report

D Jones spoke to the circulated report and noted progress on construction work, the people plan (which is consistent with the Culture Programme), Recruitment and Service Delivery.

Construction of the National Treatment Centre (NTC) commenced in the summer of 2020. A 6-week delay in the planned programme has occurred due to a range of technical and supply chain issues and the impact of COVID. Subject to no further delays in the construction timetable, the proposed completion date is 20th September 2022 with a go live date of 13th December.

The NTC will provide uncomplicated hip and knee replacement surgery, hand, foot, and ankle surgery and a full range of ophthalmic care including outpatients and surgical treatment.

A public relations supplier has been commissioned to supplement the internal Communications and Engagement team and bring national and trade media knowledge to highlight the opportunities for patients and staff that the NTC will offer at local and national levels.

In discussion, the following comments were made:

- It is expected that the construction programme will complete within 27 weeks assuming there are no further delays. Cladding is complete and there is a good working relationship with the contractors who are also engaged in work with the local community and students.
- The recruitment process is underway with 210 staff required for the Treatment Centre.
- The NTC is soon to start the major recruitment programme for Band 5 Nursing Staff.
- Work is currently being undertaken with a local media organization to promote the new Treatment Centre and to encourage local recruitment.
- There is a risk that there will be some interest internally among staff to transfer from current positions to the NTC. It was commented that it is important to note that the NTC should not be in competition with other areas of NHS Highland work and, therefore, work to minimize this issue is underway. However, it was also acknowledged that the NTC may provide an opportunity for the sharing of skills among staff.
- It was confirmed that Balfour Beattie were linking with an academy within Inverness to show the opportunities in the construction industry.

The Board **Noted** the progress of both the construction programme and development of the service model for care delivery for the National Treatment Centre Highland, and took **Substantial** assurance from the report.

**Members took a lunch break at 12.30 pm. The meeting reconvened at 1 pm.**

## 12 Social Mitigation Action Plan

T Allison spoke to the circulated report which provided an update to NHS Highland's social mitigation strategy as endorsed by the Board in May 2021. Whilst the situation around the pandemic and associated health impacts appeared to be easing, there was still an ongoing impact across the wider society and a need to address health inequalities which existed before the pandemic. The Action Plan had been revised following a workshop held in November 2021 which aimed to promote the Social Mitigation Strategy and to identify actions in support of the strategy's outcomes.

In discussion, the following comments were made:

- Public Health and the Board have been mindful to highlight health inequalities within the area.
- Transport poverty is noted in the plan. The current amount which can be reimbursed for travel to, and from, hospital appointments is 14p per mile. It has been at that rate for some time, but it is currently uncertain whether NHS Highland can influence this or if it is a matter to raise with Government. The Director of Finance noted that the Board has some discretion to change the rate and that he would take this feedback to review the matter further.
- Deeper thought on the Social Mitigation Plan is now required given recent events around rising energy costs and the general cost of living increases. Consideration will need to be given to see if some services could be delivered differently in the future to avoid the necessity of travel.
- Suggestions such as utilising pool cars or leasing of cars were raised. The Chief Executive noted that she was happy to discuss creative solutions to the issue of transport.
- Other suggestions considered food waste and redistribution solutions such as the use of community refrigerators in remote and rural areas.
- The matter of providing and signposting for relevant information and advice was discussed. It was noted that capacity is an issue but that work between NHS Highland and its partners at The Highland Council and the Third Sector is crucial to address the range and severity of needs.

The Board took **Moderate** assurance from the report and endorsed the action plan.

### 13 The Culture Programme Assurance Report

F Hogg spoke to the circulated report and noted that good progress had been made, however a pause had been placed on the Leadership and Management Development programme during the latest system pressures. This workstream will restart once team capacity is more secure. The People Plan is being finalised for Committees and teams to check alignments and a high-level summary will be presented at the May meeting of the Board. A draft Wellbeing Plan will be ready to circulate by the end of the month.

In discussion, the following comments were noted:

- The importance of managers 'living' the culture change to identify and prevent issues escalating unnecessarily. Case studies will form part of the Leadership and Management Development programme as part of a suite of cultural improvements and to help future managers in case they come across similar situations. The 'Once for Scotland' policies have been in place since 2020 and will continue but the main focus will be the practical training of the Leadership and Management programme.
- The Listening & Learning Panel is close to launching its workstreams and meetings.
- It was asked if the training would be made part of the statutory and mandatory training online. It was acknowledged that much of the training will be online but that there was a desire to build a cohort to strengthen learning and networks.

The Board accepted a **moderate** level of assurance.

### 14 Quarterly Whistleblowing Standards Assurance Report

The Quarter 3 report from (1 October to 31 December 2021) was circulated ahead of the meeting which has previously been presented to the Staff Governance Committee on 9 March 2022. The report for Quarters 4 (January to March 2022) will be presented at the May meeting of the Board with the Annual Report reporting to the July meeting.

Moderate assurance was proposed but it was acknowledged that there is still work to be done to promote awareness and to complete audit actions.

In discussion, it was noted that the Cabinet Secretary had met with the Whistleblowing Champion, A Donald, who acknowledged the strong links made between Whistleblowing and the Culture Programme in NHS Highland's approach.

The Board accepted a **moderate** level of assurance.

## GOVERNANCE

### 15 Strategic Risk Register

B Peters drew attention to the SBAR which had been circulated ahead of the meeting and noted that there had been no changes to where risks currently sit, only minor adjustments and that none had been added.

During discussion, the following points were noted:

- The Chair noted that there had been a useful development session for the Board on Risk Management and discussion arising from this was helping to shape the position statement on Risk Appetite.
- F Hogg noted that The Culture Risk (632) had updated actions following the Staff Governance Committee.
- D Park noted that the risk rating for Remobilisation was still similar due to the high potential risk impact in this work stream.
- Communication of changes to the Risk Register will be made via the Clinical Governance Development Manager, Mirian Morrison.

The Board took **moderate** assurance and **noted** the strategy.

### 16 Review of Governance Light arrangements

R Daly noted that the Board decided at its meeting in November 2021 to prioritise only essential business at Board and Committee meetings and to scale back development sessions for the remainder of the financial year so that the ongoing demands of the pandemic could continue to be addressed. The Board had agreed to review that decision at the March 2022 meeting.

Due to the ongoing pressure on the organisation to address the pandemic, the report recommended that the current scaled back arrangements be extended until the end of May 2022, subject to further review at that time.

Substantial assurance was offered on the grounds that:

- this is a proportionate response with essential business continuing to be undertaken,
- the adjustments do not apply to the Remuneration or the Audit Committees so they remain independent and can retain a governance oversight of non-covid related business,
- the weekly meetings of the Chair and Chief Executive continue, and
- this is a temporary measure to be reviewed again at the next Board meeting in May.

The Board accepted a **substantial** level of assurance and approved the extension until the end of May 2022 at which point the situation will be reviewed again.

### 17 Suspension of Standing Orders – Extension of Co-option onto NHS Highland Audit Committee

R Daly gave an overview of the report which sought the Board's agreement to suspend Standing Orders to extend the current one-year co-option arrangement on the Board's Audit Committee, which under the terms of the 2021-2022 arrangement, is due to end with the new financial year.

Both the Board Chair and the Chair of the Audit Committee requested that the arrangement be extended for a further two-year period considering the significant contribution to the work of the Committee and the Board of the appointee, subject to the necessary agreements being in place and with the consent of the appointee.

Given that the proposal conflicted with national guidance and the Board's Standing Orders, discussions had been held with External and Internal Audit colleagues, and consent to extend the arrangement was received from Scottish Government. On this basis, the Board was asked to agree to suspend Standing Orders 9.7 in relation to this co-option arrangement and to extend it for a further two-year period with effect from 1 April 2022.

It was noted that the suspension of Standing Orders related exclusively to this specific arrangement.

The Board **agreed** to:

- Suspend Standing Order 9.7 relating to duration of the co-option arrangement and,
- Extend the timeframe of the co-option arrangement for a period of two years with effect from 1 April 2022, subject to annual reviews.
- **Substantial** assurance was accepted on this item.

## 18 Revised Area Clinical Forum Constitution

R Daly introduced the report which proposed amendments to the Area Clinical Forum constitution to permit more than one individual to fill the position of Vice Chair.

The Forum Chair had considered nominations for the position of Vice Chair and had identified the benefits of the role being undertaken by two individuals from different professional backgrounds. The Forum agreed to the proposed changes to its constitution to allow this to take place and the revised draft was submitted to the Board for endorsement.

The Chair noted that the chair of the Area Clinical Forum had had to step out of the meeting to attend another meeting and so was unavailable to speak to this item.

The Board:

- **approved** the amendments to the Area Clinical Forum constitution and
- accepted **substantial assurance**.

## 19 Annual Board and Committee Workplans

R Daly introduced the report which sought the Board's approval of Work Programmes for the 2022/23 financial year for the Board and Governance Committees.

The Workplans cover a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work. The Plans also provide the basis for the Executive team to deliver activity directly supporting key priorities and risks through a structured approach, and substantial assurance was offered on this item.

The individual Governance Committees have discussed and agreed their own workplans and the whole suite were presented to the Board for approval. The following amendments to the workplans were noted:

### Staff Governance Committee

'Argyll and Bute Strategic Plan' added to Standing Items.

### Finance, Resources and Performance Committee

'Strategic Risk Review' added to Standing Items.

### Clinical Governance Committee

'Information Assurance Report' be moved out of Standing Items and instead be made a 6-month Exception Report (commencing June 2022).

The Board,

- **approved** the workplans, noting the amendments and
- accepted **substantial assurance**.

## 20 Environment and Sustainability Non-Executive Champion

The Board was invited to approve Gaener Rodger as the Environment and Sustainability Non-Executive Champion.

A Wilson provided extra context for the appointment which arises from the implementation of the Environment and Sustainability Group for which Scottish Government have requested that at least two executives and one non-executive member of the Board sit on the group. A Wilson is one of the named executives and it is hoped that a second will be agreed soon. G Rodger was nominated for her ongoing interest in environmental and sustainability issues.

The Board **Approved** Gaener Rodger as the Environment and Sustainability Non-Executive Champion.

## 21 Governance and other Committee Assurance Reports – Escalation of issues by Chairs of Governance Committees

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

### (a) Agreed Minute of Clinical Governance Committee 13 January 2022

### (b) Draft Minute of Clinical Governance Committee, 3 March 2022

The Committee Chair noted discussion of items from the Strategic Risk Register.

- Strategic risk 662 (Clinical Strategy and Redesign): the Committee agreed that it could give the Board moderate assurance based on the update provided and agreed to recommend that the current risk level be maintained at medium level (not high as it states in the minutes). The Committee asked that the risk profile title be updated to reflect the revised title of the NHS Highland strategy.
- Strategic risk 715 (COVID-19 and Influenza): the Committee agreed that significant assurance could be given to the Board based on the update provided at the meeting and agreed to recommend that the current risk level remains very high for the reasons outlined in the previous risk register.
- Strategic Risk 959 (Vaccination Programs): the Committee agreed that significant assurance be given to the Board based on the update provided at the meeting. It was agreed that the current risk level remains high.

A slight mistake was noted in the minutes from the March meeting where reference to 'strategic' risks should read as 'Committee' risks.

The Committee has heard a variety of evidence from papers around the impact of the COVID pandemic on patient experience. The Committee has not seen any evidence of any major quality issues or disruptions to safety but there is a general feeling that patient experience is not how the Committee or Board would want it to be at the moment because of the effects of the pandemic.

### (c) Draft Minute of Finance, Resources and Performance Committee, 24 February 2022

The Committee Chair noted that the Committee had received an annual accounts update regarding a financial loss of £104,000, which was caused by the accidental destruction of high-cost pharmaceuticals during stock receipting. There was a subsequent investigation, and an action plan was raised and implemented to ensure no repeat of this event and that lessons had been learned. The investigation stressed that no patients suffered any delay in receiving treatment, and that the drug store was replenished very quickly. The Committee noted the report and agreed to take substantial assurance, and that the matter be brought to the Board's attention at its next meeting.

J McCoy requested further assurance that the learning from the investigation had been shared across the whole of NHS Highland, and that training will be undertaken to ensure that there is no repeat in any other location. The Committee Chair said that this was the inference of the report but that he would follow up this item with the Head of Area Accounting.

**(d) Draft Minute of Highland Health and Social Care Committee, 2 March 2022**

The Chair acknowledged the contribution to the Committee of the Highland Council members and noted Linda Munro will not be standing again for election. The Committee had formally noted its thanks, to all of them for their contribution and expressed good wishes to those who will be standing again.

**(e) Draft Minute of the Audit Committee of 8 March 2022**

The Committee's Vice Chair asked Board members to note that, with the start of the year-end process, the Committee had received the External Audit Plan from the External Auditors. This has built on the 2020-21 plan with no significant changes.

As the Internal Audit Plan for 2022-23 gets ever more refined, those involved in the process were asked to make sure that that they are happy with the scope and the timing of planned internal audits.

**(f) Draft Minute of the Staff Governance Committee of 9 March 2022**

The Committee's Chair noted that the March meeting had included its annual review of the Health and Safety Committee. This had been well received by the Committee.

Responding to a query regarding the current situation of the upgrade to NHS Highland's website, F Hogg advised that tenders had been received and the evaluation process to award the contract is underway. R Fry confirmed that a supplier has been appointed. It is expected that the development process will take nine months staggered in phases. The first phase will address making key and higher-level information available on the website, and this will be followed with a further six months to migrate all of the relevant content from the current site.

**(g) Draft Minute of the Area Clinical Forum of 17 March 2022**

The Chair of the Forum noted that the meeting was unfortunately not quorate, but some very productive discussion was had. The Forum had asked the Board for a slight amendment to the Constitution to allow for two vice chairs. This was agreed in item 18 above.

**(h) Draft Minute of the Argyll and Bute Integration Joint Board of 26 January 2022**

The IJB agreed to approve the extension of the 2019 to 2022 strategic plan for its Health and Social Care Partnership. The new strategic plan had been delayed due to pandemic-related pressures and the extension allows for a seamless transition into the new strategy which will cover the period 2022 to 2025.

**21 Any Other Competent Business**

P Dudek noted that system pressures were at a significant level today and a communication will be sent out once the situation has been fully assessed.

G Hardie noted that he had received information that some Argyll and Bute constituents had received invitations to attend for the Spring Booster a large distance away from their home. P Dudek confirmed that issues had been identified with invitations which had been sent out via the National Vaccination Scheduling Service and a local team is investigating the issue. Those who have received letters will be contacted and told to disregard them and that appointments in more convenient locations will be arranged for them.

**22 Date of next meeting – 31 May 2022**

**The meeting closed at 2.56 pm**