

<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>26 September 2023 – 9:30 am</b>	

**Present**

Sarah Compton-Bishop, Board Chair  
 Dr Tim Allison, Director of Public Health  
 Graham Bell, Non-Executive  
 Louise Bussell, Nurse Director  
 Elspeth Caithness, Employee Director  
 Ann Clark, Board Vice Chair, Non-Executive  
 Muriel Cockburn, Highland Council Stakeholder member (from 2pm)  
 Heledd Cooper, Director of Finance  
 Garrett Corner, Argyll & Bute Council Stakeholder member  
 Alasdair Christie, Non-Executive  
 Albert Donald, Non-Executive, Whistleblowing Champion  
 Pamela Dudek, Chief Executive  
 Philip Macrae, Non-Executive  
 Joanne McCoy, Non-Executive  
 Gerry O'Brien, Non-Executive  
 Dr Boyd Peters, Medical Director  
 Susan Ringwood, Non-Executive  
 Gaener Rodger, Non-Executive

**In Attendance**

Gareth Adkins, Director of People & Culture  
 Natalie Booth, Board Governance Assistant  
 Stephen Chase, Committee Administrator  
 Lorraine Cowie, Head of Strategy & Transformation  
 Pamela Cremin, Chief Officer, Highland Health & Social Care  
 Ruth Daly, Board Secretary  
 Fiona Davies, Chief Officer, Argyll & Bute  
 Ruth Fry, Head of Communications and Engagement  
 Tracey Gervaise, Head of Operations (Item 5)  
 Ian Kyle, Head of Integrated Children's Services, Highland Council (Item 5)  
 David Park, Deputy Chief Executive  
 Katherine Sutton, Chief Officer, Acute  
 Nicola Thomson, Gaelic Support (Item 14)  
 Nathan Ware, Governance & Corporate Records Manager  
 Alan Wilson, Director of Estates, Facilities and Capital Planning  
 Prof. Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands

**1 Welcome and Apologies for absence**

The Chair welcomed everyone to the meeting and took the opportunity to remind attendees that the NHS Highland Annual Review would take place on 29 September 2023 which staff and members of the public could attend either in-person or online.

Apologies were recorded from Catriona Sinclair, and Alex Anderson.

## 1.2 Declarations of Interest

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

## 1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 25 July 2023.

The Board **approved** the action plan and agreed to close the five actions noted for closure.

## 1.4 Matters Arising

There were no matters arising.

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

The Chief Executive provided the following updates:

- The winter vaccination programme was now underway with eligible groups having been invited to attend. Public Health statistics on childhood vaccinations would be released the following week and would be used to evaluate progress compared to the previous year. The vaccination rollout had been a challenge due to the Highland geography and the required rapid acceleration of the programme to combat new variants of COVID-19. Referencing the challenges of previous years, Board members sought assurance that lessons had been learned. It was confirmed that improvements had been made despite the challenges encountered due to Highland's rural geography but continued efforts were needed to maintain these improvements, a key part of this will be applying lessons that have been learned to date.
- There were significant ongoing system pressures, particularly in unscheduled care, which had far-reaching consequences throughout the system. She thanked staff for their continued resilience, hard work, and dedication. Recruitment and workforce challenges compounded existing pressures on the system. The Executive team continued to engage with The Highland Council and other parties to improve patient flow from hospital settings. However, this was an extremely challenging situation given the Board's rural geography.
- Board members sought information about the local and national work underway to address workforce challenges. The Director of People & Culture emphasised the importance of staff taking breaks. He advised that some short-term risk management assessments were underway, and a wider review of medical staffing workforce practices continued. The Director of People & Culture advised that a range of activities were underway including the creation of non-registrant roles that would alleviate some of the pressures on registrant roles, he confirmed that the focus was longer term fixes alongside short term risk management by way of appropriately moving resources within the system to address the shortages risk and how we make better use of the workforce skills we have.
- Responding to a query whether clinical space capacity contributed to flow problems, it was advised that the balance of clinical risk with workforce capacity was a wicked problem which needed to be addressed. Just opening more beds was not the solution to the problem, as all beds needed to be safely and sustainably staffed.
- Surveys were underway to identify reinforced autoclaved aerated concrete (RAAC) on specific sites as noted on the website. This work was being overseen by NHS Assure who would provide a report within two weeks. So far, no issues had been raised from any of the surveys taken. This work was also highlighted on the website for openness and transparency.
- The public Ministerial Annual Review would take place later that week.

The Board **noted** the update.

## PERFORMANCE AND ASSURANCE

### 3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance across the health and social care system with a recommendation that the Board take moderate assurance from it.

During discussion the following issues were raised:

- Board Members were pleased that the cancer performance had significantly improved across both measures and sought clarity on the plans in place to address the predictable challenges in meeting 31- and 62-day cancer targets during January and February.
- In relation to CAMHS waiting time, it was queried at what point the target would be met and how Neuro Developmental Assessment Service (NDAS) targets would be met considering the recent increase in referrals. Clarity was also sought on whether third sector partners could be involved in advocating in a delayed discharge situation and when trajectories and forecasts would be available. The Chief Officer for Acute advised the IPQR provided detail on proposed improvements to CAMHS performance, and the waiting list initiatives and service redesign already undertaken were starting to bear fruit. Increased referrals for NDAS were contributing to system pressures, but work was underway with Highland Council and other partners to review the process. The Chief Officer for Argyll & Bute advised that work had taken place in the City of Glasgow HSCP to encourage individuals to consider options for adults with incapacity such as Power of Attorney to minimise the impact of complex discharge arrangements.
- It was queried whether the success of activities such as screening programmes could be reflected in the Board's IPQR. The Deputy Chief Executive confirmed this was under review as part of the Horizon 3 strategic plans. The Chief Officer for Argyll & Bute noted that whilst prevention was the preferred approach, it was complex and difficult to convert to tangible workstreams. Argyll and Bute IJB were partnering with an academic body to help create a methodology to demonstrate a return on preventative investment. The Director of Public Health's annual report focused on preventative measures and the Board's October development session would consider long-term conditions management.
- Board members drew attention to the range of data presented to Highland Health and Social Care Committee on smoking cessation and alcohol brief interventions which were absent from the Board report. The Director of Public Health confirmed data issues with smoking cessation linked to obtaining data from Pharmacists to accurately reflect the correct numbers. He also mentioned that whilst alcohol consumption prevention continued to be a challenge it was important to note the secondary impacts of alcohol consumption, such as obesity, high blood pressure.

The Board **Noted**:

- the content of the report and took **moderate assurance**.
- the continued and sustained pressures facing both NHS and commissioned care services.
- the addition of trajectories where available and;
- the level of performance across the system.

#### 4 Finance Assurance Report – Month 5 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 5 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Director of Finance proposed that Board reporting move to capturing the financial position one month in arrears. This change was partly to accommodate internal scrutiny prior to Board meetings and to acknowledge that the FRP Committee had agreed to hold monthly meetings to scrutinise the financial position.

Speaking to the report the Director of Finance confirmed an overspend of £32.650m for the period to end August 2023 forecast to increase to £55.774m by the end of the financial year. The improvement on the residual gap from the plan was due to additional funding allocations from Scottish Government. The current forecast assumed full delivery of the savings in Acute, Support Services and the HHSCP, and the significant majority of Argyll and Bute IJB's target would be achieved.

The report proposed limited assurance due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During the ongoing period of financial challenge, the development of a robust recovery plan to increase the level of assurance was required. This was being developed at pace with oversight and support from Scottish Government in line with their tailored support.

During discussion, Board members welcomed the new presentation format for the report, suggested minor revision to enhance readability and raised the following issues:

- While the Health and Social Care budget showed a break-even forecast, this was due to 2021-22 reserves rather than in-year activity. £9.823m reserves were being directed towards adult social care, and clarity was sought whether there would be any such reserves for 2023-24. The Director of Finance advised that once the 2021-22 reserves had been utilised, there would be no further reserves to support future years.
- Responding to a question about the nature of the Scottish Government tailored support, it was confirmed that Alan Gray, former NHS Grampian Director of Finance, had been working closely with the Board in providing additional scrutiny and challenge. Scottish Government had provided comparative benchmarking data to assist in driving additional savings which included utilising digital solutions in line with the proposed benefits that were identified in original business cases; reinforcing carry-over of annual leave policies that had been relaxed due to the pandemic and review on the number of non-clinical roles and tightening vacancy control procedures. The support had enabled the Board to focus on known efficiencies e.g. locum/agency staff, drugs and prescribing spend.
- Board members highlighted that, whilst challenging, the recurrent savings made to date had been significant and queried progress with discussions with The Highland Council for next year's budget. The Director of Finance advised that the budget setting process would begin shortly, however initial informal discussions had taken place.

The Board:

- **Agreed** to reporting the financial position one month in arrears.
- **Noted** the update and **discussed** the content of the report and;
- Took **limited assurance** from the report.

***The Board took a short break at 11.17am and the meeting resumed at 11.30am***

## **5 Highland Integrated Children's Service Plan**

The Board had received the Highland Integrated Children's Service Plan by the Nurse Director and Director of Public Health. The report provided an overview of the Highland Community Planning Partnership Integrated Children's Services Plan 2023 – 2026 (HICSP). The HICSP was highlighted and approved at the Highland Health and Social Care Committee meeting in August 2023. The Board were invited to take a moderate level of assurance, note and provide comment on the HICSP.

Speaking to the circulated plan, the Director of Public Health highlighted the statutory requirements and explained the HICSP priority themes. Work had been ongoing to ensure services had appropriate planning, governance, and monitoring structures in place. Progression would continue to integrate NHS Highland's Annual Delivery Plan, as well as Strategy 'Start Well' and 'Thrive Well' components to the HICSP 2023-26. Positive feedback had been noted from the HICSP launch event which had been held in Inverness and was very well attended.

During discussion the following issues were raised:

- Board Members sought clarity on the evaluation of the plan and whether this included feedback from service users. It was confirmed that a performance management framework would evaluate the HICSP based on detail from the previous Joint Strategic Assessment. A paper would be circulated to the Integrated Children Services Planning Board to review progression. A

participation strategy had also been developed to provide a mechanism for engagement with children, young people, and families.

- A review of the governance structure was progressing to ensure statutory requirements continued to be met in line with our lead agency arrangements.
- Board Members queried what challenges or opportunities were flagged up as part of the strategic needs assessment. The Head of Operations for Women & Children advised a life course approach had been taken to assist with several mechanisms in place to support families especially with increased child poverty; there was a neo-natal expenses fund, a live chat system had been implemented within sexual health services; and there had been a 300% increase in engagement with young people.
- Board Members sought clarity on nutrition and obesity levels not being explicitly referenced in the needs assessment and asked what assumptions had been made to come to the confirmed minimum level of performance. The Director of Public Health confirmed that nutrition policy must be viewed holistically from 'farm to fork' and whilst it was a priority it had cross-cutting themes with other areas in the assessment as a societal issue. He also advised that utilising a solid assurance and governance framework would provide clarity on what was being achieved and what the next steps would be; updates would come back to Board in due course.
- Board Members also sought clarity on how the plan would be articulated in a way that is easily understandable. The Head of Children's Integrated Services – Highland Council advised that this was the 6th iteration of the plan and feedback from previous plans had been used.

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

## 6 Leadership and Culture Programme

The Board had received a report by the Director of People and Culture that described a framework to be used to develop leadership capabilities and behaviours and ensure consistency with organisational values and culture. The Board was invited to review and approve the refreshed approach to the leadership and culture programme. The report proposed the Board take a moderate level of assurance as recommended by the Culture Oversight Group.

During discussion, Board members welcomed the progress being made and recognised this was an ongoing piece of work with long-term benefits. The following issues were raised:

- Board members asked if there was potential for an increase in investment arising from the proposal. The Director of People and Culture advised that the initial focus for delivery of the plan would require strategic deployment of existing resources. Any additional investment would need to involve a cost/benefit analysis, further discussion with the Executive group and a clear plan moving forward.
- The Employee Director welcomed the positive engagement from the Director of People and Culture with partnership colleagues. She welcomed the focus of the proposals, looked forward to seeing the momentum build, and the refreshment of partnership networks for staff.
- Board Members sought assurance as to how new leaders coming from non-leadership roles would be supported. The Director of People & Culture noted that modules within the Leadership and Culture Programme required review to focus on leadership earlier in career development. This would provide more support and strengthen skillset if communicated effectively.
- The Chair queried the communication of the refreshed approach and sought clarity on how colleagues could take forward the programme alongside ongoing responsibilities. The Director of People and Culture advised the need for broad communication highlighting the programme's benefits, he also mentioned that the Performance Management Framework would have a key operational role to play.

The Board:

- **Noted** the content of the report and took **moderate assurance**, and
- **Agreed** the proposal with further work required to fully detail the plans as set out in Appendix 1.

## 7 Whistleblowing Standards Assurance Reports

### 7a Whistleblowing Annual Report 2022-23

The Board had received a report by the Director of People and Culture detailing the Annual Report required by the Independent National Whistleblowing Officer (INWO) including the ten mandatory Key Performance Indicators. The Board was invited to take moderate assurance due to the improvements that were still to be progressed.

The Director of People and Culture highlighted that the report had been considered by both the Area Partnership Forum and the Staff Governance Committee. In total, five concerns had been closed during the last financial year relating to patient safety and quality. One case was upheld, two partially upheld and two not upheld.

During discussion the following issues were raised:

- Whistleblowing should be a last option and the Director of People and Culture commented on the specific criteria to qualify a concern being categorised as a whistleblowing matter. The triaging process for addressing concerns should be made part of 'business as usual' processes.
- A bank of senior managers would be identified to carry out the necessary investigations and be approachable to staff with concerns.
- The Nurse Director suggested feedback such as 'You Said, We Did' could help people understand how an issue had been resolved which could prevent escalation through the whistleblowing process.
- Early resolution was one of the key aims in addressing concerns which would ultimately close process loops. This would give staff confidence their concerns were being addressed appropriately.
- B Donald referred to the recent Whistleblowing 'Pause & Reflection' session held for Board Members which had been useful in taking stock of progress made.

The Board took **moderate assurance** from the report and **noted** the content provides confidence of compliance with legislation, policy and Board objectives.

### 7b Whistleblowing Q1 Report 2023-24

The Board had received a report by the Director of People and Culture detailing the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. The Board was invited to take moderate assurance due further implementation of the final audit action.

The Board took **moderate assurance** from the report and **noted** that the content provides confidence of compliance with legislation, policy, and Board objectives.

## 8 Anchors Strategic Plan Development

The Board had received a written report by the Deputy Chief Executive which advised that as part of the NHS Scotland Delivery Plan guidance of February 2023, Boards were asked to develop an 'Anchors Strategic Plan' by 27 October 2023. The Anchor Strategy would be a three-year plan to help Scottish Government understand both the current position of NHS Boards as Anchor institutions and the additional support that could be provided at national level. The Board was invited to take substantial assurance, and note progress made in developing the Anchors Strategic Plan.

Speaking to the report, the Head of Strategy & Transformation clarified that the Anchors Strategic Plan would come to the November Board Meeting once approved by Scottish Government.

During discussion the following issues were raised:

- Responding to a query from the Board Chair about the purpose of the plan, the Head of Strategy and Transformation advised that it would complement the Annual Delivery Plan (ADP) and would be integrated with other work throughout the organisation.
- Board Members noted the importance of embedding the plan at a local level linking in with other anchor and third sector organisations. The Director of People & Culture advised that he would be working on the employability element of the plan to identify the gaps.
- Board Members identified that both NHS Highland and The Highland Council would be developing similar Anchor Strategies. Development of the Strategy should therefore be an item for the Community Planning Board to consider. In response, the Chief Executive also confirmed that she would continue to discuss the community planning element as part of her ongoing discussions with other public body Chief Executives.

The Board:

- Took **substantial assurance** from the report and;
- **Noted** the content of the report and progress made in developing the Anchors Strategic Plan.

*The Board took a lunch break at 1.08pm. The meeting reconvened at 1.40pm.*

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

### 9a Highland Health and Social Care Partnership

The Board had received a report by the Chief Officer Highland Health and Social Care Partnership providing an overview of performance at both Highland Health and Social Partnership (HSCP) and national levels. The report detailed key performance achievements and the Board was invited to take substantial assurance and approve the Annual Performance Report.

Speaking to the report, the Chief Officer advised it provided good examples of the service delivery across integrated adult and children's services on behalf of lead agencies. The report had already been considered by Highland Health and Social Care Committee and would be considered later that week by the Joint Monitoring Committee.

During discussion the Chair of Highland Health and Social Care Committee reflected on the thorough discussion held on the annual report at the last Committee meeting. It was helpful to see the performance information and welcomed the improvements made to the layout. He believed the report to be an honest and balanced account providing evidence of where good progress had been made and where improvements were necessary.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Approved** the Annual Performance Report for the Highland Health and Social Care Partnership for 2022-23.

### 9b Argyll & Bute Health & Social Care Partnership

The Board had received a report by the Chief Officer, Argyll and Bute Health and Social Care Partnership to detail the progress of the Joint Strategic Plan (2022-2025). The report provided performance data figures at both Health and Social Partnership (HSCP) and Scotland level from the three previous calendar years. The Board was invited to take substantial assurance from the report and note the Annual Performance Report.

Speaking to the report, the Chief Officer advised the report had been approved at the IJB on 31 May 2023. The Argyll and Bute IJB Vice Chair advised the report provided a helpful summary of the position and the activity that consistently took place during the period of the report. He paid tribute

to the strength of the leadership team in pursuing improvements and acknowledged the demographic challenges in Argyll and Bute.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Noted** the Argyll & Bute HSCP Annual Performance Report 2022/23.

## 10 Winter Preparedness

The Board had received a report from the Chief Officer, Highland Health and Social Care Partnership highlighting that planning had commenced for the potential impact of winter on staff and services with specific actions being taken through the Winter Ready Action Plan. The report explained that governance and escalation processes would be finalised to monitor impacts and responses to issues that might arise. The Board was invited to take limited assurance from the report and to consider the Winter Ready Action Plan.

Speaking to the report, the Chief Officer advised that limited assurance was being offered due to the requirement to increase capacity and ensure the workforce was made available to support delivery in Care at Home, Care Homes and Community Hospitals to support the projected response. All actions would be put in place to reduce the impact of the anticipated system pressures, however, this might not be sufficient to avoid periods of intense system pressure over the winter period.

During discussion the following issues were raised:

- Board Members queried the level of assurance being proposed as limited and felt this was low given the efforts and considerable amount of work that had been undertaken in preparing an adequately robust process for the winter period which was extensively noted in the report. They also mentioned that whilst happy to accept limited assurance they asked for updates on the plan at future meetings. The Chief Officer for HSCP confirmed discussions took place with the Head of Strategy and Transformation and the Chief Officer for Acute around the level of assurance proposed and the consensus was to offer limited assurance based on the performance challenges being faced leading into the winter pressure period; this could be reviewed moving forward.
- Responding to a query about staff wellbeing, vaccination and evaluation of 'Project Wingman', the Director of People & Culture confirmed that a review of Project Wingman was underway to seek assurance on its effectiveness. The Chief Officer confirmed that scenario testing was ongoing with the Operational Pressures Escalation Level (OPEL) system which was expected to be in place at the beginning of winter. The Head of Strategy & Transformation confirmed that there were 38 key indicators that form the OPEL status but part of the process would involve identifying five or six key indicators and closely monitoring them.
- The Head of Communications and Engagement advised that social media was a good communication medium, and that the organisation needed to engage with individuals at the point when they engage with our services rather than background messaging.
- In response to a question around vulnerable members of the population the Chief Officer for Argyll and Bute suggested that anticipatory care could be implemented quickly as those with long term conditions are already receiving care.
- The Chief Officer for Acute also provided assurance that all datix entries were reviewed weekly by the Associate Nurse Director and Deputy Medical Director to ensure staff were supported as part of any adverse incidents that had occurred.
- The Chief Executive confirmed that a further update on Winter Preparedness would come to a future Board Meeting.

The Board:

- **noted** the evidence provided that detailed the specific actions being put in place through the Winter Ready Action Plan to support staff & services and;



- Took **limited assurance** from the report in terms of compliance with legislation, policy and Board objectives.

## CORPORATE GOVERNANCE

### 11 Corporate Risk Register

The Board received a report by the Medical Director that provided the Board with an overview from the NHS Highland Board risk register, awareness of risks that were being considered for closure or additional risks to be added.

Speaking to the report, the Medical Director advised that some milestones were included in terms of what the actions around the risks were. In response to a Board Members question around the milestones the Medical Director noted he would review Risk 1101 which had been updated as 'ongoing' rather than providing a specific date.

The Board:

- Took **substantial assurance** from the report in terms of compliance with legislation, policy and Board objectives.
- **Examined** and **considered** the evidence provided and provide final decisions on the risks that recommended to be closed or added; and
- **Noted** that the risk management process with alignment to the strategy would be presented to the next Board meeting.

### 12 Audit Committee Annual Report 2022-23

The Board had received a report by the Board Secretary detailing the Audit Committee Annual report covering the period 1 April 2022 to 31 March 2023.

The Board took **substantial assurance** and **noted** the Audit Committee Annual Report 2022-23 which was approved by the Committee in July 2023.

### 13 Board and Committee Meetings timetable 2024

The Board had received a report by the Board Secretary detailing the timetable of Board and Committee meetings for 2024 and proposed the Board take substantial assurance.

During discussion, the Audit Committee Chair confirmed some changes to the March and April dates were still being considered for that Committee. Requests were also made for inclusion of 2024 meeting dates for the Endowments Committee and Argyll and Bute IJB. Furthermore, report showed a clash on 3 September 2024 between the Audit and Staff Governance Committees which required to be rectified.

The Board:

- Took **substantial** assurance, and
- **Approved** the Board and Committee meetings timetable for 2024 subject to the adjustments to be made as discussed and presented to the next meeting of the Board.

### 14 Approved Gaelic Plan 2023-2028

The Board had received a paper that detailed the approved Gaelic Plan 2023-2028 to enable implementation. The report noted that Gaelic Plans were a legal requirement and would be included in NHS Highland strategic outcomes under the 'Nurture Well' theme. The Board was invited to take moderate assurance, note the approval and circulate with Department Heads to engage proactively with the plan.

Speaking to the report the Gaelic Advisor added that a formal launch of the plan would need to take place within 3 months of the Plan being approved. Positive feedback had been received relating to the provision of Gaelic language classes. Work would need to take place around identifying the time and resources to implement the high level aims along with an effectiveness review of the Gaelic Implementation Group by key individuals.

The Board took **moderate assurance** and **noted** that the Gaelic Plan 2023-28 had been approved by Bòrd na Gàidhlig on 5th September 2023.

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

### **a) Finance, Resources and Performance Committee draft minute of 8 September 2023**

The Vice Chair spoke to the circulated minute; there were no questions received.

### **b) Highland Health & Social Care Committee draft minute of 30 August 2023**

The Committee Chair spoke to the circulated minute; there were no questions received.

### **c) Clinical Governance Committee draft minute of 31 August 2023**

The Committee Chair drew the Board's attention to discussions around overall recruitment challenges; the continued pressure communities faced accessing Dentistry, and the increase in NDAS referrals as discussed earlier in the Board Meeting.

A Clark clarified that the questions she posed around patient safety and quality were not intended to challenge the performance of the Emergency Department but rather she had sought assurance that the governance arrangements were sufficiently robust. It was agreed there would be a small adjustment to the draft minutes of the meeting on 31 August 2023 to clarify the points raised.

### **d) Area Clinical Forum draft minute 31 August 2023**

The Forum Chair was absent from the meeting and there were no questions received on the minutes.

### **e) Audit Committee draft minute 5 September 2023**

The Committee Chair spoke to the circulated minute and drew the Board's attention to the discussions around the internal audit reports on communications and property transaction monitoring. She also mentioned that it was proposed the February 2024 meeting be a development session to cover of Counter Fraud Services.

### **f) Staff Governance Committee draft minutes 6 September 2023**

The Committee Chair drew the Board's attention to the discussions around Statutory/Mandatory training and confirmation that a Short Life Working Group would be set up to drive forward improvements. She also referenced the letter from Scottish Government around the Lucy Letby case and confirmed the minutes had clearly identified the proposed approach.

### **g) Argyll & Bute Integration Joint Board 30 August 2023**

The Chair spoke to the circulated minute; there were no questions received.

## **16 Any Other Competent Business**

The Board's Environment and Sustainability Champion highlighted that this week was Climate Week. She noted that some informational items were in Raigmore & Belford Hospitals where staff

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were encouraged to log their active travel to work and take part in a staff health walk that would take place twice per week.

**Date of next meeting**

The next full meeting of the Board will be on 28 November 2023 at 9.30 am.

The meeting closed at **3.10pm**

Draft