

<p><b>NHS HIGHLAND BOARD</b></p>	<p>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></p> 
<p><b>DRAFT MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)</p>	<p><b>28 March 2023 – 9:30am</b></p>

**Present**

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

**In Attendance**

Rhiannon Boydell, Head of Strategy and Transformation  
Pamela Cremin, Interim Chief Officer North Highland  
Ruth Daly, Board Secretary  
Fiona Davies, Chief Officer Argyll and Bute IJB  
Andrew Devlin, Communications Manager  
Fiona Hogg, Director of People and Culture  
Deborah Jones, Director of Strategic Commissioning, Planning & Performance (item 15)  
Eve Macleod, Health Improvement Specialist (item 13)  
Gayle Macrae, People Partner, Corporate Services  
Katherine Sutton, Chief Officer, Acute Services  
Lynda Thomson, Senior Health Improvement Specialist (item 12)  
Nathan Ware, Governance & Corporate Records Co-Ordinator  
Prof Brian Williams, University of the Highlands and Islands  
Alan Wilson, Director of Estates & Facilities  
Natalie Booth, Board Services Assistant  
Stephen Chase, Committee Administrator

## 1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting, especially new attendees and members of the public and the press.

Congratulations were given to Sarah Compton-Bishop on her appointment to the role of Chair of NHS Highland Board which will take effect from 1 April 2023.

Congratulations were also extended to David Park on his appointment to the role of Deputy Chief Executive having shown strong leadership and delivery of the transformation work as Interim Deputy Chief Executive.

Best wishes were expressed for Fiona Hogg on her two-year secondment to Scottish Government and noted her outstanding leadership on Culture and the work which contributed to the board's de-escalation to level 2

Apologies for the meeting were recorded from A Christie, D Park and R Fry.

## 2 Declarations of Conflict of Interest

None were made.

## 3 Minutes of Meetings of 31 January 2023 and Action Plan

The Board Secretary noted good progress on the Action Plan with the two remaining Actions to be addressed.

The Board **approved** the minutes of meeting of 31 January 2023 as an accurate record and **noted** the action plan.

## 4 Matters Arising

There were no matters arising.

## PERFORMANCE AND ASSURANCE

### 5 Integrated Performance and Quality Report

The Board had received a written report by the Deputy Chief Executive which detailed current Board performance. The Board was invited to consider the performance recorded in the report and take moderate assurance from it.

The Chief Officer for Acute Services introduced the report and noted that, following the request at the previous meeting to implement trajectories into the format this was gradually being phased in with more detail to be seen in the next iteration of the report after further consultation.

During discussion, the following areas were addressed:

- Responding to a question about whether Diagnostic performance was in breach of the six-week target, The Board were advised that the data showed performance was not far off the key targets but that the main area of pressure was capacity around delivery of MRI scanning.
- Consideration was given to whether waiting times that lie outside the data reporting requirements for Scottish Government in Acute and Community Services should be considered by the Board when Highland Health & Social Care Committee (HHSCC) had added similar data to its IPQR. The Chief Officer for Acute Services invited A Clark to discuss the detail outwith the meeting.

- The Chief Officer for Acute Services addressed the increase in assurance from limited to moderate and noted that progress had been made operating through the Winter period which had put NHS Highland in a reasonable position Nationally. She also noted that performance trajectories and targets needed to be reset.
- It was noted that the longest waits for CAMHS were due to capacity issues within the service, in order to try and rectify that there had been a change in the service model implemented and increased focus on recruitment. The long waits were regularly reviewed so that children could be fast tracked under a more urgent care approach.
- The Medical Director noted that complaints performance had seen a downturn in in the last quarter of 2022. This had been due to a number of factors that included system pressures around COVID, the workforce and winter pressures. Early 2023 had seen some improvement and this data should be reflected soon. He added that complaints is an area of ongoing challenge with a peak of 50 per cent over the past 18 months and work continues to ensure this was addressed.
- The Chief Officer for Acute Services addressed the discrepancy between 31-day and 62-day cancer waits. She noted that the 62-day waits included a number of cases where specialist services from other health boards were involved which added to the complexity. She added that Lorraine Cowie had recently taken up a new role as Interim Head of Operations for the Clinical Support Directorate and Cancer Services and was working to address the issues that included where internal capacity can reduce reliance on outsourcing to other boards.
- Regarding the Joint Advisory Group (JAG) accreditation process for Endoscopy, it was hoped that this would reduce the need for colleagues to travel outwith the region for training and assist with recruitment and retention at the local level. It was expected that the accreditation process would be completed later in 2023.
- Radiology had returned a submission to Scottish Government around trajectories for outpatients and diagnostics and follow up discussion was expected with government colleagues. Further information would be brought back to the Board for discussion with respect to a delivery plan.
- The Medical Director noted that Significant Adverse Events (SAER) remained lower as a number of different processes were in place such as early case reviews which had increased response times. He added that all cases had to involve learning to feed into the quality and patient safety system.
- In response to a question around level 2 interventions from the Scottish Information Commissioner, the Medical Director confirmed there had been a run of response times missing the 20-day target. The Information Commissioner requested an internal intervention be carried out. Given the improvements made in meeting the target it was now expected that the Information Commissioner would formally close the case.
- The Nurse Director noted that minimisation of falls was an important area of focus on to ensure the current position improved.
- Following a request from the Chair, the Director of Public Health commented on smoking cessation and the assistance of community pharmacies. He noted that more work was needed around smoking cessation and to ensure that pharmacists had capacity to prioritise this work. The Chair of the Area Clinical Forum, and Chair of the Pharmacy Practices Committee, commented that smoking cessation strategies had been challenging in part due to the dated structure of pharmacy services at a national level which emphasised stopping over a 12-week period. However, there was evidence that patients would prefer support to cut down their smoking as cessation was considered too ambitious. The removal of Champix from the market had added to patient struggles.
- The Vice Chair commented with regard to the wider IPQR that there were a number of good improvement plans in place, progress could be seen on wait times, and that there had been some very productive initiatives implemented such as the Operational Pressures Escalation Levels (OPEL) system for Raigmore. On that basis she considered that the increase in assurance offered to moderate could be accepted. The Chair endorsed these comments.

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

## 6 Finance Assurance Report

The Board had received a written report by the Director of Finance which detailed the Board's recent financial performance at the end of month 11. The Board was invited to consider the detail recorded in the report and take limited assurance from it.

The Director of Finance noted an overspend at month 11 of £22.3 million with a projected final overspend position for 2022-23 of £20 million and commented on potential opportunities to improve the position.

- The main reasons for further improvement since the last report were given as the Board's share in further reductions in the New Medicines Fund.
- The Highland Health and Social Care Partnership had seen a £200,000 improvement and within the acute department there had been improvement of £2,000,000 as there had been additional funding from the pay awards along with several unfilled vacancies within Acute Services which had offset the supplementary staffing bill.
- A breakeven position was expected for Argyll & Bute.

In discussion, the following points were addressed:

- There had been a reduction in annual leave accruals which had seen an increase during the height of the pandemic.
- Members of Scottish Government had visited Inverness recently where the financial position of NHS Highland was explained. It was felt that they were comfortable with the position and were keen to encourage further improvement. It was not confirmed what the position would be regarding brokerage for the next year or future years and further guidance was currently awaited.
- In response to a question addressing long term change within the organisation, the Director of Finance noted the need to focus on efficiencies as a method to make savings. This had been challenging for all health boards.
- All Boards were required to provide a savings plan and intentions as part of the planning submission to Scottish Government. A national Sustainability and Value Programme had been introduced to look at opportunities for savings for the next financial year and NHS Highland would seek to include any such opportunities in its own plans. There was a need for a two-way conversation with staff and management to ensure that savings and best value were appropriately targeted.
- Alignment of financial plans with the Annual Delivery Plan would take place.
- There was a recent meeting of all NHS Directors of Finance to discuss areas of opportunity and work across local boundaries with colleagues on other boards. Examples of recent cross working had included Internal Audit procurement work with North Scotland colleagues to secure better prices, and work to find further opportunities was underway. The Chair commented on the danger of shared services losing employment opportunities, however the Director of Finance noted that there had been increased opportunity to mitigate this risk with the use of technology which reduced the need for staff to uproot to new locations and maximise expertise through virtual working.
- It was noted that the £20 million deficit was not unlike other Scottish health boards but was at the higher end. However, it was felt that financial planning and understanding around the position was stronger than several boards who had seen deterioration in their respective positions.

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

## 7 Argyll and Bute IJB Initial Budget Offer

The Board had received a report by the Director of Finance which detailed current Board performance. The Board was invited to consider the performance recorded in the report and approve the budget offer to Argyll and Bute IJB which had been based on the National Resource Allocation Committee (NRAC) percentage share. The overall NRAC offer to NHS Highland had been reduced slightly to 2% but there had been an uplift in the IJB's share of the allocation to a total of 1.55%.

During discussion, it was noted that:

- The way in which NRAC had been applied would be an area of increasing challenge for Argyll and Bute in terms of its remote and rural geography and ageing population.
- The Nurse Director noted the challenge of NRAC and that North Highland faced similar challenges.
- The Chief Officer for Argyll and Bute confirmed that the IJB team and the NHSH Director of Finance had been in regular dialogue and had felt that the offer was a fair reflection of the current position. However, she also acknowledged the challenges ahead for service provision.

The Board **approved** the initial budget offer to Argyll and Bute IJB.

**The Board took a short break at 10.50am and the meeting resumed at 11.10am.**

## 8 Corporate Risk Register

The Chair drew the Board's attention to a late replacement paper from the Medical Director which had been circulated and published on the website. The report detailed current Board compliance with legislation, policy and Board objectives pertaining to the organisation's management of risk. The Board was invited to take substantial assurance from the content of the report and consider the performance recorded in the evidence provided for the current risks and refer any further work the Board wishes to see to the aligned Governance Committees.

The Medical Director advised as follows:

- The main material change to the report had been the decision to expand the vaccinations risk to cover all vaccinations under the Vaccination Transformation Programme under which the Board holds responsibility for delivery.
- The rating of risks were the same as had been seen at the January Board meeting.
- The Director of People and Culture confirmed that the Staff Governance Committee risks were reviewed at its meeting in March. It addressed mitigating actions and aligned with the Annual Delivery Plan. There had been some delays in engagement work around culture as it was felt that there was a need to involve more staff in the discussions, and further work around Statutory Mandatory Training was required, however, there had been some good progress.

In discussion, the following areas were addressed:

- The Director of People and Culture noted that risk 877 on engagement had been discussed at Staff Governance Committee and was agreed that the risk would be more appropriately positioned elsewhere. It was suggested that this risk is taken to the Executive Director's Group (EDG) for further consideration. The Chair noted that there had been discussion that 877 should be a Board level risk but no final decision had been made.
- The Director of People and Culture answered questions on Statutory Mandatory Training noting that compliance had improved in some areas. It was commented that Equalities training had achieved high levels of compliance due to it being included in corporate induction and undertaken online. Staff with desk-based jobs were generally able to complete this training without impediment.

- There had been some good insights around capacity and rostering received from the training at New Craigs on violence and aggression. A working group reporting to the EDG had been commissioned looking longer term at the duration and content of the training along with changing the way training is organised to make compliance easier.

In summarising the discussion, the Chair noted that a clearer representation of trajectory would be a useful addition to the Risk Register and suggested, for example, the use of colour coding of risk levels, and the possibility of presenting the highest risk areas first instead of under subject headings.

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

## 9 Code of Corporate Governance – Revisions to Terms of Reference

The circulated report proposed approval of revised Terms of Reference (TOR) for the Staff Governance and Remuneration Committees for inclusion in the recently updated Board Code of Corporate Governance. The report took account of developments and changes that required to be reflected in the Code. The elements of the revised TOR had been agreed by the respective Governance Committees during January and February 2023 and endorsed by the Audit Committee in March.

The Board:

- **Noted** the report.
- **Approved** the Terms of Reference for the Staff Governance and Remuneration Committees.
- Accepted **Substantial** assurance.

## 10 Annual Board and Committees Workplans

The Board had received a written report by the Board Secretary which detailed and sought approval of the Annual Board and Committees Workplans for 2023-24.

The Board Secretary highlighted that the workplans had been agreed by the Governance Committees prior to them being presented to the Board. The Board Secretary sought a **Substantial** level of assurance.

During discussion the following points were made:

- In response to a question around the Board workplan having noted the Quarterly (Q3) Whistleblowing report 2021/22 the Board Secretary confirmed this should be 2022/2023.
- The Director of Estates, Facilities and Capital Planning explained that the Environmental Sustainability and meeting net zero targets would be added to the Finance, Resources and Performance Committee workplan (FRP). This would enable the items to be sequenced through to the Board.
- The Maternity Business case item for FRP was not discussed at the March meeting and it was confirmed that the item would move to the agenda for May.

Following discussion:

- The Board **noted** the report.
- The Board **approved** the Governance Committee and Board workplans for 2023/2024, as amended during discussion.
- The Board accepted a **Substantial** level of assurance.

## 11 Quarterly Whistleblowing Standards Assurance Report

The Board had received a written report by the Director of People and Culture which detailed the Whistleblowing Standards Quarter 3 Report covering the period between October and December 2022. The report was to give assurance to the Board of NHS Highland's performance against the Whistleblowing Standards which had been in place since April 2021. The Board was invited to consider the performance and take **Moderate** assurance from it.

Speaking to the report, the Director of People and Culture highlighted several areas for the Board's specific attention. Patient safety and quality was recognised as being the main area of complaint and concern. It was noted that from the Quarter 4 report onwards, a breakdown of categories would be provided to take account of the different subcategories of patient safety and quality. It was noted that there would be further improvement to reporting that would enable a clear status and outcome. The annual report being presented at the July Board meeting would have further information around learning insight development.

The Director of People and Culture had developed guidance for NHS Highland based on the Independent National Whistle Blowing Office guidance.

During discussion the following points were made:

- A Donald, Whistleblowing Champion, noted that even if a reported issue did not constitute a formal whistleblowing case, concerns should still be reported and addressed to identify what may have occurred and to help prevent future recurrences.
- The Director of People and Culture advised a joint development session between the Staff Governance Committee and the Area Partnership Forum had been scheduled to address standards and reporting of Whistleblowing cases.
- It was noted that the Director for People and Culture had helped develop a national toolkit to support colleagues, managers, HR and confidential contacts who may have involvement in Whistleblowing cases.

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

## 12 Social Mitigation Action Plan

The Board had received a written report by the Director of Public Health which provided an update on performance around the actions identified from the Social Mitigation Strategy noted in the Board's Annual Delivery Plan under Outcome 4: Anchor Well which outlined an impact analysis of the issues involved. The Board was invited to note the report and take moderate assurance from it.

The Director of Public Health commented that the Social Mitigation Strategy had grown out of COVID and its wider effects on society.

- The strategy mainly focused on people of working age and therefore families and access to money in different sectors of the economy such as tourism where livelihoods were impacted.
- The Director of Public Health clarified the ask of the Board to accept moderate assurance was on the understanding that the health board is only one player with influence among many in the public, private and Third Sectors. Therefore, the strategy is focused on areas of mitigation within the grasp of the Board.
- It was noted changes to workforce had required a more long-term approach and would take a while to operationalise and deliver before it begins to have a more visible impact.

In discussion, the following issues were raised,

- In response to questions about the need to apply rigor in linking with Community Planning Partnerships, the Director of Public Health noted that the paper primarily focused on the input of the Board and its position as an 'anchor' for community support around its statutory obligations. It was recognised that the key challenge of working with partnerships were they usually do not have their own resources and therefore a bolder, more committed approach to working was needed to get the best results.
- It was noted that there was an opportunity for staff from any part of the organisation to direct people to the Money Matters app in their interactions with those who might be experiencing money difficulties, but it was acknowledged that use of the app is still quite low.
- Regarding Community Link Workers, it was noted that, though there had been successes as noted in the report, the service was limited by the available finances in terms of expansion.
- There was a need to prioritise areas of deprivation to assess effectiveness of the scheme in different areas depending on changing need as part of a holistic service alongside partners such as GPs.
- The Director of Public Health also commented that there are other programmes such as Heritage Horizons who offer similar schemes in partnership with NHS Highland and it was also recognised that link work is resource intensive due in part to the need to develop a personalised relationship with the community to ensure best effects.
- The Chair of the Highland Health & Social Care Committee (HHSCC) commented that there had been a good paper at its most recent meeting from the Third Sector interface on outputs from the Community Mental Health and Wellbeing Fund and that there was an opportunity to maximise synergies regarding empowering communities.
- In response to the Chair of the Area Clinical Forum The Director of Public Health agreed with the principal of non GP staff referring to community link workers but noted that the main challenge was the limited available resources.
- It was commented that it had been suggested that Community Pharmacy could be a part of the referral scheme but it was not clear how far this discussion had gone towards agreement.
- The Senior Health improvement Specialist who had authored the paper noted that there were other ways and means of social prescribing in addition to link workers but that these were largely outwith the NHS and GP practices and were therefore more complex to implement.

The Chair noted the positive benefits and impacts shown by the data and confirmed further mitigation work was needed to raise the recommended assurance level to substantial.

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

### 13 Equalities Outcomes and Mainstreaming Report

The Board had received a report by the Senior Health Improvement Specialist which detailed an update on the Board's current performance regarding the implementation of the Equality Outcomes and Mainstreaming Report published in 2021. The Board was invited to note the report and take substantial assurance from it. The Director of Public Health confirmed the aim for equality and diversity to become a fundamental and normal element of day to day practice. The three outcomes were noted as follows:

Outcome one: people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing;

Outcome two: all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it;

Outcome three: people from identified groups will have more control over the care and services they receive.

In discussion, the following issues were raised,



- The Vice Chair highlighted that the EQIA process had been mainstreamed in Argyll & Bute and suggested the same is done in other parts of the organisation, The Director of Public Health confirmed that work was ongoing around this in North Highland. Further information would also be published.
- It was noted that the Planet Youth programme in Highland and Argyll & Bute only has one year of data to determine its benefits. Further data would be available by the next survey which would take place in September 2023. Both Highland and Argyll & Bute had action plans in place to monitor progression with required actions.
- It was noted that there was a low level of reporting around protected characteristics and this data was collected through a recruitment survey, findings showed a high number of participants who responded did not share information relating to a protected characteristic but work was underway to encourage participants to share this information.
- Equality outcomes form a core part of the Annual Delivery Plan and had been included in the work done regarding kindness, compassion, and respect.
- The Director of People and Culture explained that they had been asked to sit on the National Strategy Board to help improve wellbeing and workplace culture.

The Director for People and Culture continued to explain that the equal pay data had been challenging to interpret due to the workforce being 80 per cent female but a report would be presented on this at the next Staff Governance meeting.

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

**Members took a lunch break at 12.45pm. The meeting reconvened at 1.30pm.**

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

The Chief Executive reported that further diligence was required for the Maternity Business case before it could be presented to the Board. The delay in the business case had not delayed funding being released. Further updates on the business case would be presented at the Board meeting in May.

In response to a question about the 'decant' process the Director of Estates & Facilities explained that a 9-stage plan had been created that would take two years to complete. The Chief Executive advised that funding had allowed 3 consultant positions to be created to strengthen the team within the maternity unit. It was also noted that the wider workforce requirements were also under review as part of future planning discussions.

The position regarding Care Homes closures has brought anxiety to communities within NHS Highland. The Chief Executive explained the need for NHS Highland and Highland Council to work more strategically with all services, particularly communication and engagement with communities as the partnership with the Council takes a different approach.

There was an open session at the National Treatment Centre (NTC) on 24 April 2023 for Members of Scottish Parliament, elected members and press. The Chief Executive noted that positive feedback had been provided about the facility.

The Chief Executive and Board Chair had recently attended the opening of the Staffin Health Centre on Skye. She had also recently attended the Cross Check event for the Caithness redesign. This event allowed plans to be presented to a panel and a wider audience allowing feedback to be provided in a positive way.

The Board **Noted** the update.

## 15 National Treatment Centre – Assurance Report

The Board had received the National Treatment Centre (NTC) Assurance Report which explained that the contract would complete at the end of March 2023 and, at the time of writing the paper, 88 per cent of the total number of staff had been recruited with further efforts being made to recruit to the residual posts. A detailed transfer and mobilisation plan had been developed to ensure that all equipping, staff orientation and staff training could be undertaken within the timescale required prior to opening in April 2023.

The Director of Strategic Commissioning Planning and Performance spoke to the report explaining that further progress had been made since the report had been issued and the building was due to be signed over to NHS Highland on 28 March 2023 as theatres had been commissioned to await sign off.

The Board **Noted** the update and took **Moderate** assurance from the report.

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

The Board confirmed that it had taken assurance from Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB, and **Noted** the minutes below and associated agreed actions.

- (a) **Agreed minute of Clinical Governance Committee of 12 January 2023**
- (b) **Draft minute of Clinical Governance Committee of 8 March 2023**

It was noted that an Audiology Report was submitted to Scottish Government, aiming to improve Audiology services in line with the Scottish National Review of Audiology services.

- (c) **Draft minute of Finance, Resources and Performance Committee 3 March 2023**

The Committee Chair advised that the revised Maternity and Neonatal Business case item was deferred. The Head of eHealth provided an update on progress of the Digital Delivery Plan and there had been a discussion around the challenge NHS Highland were experiencing to close the financial gap in 2022/2023.

- (d) **Agreed Minute of the Audit Committee of 7 February 2023**  
**Draft Minute of the Audit Committee of 7 March 2023**

The Committee Chair advised that an additional meeting took place in February 2023 to address outstanding audit actions. The Committee engaged in a proactive discussion which enabled training to be scheduled into the Committee Work Plan. The Chief Executive was also asked to remind the Executive Directors Group to ensure updates relating to outstanding actions were given to Internal Auditors and the Director of Finance in timely manner.

- (e) **Draft Minute of the Staff Governance Committee of 8 March 2023**

The Committee Chair explained the Committee were presented with an example of good practice in the Estates and Facilities Directorate. The Directorate had taken a different approach in some areas including Staff Governance standards.

- (f) **Draft Minute of the Area Clinical Forum of 9 March 2023**

The Chair explained that the Whole System Transformation Manager provided detail on how each of the Strategy 'wells' are run and how committees feed into the assigned Programme Boards. The Forum noted Clinicians from Argyll and Bute were currently underrepresented in the Professional

Advisory Committees that feed into the Forum. The Chair met with Chief Officer Argyll and Bute IJB following the Area Clinical Forum meeting to try and begin to address that issue.

**(g) Draft Minute of the Argyll and Bute Integration Joint Board of 29 January 2023**

The Chair highlighted that the Directions Policy across the Partnership had been approved by the IJB following recommendations from an audit report.

**(h) Draft minute of Highland Health and Social Care Committee of 15 March 2023**

The Chair advised that a progress report on the improvement plan for Children and Young People had been discussed and an excellent report was received from the third sector interface. The next meeting would include further discussion on the Mental Health Assurance report and the challenges within the Dental Service.

**17 Any Other Competent Business**

Professor Boyd Robertson addressed the Board with valedictory remarks prior to him demitting office at the end of the month. He thanked the members of the Board for their support and highlighted the invaluable assistance and advice from the Vice Chair and Chief Executive. He expressed his appreciation to the staff working within NHS Highland recognising their continued efforts in the face of unrelenting pressure. He advised it had been a privilege and an honour to be the Chair of NHS Highland and listed a range of achievements made during his 4-year tenure. A warm welcome was given to the incoming Board Chair, Sarah Compton-Bishop, in whom Prof. Robertson expressed his full confidence as his successor.

Ms Compton-Bishop thanked the Chair for his service to the Board and wished him well for his retirement.

**Date of next meeting – 30 May 2023**

**The meeting closed at 2.25pm**