

**STAFF GOVERNANCE COMMITTEE**  
**Report by Sarah Compton-Bishop, Committee Chair**

**The Board is asked to:**

- **Note** that the Staff Governance Committee met on Wednesday 09<sup>th</sup> March 2022 with attendance as noted below.
- **Note** the report and agreed-on actions resulting from the review of the specific topics detailed below.

**Present:**

Sarah Compton-Bishop, Board Non-Executive Director (Chair)  
Jean Boardman, Vice Chair  
Albert Donald, Board Non-Executive Director  
Elspeth Caithness, Employee Director  
Philip Macrae, Board Non-Executive Director  
Etta Mackay, Staff side Representative

**In Attendance:**

Fiona Hogg, Director of People and Culture  
Gaye Boyd, Deputy Director of People  
Karen Doonan, Committee Administrator  
Ruth Fry, Head of Communications and Engagement  
Louise Bussell, Interim Chief Officer, Community  
Nathan Ware, Governance & Assurance Co-Ordinator  
Fiona Davies, Chief Officer, Argyll & Bute  
David Park, Deputy Chief Executive  
David Garden, Director of Finance  
Bob Summers, Head of Occupational Health & Safety  
Ruth Daly, Board Secretary

**1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST**

The Chair welcomed those present to the meeting and thanked them for attending.

Apologies were received from Boyd Robertson, Heidi May, Pamela Dudek & Katherine Sutton.

There were no declarations of interest.

**2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION**

**2.1 MINUTES OF MEETING HELD ON 12 JANUARY 2022**

The Minute of Meeting held on 12 January was **Approved** and agreed as an accurate record.

## 2.2 ACTION PLAN

S Compton-Bishop advised there are some items shown as proposed to close as they've either been picked up or are being combined with other items and therefore today's discussion was around the points on the action plan highlighted in amber.

The following points were discussed:

- **Actions 18, 26, 27, 44, 50, 51, 52 & 55** – It was agreed that these actions would be closed as they will be combined with other items or have been picked up appropriately.
- **Action 31 Risk Management** – it was agreed this needed to remain on, based on the approach to the specific risk around statutory/mandatory training compliance and it was suggested this should go onto the Board Level Risk Register,
- **Action 35 Staff side Attendance** was being addressed and there are now three staff side representatives. It was noted that Kate Durmigan hadn't received an invite to the Staff Governance meeting which would be rectified moving forward.
- **Action 45 Statutory and Mandatory Training** – An update will be provided under Item 6.1.

The following comments were received from the Committee:

- **Action 37** - B Donald requested an update around the induction process and sought clarity on whether we are on track to complete the review of the approach to NHS Highland's Corporate Induction and the committee has seen that review. F Hogg advised that the actions themselves have evolved over time and the action was to ensure that we have a plan to address Induction. We are working to prioritise our key priorities within the people plan and an improved approach Induction is one part of that. As an organisation we have a lot of things we have committed to doing which are all very important but the people team are currently working out based on our board objectives what we think our capacity will be and to determine accurate time scales in which we can deliver and in what priority order. We will subsequently take those through all the various management committees and then bring to the Area Partnership Forum and then the Staff Governance Committee for endorsement. But Fiona confirmed that Corporate Induction is on that list as a priority.

The other actions proposed to close were agreed upon. An additional action regarding updating invites to the committee to ensure all attendees had these was agreed.

## 2.3 REVIEW OF COMMITTEE WORKPLAN

F Hogg advised that the Committee Workplan for 2022 – 2023 has been circulated to confirm all upcoming business and notifying the Committee of what will be covered at future meetings as a basic, however other items can be added as they arise. One of the key things to draw out is that we are planning to go back to doing spotlight sessions which was discussed in the Staff Governance Development session. F Hogg also noted that the first spotlight session may be someone from Corporate Support Services which will help the committee have some dedicated

time to have a more in depth discussion on different roles throughout the organisation.

R Daly asked if the annual review of the committees terms of reference could be added to the September 2022 meeting agenda and covered within that meeting so the item can then go through the Audit Committee in November and subsequently be agreed at the Board meeting in January 2023.

S Compton-Bishop confirmed that the future spotlight sessions would have a structure, to ensure they are answering the requirements of the Committee and the Staff Governance Standards. She also asked if it were possible to restructure the format of the plan so Development Sessions appear above the Committee sessions, to make it clear which topics would be discussed in each month, ahead of the plan for the Committee, so it is clearly visible how the topics align.

It was also noted that the committee workplan is a 'moving' document and will change as the year progresses

## 2.4 STAFF GOVERNANCE COMMITTEE ANNUAL REPORT

S Compton-Bishop mentioned that the report covers what our committee has discussed and how that has evolved over the course of the year especially as we've gone through various phases of the pandemic but generally we have still been able to carry on with the committee business albeit with some tweaks around content so that it flows a bit better with the Board Meetings and as previously discussed we'd like to plan regular development sessions.

F Hogg agreed and confirmed that the annual report was more an opportunity for members to have a good read of the content as a whole over the course of the past year and help identify some potential items that may have been overlooked or we want to draw out to discuss further; think of it as a final check.

It was confirmed that the annual report will go to Audit Committee at the beginning of May and F Hogg mentioned that it will be updated to reflect today's meeting.

R Daly mentioned that there may be a few additional tweaks but it was good to see that the committee had agreed to focusing much more on assurance this year and been a sort of pilot 'team' for introducing the new reporting system which will apply to all committees in the near future to emphasise the effectiveness of this and other committees.

The Committee:

- **Approved** the minute
- **Considered** actions arising therefrom
- **Reviewed & Agreed** the first version of the Staff Governance Committee Workplan 2022 – 2023
- **Considered & Agreed** the Committee Annual Report
- **Agreed an additional action** to develop a structure for the Spotlight Sessions to ensure they align to the committee requirements and purpose
- **Agreed an additional action** to combine the development and committee workplan items sorted by month
- **Agreed an additional action** to add review of the Committee terms of reference to the September workplan
- **Agreed an additional action** for the March meeting attendance to be added to the annual report

### 3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising

### 4 SPOTLIGHT SESSION

There was no spotlight session, sessions will recommence in May.

## 5 COMMUNICATION AND ENGAGEMENT UPDATE

### 5.1 Communications and Engagement Update

There was circulated a report by R Fry on the Communications and Engagement update proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee note the current position and is presented to the Board for awareness. This report provided a comprehensive update on communications and engagement actions from December up until February.

R Fry noted that progress has been made against the action plan; In discussion the following comments and questions were covered:

- Work on the team structure review has progressed well and Web Manager post is due to be graded in March which will enable us to recruit.
- The new Engagement roles are now fully embedded within the team.
- The focus moving forward will be around 'Ask me Anything' sessions and trying to get a variety of Senior Execs to commit to a session.
- It had been noted that we rely too heavily on digital comms therefore we've begun to explore the options for printed materials and their distribution.
- Work is starting on a recruitment programme for the National Treatment Centre and we've a PR Agency coming on board to provide a micro site and support with the process.
- The Together we Care strategy engagement was slowed due to Omicron however this has been picked up and we're moving forward with it.

B Donald referred to the report and questioned if there was work done to identify funding for printed items in relation to the whistle blowing standards as it was something that came up often in discussions with North Highland colleagues.

R Fry confirmed that we've received a quote for printed materials and funding will be forthcoming, once received the material will be printed and distributed.

S Compton-Bishop asked if there had been any idea on the uptake of our Ask Me Anything programme and the Exec V-logs so we can gauge the level of interest in them.

R Fry confirmed that a deep dive session had taken place and although the interested numbers wasn't high, there are issues with how it is reported as some people watch it live and others watch the recording after so to combat that we recently carried out a survey asking for ideas to make things more accessible. We've had a few responses, but it is something we could put to the new listening and learning panel to find out what we can do.

S Compton-Bishop also asked if we would or have provided the right level of support to those doing recruitment videos for our social media sites as sometimes this method of interaction can come across in the wrong way without the right support.

R Fry confirmed that was a good point and that they had been trained and supported by the Comms team; they also have continued access so if anything does go wrong the team can step in and make edits if needed.

S Compton-Bishop acknowledged how much work had gone into the update.

<b>The Committee Agreed to accept moderate assurance on this item</b>
-----------------------------------------------------------------------

## **6 LEARNING AND DEVELOPMENT**

### **6.1 Statutory & Mandatory Training Dashboard**

F Hogg explained that she had updated the dashboard for this meeting but had not provided a full report due to time and capacity but also because they are in the middle of completing the audit and root cause analysis. Once this is done, we will update our plan of action and outline what is expected to be done and timescales and resources for this.

F Hogg spoke to the report and highlighted that in most areas the trends had not improved. However there has been a slight increase in Hand Hygiene and Infection Control. F Hogg explained that the movement figure is from the March 2021 position, and the trend arrow shows the movement from November 2021 to January 2022 .

This covers both the online training as well as the face to face training. There is a lot of challenges with face to face training in respect of releasing people for said training. There are a lot of system pressures at play and whilst there is a risk attached to staff not receiving their training, there is a greater risk if the wards are not staffed safely for the patients. It is a top priority but difficult decisions are still having to be made.

F Hogg explained that from a Corporate Services point of view they were looking at establishing a group that collectively looks at risk and resilience and safety issues. There will be a proposal for Corporate Services in respect of this. F Hogg explained that this is a top priority for all managers and leaders.

E Caithness enquired if there was a plan that could highlight critical areas of concern and risk, with a view to addressing these first and foremost. She explained that there had been a plan in place to bolster the teams that were under the most pressure and asked where we were with said plan. Being able to see this plan at this meeting would ensure a level of assurance that this plan was still being actioned.

F Hogg agreed and stated that a more local based approach to prioritising staff training was required as part of this as there was a need to identify the highest levels of risk. She explained that B Summers had pulled together a proposal for increased staffing, and we have agreed a route for additional funding for the posts that have been identified. There are also vacancies that have come up in the team due to people resigning and leaving and this gives a good opportunity over the coming weeks to attract people into those posts. It is crucial to understand the job patterns and levels of skills that are required. There needs to be one eye on the future with recruiting into permanent posts and a need to look at having some capacity to start looking at future training and transformation options. This is a key area and we have to be able to deliver and transform at the same time.

B Summers explained that both teams were under a lot of pressure and that it was challenging to recruit to these positions. There needs to be some succession planning with both teams and both teams have an aging workforce profile. . It is important to note that these are not just training teams, they

F Hogg explained this has been discussed with finance and funding will be available but we need to ensure we have the right roles and capacity for the future. By the beginning of April at the latest then recruitment around Violence and Aggression and Moving and Handling should be underway.

B Donald highlighted B Summers use of the word “critical”. He stated that this situation had not arisen overnight, it was an ongoing situation. B Donald stated that he supported what B Summers was saying and that this is a big risk to the Board. There was no need to explore the risks as all knew what they were but there is a need to acknowledge the risk exists. The Committee also noted the NHS Orkney situation with regard to HSE enforcement and that our risks around this area need to be appropriately captured.

D Park asked if there was an opportunity to have a network of people who can train and use a different model, a more distributed model. He was aware that some elements of this had been done but asked if we were being as ambitious as we could be.

F Hogg stated the importance of this issue could not be underestimated. Whilst there should be no barriers to completion of online training, there are to face to face training and so we need to draw up a plan to have this deployed. There are clear things that can be done immediately, the insights from the root cause analysis and the insight are really important but there is a need to look at the local decision making for ongoing training and local risk assessment must be part of this

<p><b>The Committee Agreed</b> that they could not accept any assurance on this item although recognised the challenging position and circumstances <b>The Committee Noted</b> the updated position.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 7 PARTNERSHIP, WORKFORCE AND ORGANISATIONAL CHANGE UPDATE

### 7.1 Area Partnership Forum draft meeting minutes of meetings held on 29<sup>th</sup> October 2021, 17<sup>th</sup> December 2021 and 25<sup>th</sup> February 2022

The Committee **approved** the minutes of 29 October 2021, 17 December 2021 and 25<sup>th</sup> February 2022

<p>The Committee <b>Approved</b> the minutes</p>
--------------------------------------------------

### 7.2 Integrated Performance and Quality Report

F Hogg explained that we don't have the Workforce report coming to committee any more as after discussions it was felt it wasn't an appropriate level of detail for an assurance level committee. At the Development Session which took place last week which identified some outcomes and evidence people would like to see as part of the data set that comes to the committee. F Hogg advised that she will work with her team to come up with a revised approach that will be brought to the May meeting.

F Hogg also mentioned that there will be a couple of indicators that will be proposed to go onto the IPQR for March but these aren't yet in the required format due to staff absence impacts, these will likely be absence, turnover and vacancies.

S Compton-Bishop mentioned for anyone not at the Development Session that it was being looked at from the point of view of our Staff Governance standards as a starting point and what questions do we need answered to be able to give ourselves assurance that our standards are being adhered to, rather than starting with what data we have available to us.

D Park asked if the IPQR will still be populated with the existing metrics in line with the upcoming Board Meeting later in March, F Hogg confirmed that this will be the case.

The Committee <b>Noted</b> the update
---------------------------------------

## **8 POLICIES, TERMS AND CONDITIONS, DIVERSITY AND INCLUSION, VALUES AND CULTURE**

### **8.1 Culture Oversight Group Minutes from meeting held on 21<sup>st</sup> February 2022**

The circulated minutes were **approved**

The Committee <b>Approved</b> the minute of the meeting on 11th November and 13th December.
---------------------------------------------------------------------------------------------

### **8.2 Appraisals Approach 2022/2**

F Hogg spoke to her powerpoint presentation in respect of plans for appraisals, the timescales of which are set out in the paper.

.

For 2022/3 objectives, initially we will roll over and update our 2021/2 objectives, until the board levels objectives are finalised as part of the Together we Care Strategy. Fiona noted that timescales for objective setting were set before the latest Omicron crisis and the dates may change slightly.

.

F Hogg explained that the commitment for this year is that Executives and their Senior Managers will all participate in this process and where other colleagues are able to,

She went on to explain the personal development plan Needs to be embedded in the appraisal discussion and objectives, Without having regular performance discussions and reviews the personal development plan is worthless. We will formulate a plan for the EDG and deputy development sessions, once the PDP's for this cohort are complete and look at the senior manager development needs. This is the starting point for succession plans and it is vital to have this rooted in the discussions. What do we need to be doing to get us to a place in the next 2 to 3 years where we can confidently say that every person working for our organisation has a set of objectives and discusses their performance both positive and negative with their manager. There is a need to be realistic about how long this might take. There is a need to have simple tools that allow for focus on the discussion and the link to what people are employed to do. This is different to the KSF process which focused on lots of form filling and starting from a blank piece of paper.

F Hogg explained it is vital that both positive and negative feedback was discussed, sometimes only the negatives were discussed as they arose as problems which was not helpful. She stated that P Dudek, Chief Executive was fully on board with this and that this was also very positive and a good starting point with this work.

The Chair asked F Hogg to clarify what she meant with “remaining” colleagues. F Hogg clarified that everyone who holds a senior management post should be participating in appraisal process. The Chair asked if there was a gap how was the gap to be closed? Then asked what happens with “everyone else”?

F Hogg clarified that the process was in place for all executives and those on the ESM grading structure as this was overseen by Remuneration Committee and Scottish Government. It is ad hoc in other areas as to whether teams use formal appraisal and objective setting. . .

The Chair stated that the Committee would like to see how this was all broadened out from EDG. F Hogg clarified the term “grandfathering” and explained that is where the manager would do a review of his/her team and that for consistency and validity their manager would also do a review..

B Donald asked about the wider workforce as staff have said that they have felt undervalued due to the lack of objectives and development discussions with them. F Hogg stated that this is a national issue. There are no barriers to managers managing their teams in this way, but there was a need to start at the top of the organisation in order to be clear what this is. By doing it this way we can make it mandatory and keep the focus on the conversation, by having generic objectives and clear simple tools, so avoiding it becoming a paper filling exercise. The organisation requires role models to cascade it down through the organisation. It is something that a lot of time and energy has gone into, there needs to be a narrative created with staff around this. To be able to talk about development and have a good conversation with staff. We need it to be seen as a positive experience. B Donald thanked F Hogg for her explanation but stated that there was perhaps a need to communicate this more clearly to staff who did not seem to understand this point of view and further communication would be helpful.

The Chair agreed this was a good point that was made. E Caithness highlighted that access to training and development had not been equal across the organisation and this could be a way that we address this. She went on to say that we need to value our staff and that if staff did not feel valued they would not be retained. It was good to have discussions around this. She stated that there needs to be a change in direction around this due to the historical lack of opportunity within certain parts of the organisation.

D Park highlighted how tricky an area this could be, to start discussions if the people who were managing or being managed have never had these sorts of discussions. There was a need to be prepared with the correct type of approach to these discussions. It was a good place to start but it was important that success was more important than speed of roll out.

The Chair agreed that the quality of the conversations needs to be high. There was a need to have training in place for these discussions to take place. F Davies highlighted the need to be talking to the workforce and having discussions around the way that things are done with a view to perhaps expanding them or doing them differently. This would only come to light if these discussions were in fact taking place. There is a need to collect the data from the appraisals for the need to provide training and further development. There needs to be some sort of corporate collection of information where potential training could be highlighted. If there is a need to do things differently how is this identified or recorded with a view to putting it in place.

The Committee <b>agreed</b> to accept moderate <b>assurance</b> on this item.
-------------------------------------------------------------------------------

### 8.3 Board Culture Update



There was circulated a report by F Hogg on the Board Culture Update proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

F Hogg mentioned that we continue to report green on the culture programme but there is mixed shading around our culture metrics and civility whilst these plans were being put together, but there has been some good discussions with EDG. It was also noted that as well as the appraisal work there is an importance of promoting professionalism in the workplace around colleague to colleague relationships and behaviours and how we monitor and regulate that appropriately.

These are two major topics we can utilise to embedded culture change in our organisation and owned by every colleague in order to transform the experience that work is. This is the direction for the Culture programme, now we have put in place the support networks and designed management and leadership training and team conversations.

F Hogg also mentioned that rollout of the Team Conversations was delayed and some Management training has been moved forward, however it wasn't due to the capacity of the programme but more actually making sure the delicate balance is met when the system is under pressure and so we paused the rollout in December/January. A couple of modules have therefore been paused due to the ongoing pressures we are currently facing but will resume as that improves.

It was also mentioned that:

- A good working draft of the PeoplePlan looking ahead at the activity the team will deliver this year and into coming years is making good progress
- This is also aligned to the Together We Care strategy and the different priorities within that.
- These will then go through the leadership teams and come to the Staff Governance Committee in May to help understand what exactly is hoped will be delivered and what resources are required.
- It's important to be realistic and think not just about our capacity to deliver but the capacity and sequencing of the process and having it all in one plan will be really helpful for all of us.

F Hogg asked for any feedback or comments:

- S Compton-Bishop asked is the leadership & management development would be included in the training for anybody in our organisation who at some point is going to have to carry out an appraisal or development plan with their staff; or is it going to have to be picked up separately?
- F hogg confirmed that there are four levels of the leadership and management development programme and is focused around having those types of conversations where you're addressing performance but also has technical modules to cover different elements of what you might discuss with colleagues and need to be a leader.
- S Compton-Bishop also referred to point item 9.2 around the Staff Governance Standard monitoring and whether that is going to involve a new approach.
- F Hogg advised that the letter in 9.2 is about timescales for the feedback on the monitoring for this year, but also looking at how this might be done differently in the new year and also how we could refresh and use iMatter to support this.
- F Hogg also mentioned that the fact that the iMatter results haven't changed much despite what we know about the impact of the last two years, means we may not be asking colleagues the right questions and measuring the right things, so we're

very much encouraging the national team to look at that and they've agreed to look at this in the next cycle in 2023.

- It was also noted that Boards were previously running IMatter at different times for up to a six month window, then a report would come out at the end of the year, so we're being pulled forward in the year to ensure they are taking place within a fixed period so that the reporting out is better and more timely. IMatter in 2022 will be in June.

The Committee <b>agreed</b> to accept a <b>moderate assurance</b> on this item.
---------------------------------------------------------------------------------

#### 8.4 Board Whistleblowing quarterly report

There was a report circulated by F Hogg on the Board Whistleblowing quarterly report and confirmed it was just for Quarter 3 which covered the period 01 October 2021 – 31 December 2021 proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

F Hogg noted the report was an evolving process between herself and the Guardian Service. She confirmed that there has been four concerns reported as whistleblowing to date, but there had been a bit of confusion in the data in the Q1 and Q2 report which has now been resolved.

There was one case from Q1 which had been noted as not Whistleblowing but was actually treated as a stage one whistleblowing concern, although not upheld, so this has been corrected.

There was one additional case on the 01 October which is the first day of Q3 however was reported as a Q2 concern previously. This has now been resolved in the Q3 report and F Hogg therefore confirmed that no whistleblowing concerns have been raised for Q3.

F Hogg mentioned it has been difficult to identify trends and report on these having only had four cases with only two of them being closed. We have discussed as well as quarterly reporting we should have an annual report that goes into some more detail on how we implement the standards and subsequently identifies trends and themes.

S Compton-Bishop asked if we are where we need to be in terms of a national perspective. F Hogg confirmed there is always more that can be done but it's more about ensuring people are more comfortable raising concerns at an early stage and how those having concerns raised to them appropriately respond to these before it ends up being raised through the whistleblowing process.

The Chair welcomed Bert Donald, Whistleblowing Champion to contribute to the discussion and asked for his view on the report.

B Donald made the following points and comments:

- Still too soon to show any trends in what is being raised.
- It is important that the annual report is used as a point to pause and reflect on what has been done and what work still needs to be done.
- There is some work to be done around students and trainees which came up on my most recent visit.
- The recent visits I took part in have helped show colleagues are more comfortable raising concerns and they know what whistleblowing is but are not certain on what the whistleblowing standards are.

- It will be important to use more than just email communication, considering printed material in order to promote this further.

The Committee **agreed** to accept **moderate assurance** on this item

## 8.5 Policies for Noting from Area Partnership Forum

F Hogg mentioned this was discussed in detail at the Area Partnership Forum to which all agreed and these were brought to the committee for noting

The policies covered were:

Scheme of Delegation Policy  
Organisational Change Policy  
SSSC Policy  
Working Time Policy

The Committee **Noted** the updated policies.

## 9 HEALTH, SAFETY AND WELLBEING, ABSENCE AND WHISTLEBLOWING

### 9.1 Minutes of the Health and Safety Committee on 8<sup>th</sup> February 2022

The circulated minutes were **approved**

The Committee **Approved** the minute of the meeting on 8 February 2022.

### 9.2 Annual Staff Governance Standard Monitoring – Feedback from Scottish Government.

F Hogg spoke to the letter and advised that Scottish Government will be identifying gaps and suggesting areas of improvement around Staff Governance. It will be kept as a point to discuss in our May Committee meeting. F Hogg noted that it could actually be discussed within the May Staff Governance Development session.

The Committee **noted** the update.

### 9.3 Annual Health & Safety Committee Review

B Summers covered a short presentation on the item which accompanied the circulated report on the Health & Safety Annual Review proposing **moderate assurance** to the Staff Governance Committee. The report recommended that the Committee discuss and examine the draft report and consider any additional information or revisions that may be appropriate.

In discussion the following questions and comments were discussed:

- S Compton-Bishop asked the committee what sort of information do we want to monitor and discuss at the appropriate level.
- F Davies noted the three recommendations for Argyll & Bute highlighting that any decision to make changes would sit with the IJB under the scheme of delegation.

It would therefore be for the IJB to discuss and make changes, issuing directions to NHS Highland where appropriate.

- B Summers acknowledged he reflected upon being Head of Service for all of NHS Highland rather than just North Highland and therefore would be good to discuss how this is positioned.
- F Hogg noted that the report is more around the H&S Lead raising these concerns with Senior Management rather than expecting the committee to ratify the recommendations; they are not the recommendations of the committee but are professional recommendations that the committee will note.
- F Hogg also suggested that the recommendations could form the basis of an action plan for the committee to review at a point in the year, and that she and B Summers would take these away and draw something up. This would ensure recommendations such as those for A&B are captured and tracked but discussed in the right places by the right people who have responsibility for this.
- S Compton-Bishop mentioned that when a plan is drawn up it should make things clearer in that some items will be a 'Governance' committee responsibility but some items will be operational in nature and not for the committee to review in that level of detail.
- B Summers confirmed that it was his professional recommendation to the H&S committee in order to try and streamline the relationship between Argyll & Bute and NHS Highland so it lines up appropriately but this was not for the committee to decide on and discussions would be taken forward in the appropriate places

The Committee <b>discussed</b> and <b>approved</b> the content of the report and took <b>moderate assurance</b> from the report.
----------------------------------------------------------------------------------------------------------------------------------

**10 AOCB**

There was no further business discussed.

**11 Date of NEXT MEETING**

The next meeting of the Committee will take place on Wednesday 4<sup>th</sup> May at **10.00 am** on **MS Teams**.

**The meeting closed 11.30 am**