HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
MINUTE of BOARD MEETING Board Room, Assynt House, Inverness	**26 March 2019 – 8.30 am**

Present

Prof Boyd Robertson, Chair
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Sarah Compton-Bishop
Mr Robin Creelman
Ms Mary Jean Devon
Mr Alasdair Lawton
Ms Deirdre Mackay
Ms Margaret Moss
Ms Melanie Newdick
Mr Adam Palmer
Ms Ann Pascoe
Dr Gaener Rodger
Mr Dave Garden, Interim Director of Finance
Dr Rod Harvey, Medical Director
Mr Iain Stewart, Chief Executive
Prof Hugo Van Woerden, Director of Public Health

In Attendance

Ms Ruth Daly, Board Secretary
Ms Maria Dickon, District Manager, East Ross (Item 3.1)
Mr Eric Green, Head of Estates
Ms Marina Harrison, Senior Staff Nurse, Invergordon (Item 3.1)
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Fiona MacBain, Committee Administrator, Highland Council
Ms Joanna MacDonald, Chief Officer, Argyll & Bute HSCP - VC
Ms Jane McGirk, Interim Head of Public Relations & Engagement
Ms Mirian Morrison, Clinical Governance Development Manager
Ms Emma Nixon, Senior Staff Nurse, Invergordon (Item 3.1)
Mr Brian Steven, Scottish Government External Support
Ms Katherine Sutton, Head of Acute Services, Raigmore Hospital
Ms Claire Wood, Associate Director, AHPs (sub for Heidi May, Nurse Director)
Carol Wright, Associate Lead Nurse, South and Mid (Item 3.1)

Also in Attendance

Prof Sandra McRury, Interim Head of School of Health, Social Care and Life Science, UHI.
Two pupils from Tain Royal Academy

1 Apologies

Apologies were submitted on behalf of Board member Heidi May, and also on behalf of Dawne Bloodworth.

2 Declarations of Conflict of Interest

Mr A Christie wished to record that, as an elected member of the Highland Council, he had considered making a declaration of interest but felt his status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting.

3.1 Statutory / Mandatory Training Presentation: Good News Item from the Sutor Ward, Invergordon County Community Hospital

Maria Dickon, District Manager, East Ross, Carol Wright, Associate Lead Nurse, South and Mid, Emma Nixon, Senior Staff Nurse, Invergordon, Marina Harrison, Senior Staff Nurse, Invergordon

Against a target of 95% uptake of S/M training, only 66% was being achieved at the start of January 2019 and a diagram was developed to consider the reasons for this, which included lack of time, lack of perceived value of the training, high levels of long term sickness, winter pressures on the ward, lost login details and insufficient access to computers on the ward. Solutions included providing additional computers, developing a rota to release one member of staff every afternoon for an hour to complete the necessary LearnPro modules, and instigating a friendly sense of competition between staff members and teams. By 4 March 2019, 99% compliance was being achieved, with the 1% being the result of staff absence. Plans to roll out and share the learning were summarised.

During discussion, the Board congratulated the team on their achievements, pointing out that completion of S/M training had been a challenge for a considerable amount of time, and it was hoped this new approach would be spread across the organisation. A key aspect of the success had been that the actions and plans had been generated by the staff, with visual representation on the ward being also helpful. It was acknowledged that face to face training, such as 'moving and handling' would be more challenging but that a similar approach could be developed. Attention was drawn to the facility on LearnPro for managers to generate a spreadsheet to allow them to track training completion and identify when training was out of date.

The Board thanked the team and **noted** the presentation.

3.2 Minute of Meeting of 29 January and Action Plan

Updates on outstanding actions were provided as follows:

- Action 105, Gosport – to be undertaken by May 2019
- Action 103, Culture Change Update – on Board agenda for May 2019
- Action 102, Clinical linkage between Area Clinical Forum and A&B Integration Joint Board - complete .
- Action 97, Whistleblowing issues – complete, with Robin Creelman, outgoing whistleblowing champion to put down in writing key information for his successor.

The Board **approved** the minute and **noted** the action updates.

3.3 Matters Arising

Item 3.4: although the minutes stated that an update on Culture Change would be brought to the next Board meeting, this was scheduled for the May 2019 agenda.

Item 4.2: The minute referred to more information being provided on terms of reference, delegation of powers and the relationship of the PMO (Project Management Office) with existing governance structures, and it was clarified that the scheme of delegation would not be altered and that the terms of reference had been shared with the Senior Leadership Team due to their functional nature. However, following discussion, it was **agreed** that a Board Development Session be held on issues around the PMO's decision-making process and related governance interfaces, this to include high value PIDS (Project Initiation Documents).

Item 3.5: The minutes stated that the new Non-Executives were expected to be in place in April 2019, but it was confirmed the timetable for this had slipped, with interviews now planned in June 2019, and appointments likely to be confirmed in July or August 2019. In relation to the imminent retiral of Non Executive Robin Creelman, the Board **agreed** to appoint Ann Pascoe as Interim Chair of the Control of Infection Committee, pending recruitment of new Non Executives. Executive vacancies were detailed under item 4.2.

The Board **noted** the Matters Arising.

4.1 Finance
Dave Garden, Interim Director of Finance

The financial position had already been scrutinised by the Finance Committee, the Highland Health and Social Care Committee and the A&B Integration Joint Board. For the 11 month period to 28 February 2019 NHS Highland had overspent its budget by £15.8m, with a forecasted potential position of £16.9m overspend at year end, against a plan for a £19m-£23m overspend. A savings challenge of £50.5m had been calculated for 2018/19, with £31.5m of savings identified in the Annual Operational Plan (AOP), leaving a gap of £19m. Capital was in balance but remained challenging. The three main areas of pressure were Adult Social Care, drugs and undelivered savings schemes, with some of these being offset by non-recurring savings, the level of which was of concern for future budgets, with a £32-33m carry forward into 2019-20 projected. Formal contact would be made with the Scottish Government to arrange brokerage.

During discussion the following issues were considered:

- It was likely the mechanism of financial reporting would change as a result of the PMO, with a draft reporting format to be tested through the Finance Committee.
- Much of the drug overspend was in oncology and the focus on expenditure was to aim to achieve best value, not to deny treatment. Although costs continued to rise, this did not necessarily mean that measures to achieve better value, such as switching to generic cheaper brands when possible, had not worked, as new expensive treatments appeared on the market and demand was increasing due to changing demographics. Due to the urgent nature of many cancer treatments, there could be less time to source alternatives. Work was ongoing to investigate various areas of expenditure around medicines and this could be the focus of a future Board development session. It was also suggested that a brief breakdown of drug costs be appended to future finance reports, specifically showing the breakdown between costs of new drugs versus reduced costs of other drugs as a result of switches to generic cheaper brands. Nationally, this issue was being considered by Chief Executives.
- The achievement of a forecast of £16.9m overspend against an original forecast of £19-23m was welcomed. Brokerage would only be sought for the final overspend, even if more had been provisionally agreed.
- The starting point for 2019-20 of £32m in deficit was the most challenging ever experienced by NHS Highland.
- Concern was expressed by the Vice Chair at the high level of non-recurring savings in 2018-19 and it was explained that the PMO and the input from Price Waterhouse Cooper, as well as the presence of Brian Steven and Mark Wilde would address this in the coming months, with a turnaround of the financial situation expected as a result.

The Board:

- **Considered** the financial position as at February (month 11) which reported a potential overspend of £16.9m
- **Acknowledged** the financial position as outlined in this report.
- **Agreed** to hold a future Board Development session on medicine expenditure and that a brief breakdown of drug costs be appended to future finance reports.

4.2 Senior Leadership Review
Dawne Bloodworth, Interim Director of Human Resources, on behalf of Iain Stewart, Chief Executive

The Chief Executive explained that the current senior team structure was too flat to support the future plans for the organisation. It was proposed to extend the Director of Finance post, currently being filled on an interim basis, to Director of Finance and Corporate Services, with the post holder also acting as Deputy Chief Executive, a position which was lacking at the moment but was considered necessary.

During discussion the following issues were considered:

- It was suggested the proposal could be perceived as adding additional highly paid posts in times of financial constraints, and it was explained that efforts to date to recruit the essential and pre-existing post of Director of Finance had been unsuccessful, and that role was to be expanded slightly. It was noted that this was not an additional post.
- Support was voiced for the proposals and a timeline was sought and provided for the recruitment of the vacant senior posts.
- It was important that all due process and consultation was adhered to in relation to any posts, despite the urgent need to fill them.
- It was suggested the Director of Human Resources should hold a voting position on the Board, and although it was thought there was a statutory limit to the number of Executive positions which held voting rights on the Board, this would be investigated.

The Board **noted** the Senior Leadership Team structure and **agreed** the Chief Executive investigate whether the Director of Human Resources could have voting rights on the Board.

4.3 Developing a Clinical Plan for NHS Highland
Deborah Jones, Director of Strategic Commissioning, Planning and Performance, on behalf of Iain Stewart, Chief Executive

In tandem with financial recovery, strategic thinking was required to help inform other decisions, and three phases were proposed for the development of the Clinical Strategy:

- Phase 1: Rapid development of case for change, identification of strategic vision and initial assessment of possible strategic options drawing on over-arching policy direction from Scottish Government.
- Phase 2: Consultation with patients, staff, public and other stakeholders to assess options and refine strategic direction.
- Phase 3: Final consultation and publication of approved clinical strategy for NHS Highland.

A Strategy Development Sub-Committee would be formed to oversee the programme of work, with details of membership in the report, and mobilisation planned for around April 2019.

During discussion, the following issues were considered:

- Attention was drawn to the risks in relation to staff capacity around this work and the additional pressures of the PMO and the planned Clinical Alliance, especially given the tight timescales. These risks had also been highlighted in the report. The importance of early clinical engagement in each of these areas was emphasised.
- The inclusion of focus groups and patient consultation was welcomed.
- Attention was drawn to the challenges around engagement, including how to identify all stakeholders, and it was explained that the communications team was working through various stakeholders groups from the preceding 11 years. Caution was urged on the additional time constraints faced by staff and the public during the engagement process.

The Board **noted** the urgent need to commence development of a clinical strategy for NHS Highland to support the ‘Fit for the Future’ change programme and **noted** the proposed approach to phase 1 of the strategy development process.

4.4 Elective Care Centre
Eric Green, Head of Estates, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

A summary was provided of the report, covering the history of the project, and the challenges and anticipated benefits of the ECC, with Board approval sought for the Full Business Case to be presented to the Scottish Government Capital Investment Group in April 2019 for review and approval in May 2019. A summary of engagement to date was provided, including reference to the partnership between NHS Highland, Highland and Islands Enterprise (HIE) and the University of the Highlands and Islands, (UHI).

During discussion, the following issues were considered:

- The original plan for 28 beds had been amended to 24 and the impact of this had been analysed. The ECC would free capacity at Raigmore and help to deliver TTG (Treatment Time Guarantees) within 12-18 months of opening the ECC. Increased efficiency in the delivery of care in Ophthalmic and Orthopaedics was anticipated, freeing clinical time. The reasoning behind the reduction in beds was summarised and related to the ability to deliver the building on time.
- The ECC would not only benefit Inverness but the whole of the Highlands and the wider region, with much pre- and post- operative care able to be undertaken locally.
- In relation to recruitment, the additional research and development opportunities would be instrumental in attracting medical staff and the Business Case included a workforce plan.
- The appendices missing from the Full Business Case would be circulated to the Board.
- The collaboration with UHI and HIE was welcomed.
- In relation to concerns about project management capacity, it was explained that a full-time project manager was in place to work across all three organisations, with a project management board also in place. There was reasonable certainty that sufficient skills and resources were in place but it was clarified that the affordability and viability of the project was predicted on a funding stream being agreed by the Scottish Government, therefore the project was still subject to appropriate funding being put in place. Concern was voiced that a written commitment to revenue funding had not yet been received.
- Possible collaboration with other Boards in the region was summarised, noting that funding tended to follow patients.
- Directors thanked all staff involved with the project.

The Board:

- **Approved** the Full Business Case to construct an Elective Care Centre on the Inverness campus site in partnership with UHI and HIE.
- **Noted** the transformation in patient waiting times that this project will deliver
- **Noted** the work that has been delivered on designing a new service delivery model/operating model and the transformation programme for both specialities.
- **Noted** the strategic importance of this project to the Highland economy.
- **Agreed** to circulate the Full Business Case Appendices to the Board.

4.5 NHS Highland Strategic Risk Register (6 Monthly)
Mirian Morrison, Clinical Governance Development Manager on behalf of Iain Stewart, Chief Executive

The report was summarised, including an explanation of the Risk Register and the Issues Log. The most recent Risk Management Steering Group had been cancelled due to a scheduling error, and a new meeting was planned for 2 April 2019.

During discussion the following issues were considered:

- Risk 536, 'Highland's Vascular Surgery service to shortly become non-compliant with national screening programme standards', had an update from February 2019 on the 'At A Glance' register but not on the full register and this was likely to be as a result of the cancelled meeting at which the register would have been updated, but would be checked. It was considered appropriate that Risk 536 be overseen by the Clinical Governance Committee, as it received an annual report on the screening programmes.

- The Chair sought assurance that six monthly updates to the Board were adequate and it was explained that the Clinical Governance Committee also received six monthly updates and that individual risks were allocated to related governance committees.
- It was clarified that the steering group cancellation had been a one-off.
- The process for handling risks with a red ragging by the steering group was explained. Live issues were allocated to a lead Executive to address and monitor progress.
- As the Board's risk appetite had not been considered for some time, this was suggested as a topic for a future Board Development session.

The Board:

- **Noted** the NHS Highland Strategic Risk Register as at February 2019.
- **Noted** the Issue Log as at February 2019.
- **Noted** the Risk Management and Assurance and Escalation Routes.
- **Agreed** to consider Risk Appetite at a future Board Development session.

4.6 Infection Prevention and Control Report
Catherine Stokoe, Infection Control Manager and Dr Vanda Plecko, Consultant Microbiologist/Infection Control Doctor on behalf of Heidi May, Board Nurse Director & Executive Lead for Infection Control

	Group	**Target**	**NHS Highland HEAT rate**	
Clostridium *difficile*	Age 15 and over	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/19	29 Oct-Dec Q4 2018	**Green (NHSH data)**
Staphylococcus aureus bacteraemia		HEAT rate of 24.0 cases per 100,000 AOBDs to be achieved by year ending 03/19	28 Oct-Dec Q4 2018	**Red (NHSH data)**
Hand Hygiene		95%	Oct-Dec 2018 performance 95%	**Green**
Cleaning		92%	Oct-Dec 2018 performance 96%	**Green**
Estates		95%	Oct-Dec 2018 performance 96%	**Green**

Clostridium difficile was above its projected trajectory but remained within target. The targets for Staphylococcus aureus bacteraemia would not be met and an audit of all cases had identified a common theme of vascular access devices and this was being addressed by a short life working group through education and training on the use of devices.

Issues discussed included the following:

- Mechanisms were in place to share learning across operational units.
- Outlier figures were analysed during audits to check compliance and trend data could be provided on request.
- New Craigs was part of the hand hygiene audit process, and information was sought and provided on how hand hygiene audits were undertaken. Audits were generally held at the same time and place to allow comparison and trends to be observed, but this could also be subject to the 'hawthorne effect', which was the alteration of behaviour by the subjects of a study due to their awareness of being observed.

- The distinction between prevention and control was explained, with the Chair of the IPC Committee reporting exemplary performance on the control side, and with weaknesses brought to light in prevention being tackled in a transparent manner.

The Board **noted:**

- The position for the Board.
- The update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland.
- That we would not achieve the Staphylococcus aureus bacteraemia (SAB) target.
- That we were over the Clostridium difficile target trajectory but might still meet this target.

4.7 Chief Executive's and Directors' Report – Emerging Issues and Updates
Iain Stewart, Chief Executive

This month's report incorporated updates on:

a. Introduction from CEO

Hot Topics/Issues

b. Leadership Changes
c. Financial Performance
d. Meetings with SGHD
e. MP/MSPs Meetings
f. Treatment Time Guarantees (TTG)
g. Team Structure
h. Annual Review
i. Equality Outcomes and Mainstreaming Progress Report

Celebrating Success

j. Highland and Islands GP Mentors Graduation
k. New Badenoch and Strathspey community hospital takes a step forward
l. Health board recognised for innovative approach to nutrition prescribing
m. Major Upgrade to Raigmore's Life-Saving Helipad
n. Planning Permission Obtained for New Elective Care Centre
o. NHS Highland using VR headsets to help patients prepare for MRIs
p. Queen's Nurse contributes to online respiratory learning modules

Issues discussed included the following:

- The weekly emails from the Chief Executive to all staff had been well received and confirmation was sought and received that they would continue. It was pointed out in relation to emails in general, that they could account for up to 60% of a person's time at work and this should be considered when capacity issues were being tackled.
- The Cabinet Secretary for Health, Jeane Freeman, would visit on 9 April 2019, to include the Emergency Department, Paediatrics, the Centre for Health Science, New Craigs and the Special Care Baby Unity (SCBU).
- The Annual Review was scheduled for 25 April 2019.
- A summary was provided on the ongoing Critical Care upgrade at Raigmore to refresh the theatres, improve infection, prevention and control and to ensure the hospital remained compliant with modern requirements. The benefits of the flexible use of the Vanguard theatre during this time to provide additional capacity and help to manage waiting lists were explained.
- In relation to the section on team structure and in response to a query about other new posts proposed to ensure an appropriate senior leadership team, the possible new posts had been considered by the Senior Leadership Team and were now being worked on by Human Resources to

develop job descriptions. These would be brought to the Board in due course, with no plans to recruit to them until September / October 2019 at the earliest.

The Board **noted** the Emerging Issues and Updates Report.

5.1 Integration Joint Board of 27 January 2019

It was reported that the 'grip and control' management system to drive the organisation towards financial recovery had been enthusiastically rolled out and it was anticipated that A&B would achieve a break even position in the near future. Colleagues in A&B Council had been supportive, with work being undertaken in partnership.

5.2 Area Clinical Forum of 24 January 2019

During discussion the following issues were considered:

- The minutes suggested that 'freedom to speak up' guardians might be implemented throughout the organisation and an update on this was sought. It was explained this had been brought up as a result of the Sandy Gillanders report and was due to be considered by the short life working group on positive workplace culture. The group was not yet fully functional as it was waiting for the Sturrock report to become available to ensure all relevant strands could be taken into consideration.
- The Board Chair sought information in relation concerns that had been raised about the level of engagement between the ACF, the Board and others, and the Forum Chair drew attention to discussions that had taken place at the ACF on the importance of engagement with the development of the professional alliance, which was proposed as part of the PMO. Clear links between the ACF and the alliance would be required, ensuring there was no duplication of work. Attention was drawn to the ongoing struggle for clinical staff to be released from clinical duties to engage with groups and committees. In relation to Non-Executive attendance at the ACF meetings, a rotational attendance had been trialled and although this had lost momentum, it was **agreed** that it could be considered again at a Board Development or Strategy session.

5.3 Clinical Governance Committee of 5 February 2019

The following issues were highlighted:

- Concerns about the capacity of clinical staff to fully engage as required had been highlighted in the annual Area Drugs and Therapeutics Committee's annual report, with possible barriers being capacity, lack of time, workload levels and lack of appreciation of the value of engagement. This had been taken to the Staff Governance Committee to be included for consideration by the working group with the focus on creating a more positive culture. The vital role of the advisory and governance committees to the running of the organisation was emphasised.
- In relation to a failure of the patient recall process in ophthalmology, assurance had been received that the incident in question had been a one-off and processes were in place to ensure it did not re-occur. Going forward, the Raigmore Quality and Patient Safety Group would monitor the recall of patients with any issues to be brought to the Clinical Governance Committee through the Raigmore exception report.
- The Ombudsman would be giving a presentation to the Clinical Governance Committee at 11am on 16 April 2019 and all Board members were invited to attend.

During discussion, Robin Creelman queried that only one patient had missed their recall date and it was explained that the comment made related to one particular SAER (Serious Adverse Event Review). Mr Creelman also suggested that the SAER guidelines required a report to be produced within 30 days of a Category One incident being recorded, with a further 10 days to produce an improvement plan and Rod Harvey pointed out that these timescales would be difficult to comply with as it often took more than 30 days to organise an SAER to ensure the correct range of people were able to attend. Immediately post-meeting it was confirmed that in the Health Improvement Scotland publication *Learning from adverse events through reporting and review. A national framework for Scotland, July 2018*, the specified timescales were to complete the SAER and report within 90 days of identifying the need for an SAER, and to approve a report within 30 days of its production

Mr Creelman stated that the Duty of Candour guidance suggested that the Duty of Candour procedure should be initiated prior to the SAER process, and Rod Harvey explained that sometimes an investigation had to be conducted before evidence of harm that met the criteria for Duty of Candour could be established. Mr Creelman expressed disquiet that it appeared the reverse of the suggested procedure was being followed and the Board Chair noted his disquiet. Hugo Van Woerden added that some of the work being undertaken by NHS Highland on Duty of Candour had been held up nationally as exemplary. The Board Chair suggested that further discussion on this take place outwith the meeting.

5.4 Staff Governance Committee 12 February 2019

Issues highlighted from the meeting included Brexit, whistle-blowing and progress being made with statutory and mandatory training. The Board Chair sought clarification on the level of data capture in relation to training statistics and it was explained that getting accurate data on training had been challenging.

5.5 Audit Committee of 5 March 2019

- There had been an internal audit on the financial management and reporting system which had received good overall gradings in relation to the quality, standard, timeliness and accuracy of the financial information being provided.
- It was clarified that the Audit Committee's role in monitoring the governance review action plan was as a gatekeeper, ensuring dates were being complied with. There had been some slippage on the dates and this had been flagged up in December to the Board Chair and Chief Executive and the Committee was seeking assurance that efforts were being made to bring the actions back onto the appropriate trajectory.
- There had been an internal audit in support of culture to ensure processes and systems were in place for staff to voice issues of concern. This had been flagged amber and a management response was being worked on, and this would be considered again by the Committee along with the Sturrock report when it was available.

During discussion, it was explained that a number of culture-related strands were due to be brought together including the Sturrock report, the internal audit, the Sandy Gillanders report, work on Organisational Design and the positive culture working group. It was clarified that the Board 'owned' the Sturrock report and although the Audit Committee might take responsibility for monitoring any action plan that might result from it, it would not 'own' individual issues. In due course a bespoke arrangement would be put in place.

5.6 Asset Management Group of 22 January and 19 March 2019

Reference was made to administrative challenges which had caused there to be no minutes for the meetings. It was confirmed that targets were on track to be met.

5.7 Highland Health & Social Care Governance Committee of 8 March 2019

The early positivity around the imminent review of the partnership with the Highland Council was highlighted and an early Board discussion of this at a Development Session was sought. The Chief Executive confirmed there was no appetite at present to consider an Integration Joint Board but rather to continue with the Lead Agency model. A report was awaiting approval from the Council and would be presented to the Board in due course, and a joint post between the two organisations was being commissioned to take forward the review. It was suggested that the post was also concerned with improvement and transformation and the request for an early Development Session on the review process, including the planned timeline, and how to identify improvement was **agreed.** It was pointed out that the review process would not be starting from scratch but looking at an evolved agreement, and the significance and timeliness of this piece of work was emphasised, given the size and complexity of the governance structures of the two organisations.

5.8 Finance Sub-Committee of 19 February and 19 March 2019

Having discussed the finances at Item 4.1, the Board:

(a) Confirmed adequate assurance has been provided from the Governance Committees.
(b) Noted the Assurance Reports/Minutes and agreed actions from the Clinical Governance, Staff Governance, Audit and Highland Health & Social Care Governance Committees.

6.1 Date of next meeting

The next meeting of the **Board** would be held on 28 May 2019 in the Board Room, Assynt House, Inverness.

6.2 Any Other Competent Business

- On behalf of the Board, the Chair thanked outgoing Non Executive, Robin Creelman, and the Medical Director, Rod Harvey, who would be retiring at the end of August, for their work and commitment to NHS Highland and wished them well for the future.
- In response to a query from Adam Palmer, the national and local preparations for Brexit were summarised, and included regular meetings, and a hotline for issues on medicines, people or devices. Communication with the public was to be undertaken only via an approved message from NHS Scotland, which was still awaited.

6.3 The Board **noted** there would be a meeting of the Board In-Committee immediately following the open Board meeting.

Close of meeting: 11.15am