

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE of BOARD MEETING Board Room, Assynt House, Inverness	23 July 2019 – 8.30am	

Present

Prof Boyd Robertson, Chair
Mr Alex Anderson
Ms Jean Boardman
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Sarah Compton-Bishop
Mr Alasdair Lawton
Ms Deirdre Mackay
Mr Philip MacRae
Mr Adam Palmer
Ms Ann Pascoe
Dr Gaener Rodger
Mr Dave Garden, Interim Director of Finance
Ms Heidi May, Nurse Director
Dr Boyd Peters, Interim Medical Director
Mr Iain Stewart, Chief Executive
Prof Hugo Van Woerden, Director of Public Health

In Attendance

Ms Gaye Boyd, Deputy Director of Human Resources
Ms Ruth Daly, Board Secretary
Mr Dave Garden, Interim Director of Finance
Ms Fiona Hogg, Director of Human Resources and Organisational Development
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Fiona MacBain, Committee Administrator, Highland Council
Ms Joanna MacDonald, Chief Officer, Argyll & Bute (VC)
Mr George Morrison, Head of Finance, Argyll & Bute (VC)
Mr Brian Steven, Interim Director of Finance and Deputy Chief Executive

Also in Attendance

Prof Sandra McRury, UHI

Preliminaries

The Chair welcomed three new Non-Executive Directors, Jean Boardman, Philip MacRae, and Alex Anderson, and the new Director of Human Resources and Organisational Development, Fiona Hogg, to their first Board meeting. He congratulated Ruth Daly, Board Secretary, on passing the Chartered Institute of Public Finance and Accountancy qualification in Corporate Governance with distinction.

1.0 Apologies

Apologies were submitted on behalf of Board members Ms Margaret Moss, Dr Rod Harvey, and Ms Mary-Jean Devon, and also from Mr David Park and Ms Jane McGirk.

2.0 Declarations of Conflict of Interest

Alasdair Christie wished to record that 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 Minutes of Meetings of 28 May 2019 and Action Plan

The Board **approved** the minutes, subject to removing the reference to there being similar legislation in England, as stated in the fifth bullet point of discussion under Item 4.6, Safe Staffing Legislation.

In relation to Action 108, the development of a Dementia Strategy, which would sit alongside the Mental Health Strategy, Ann Pascoe clarified that Public Health was leading on this, the existing Committee was to be revitalised, and a meeting was planned in September 2019.

3.2 Matters Arising

There were none that were not covered elsewhere on the agenda.

3.3 Board Appointments

a. Board Vice Chair

The Board **noted** that interviews had not yet been held although were imminent. This was due to diary issues and the need to have an external member on the interview panel.

b. Other Board Appointments

The Board **agreed** to make the following appointments:

- Argyll & Bute Integration Joint Board – Jean Boardman
- Board Whistle-blowing Champion - Jean Boardman
- Asset Management Group – James Brander
- Clinical Governance Committee – Adam Palmer
- Audit Committee – Alex Anderson, to replace Adam Palmer
- Health & Safety Committee – Alex Anderson
- Highland Health and Social Care Committee – Philip MacRae

The Board **noted** that recruitment had commenced by the Scottish Government to appoint a Whistle-blowing Champion to each Scottish Health Board, with a closing date of 12 August 2019 and full details on the web-site.

3.4 Revised Committee Terms of References / Constitutions

Ruth Daly, Board Secretary

The Board **approved** the following amended Constitutions and / or Roles and Remits, and **noted** that they had all been approved by their respective Committees:

- a. Finance Sub Committee, *subject to the addition of the Nurse Director as part of the membership.*
- b. Adult Social Work and Social Care Committee
- c. Psychological Services Advisory Committee

4.1 Chief Executive's and Directors' Report – Emerging Issues and Updates

Iain Stewart, Chief Executive

The report included the following:

Introduction from CEO

Hot Topics/issues:

- a. Sturrock Update
- b. Project Management Office and Financial Recovery
- c. New Non-Executive Appointments to the Board
- d. New Executive Appointments to the Board
- e. General Data Protection Regulation
- f. Aviemore Hospital
- g. Broadford Hospital
- h. Sir Lewis Ritchie Recommendations
- i. Proposed Skye Renal Dialysis Service
- j. Car Parking – Raigmore
- k. Update on the Highlands and Islands Improvement Institute
- l. NHS Near Me
- m. State-of-the-Art Equipment

The following issues were highlighted:

- Visits in the previous month from John Sturrock, QC, and the Cabinet Secretary for Health, Ms Freeman, had been welcomed. Discussion had focussed on the Culture Fit for the Future programme, which would be taken forward by the new Director of Human Resources and Organisational Development, Fiona Hogg.
- Recent Interviews to appoint a Director of Finance had been unsuccessful and plans were being reconsidered.
- The PMO was functioning well, with around £20m of the £28m savings target identified. Brian Steven, Interim Director of Finance, was leaving at the end of the week and was thanked for his work in establishing the PMO.
- £7.1m had been received from the Scottish Government to tackle elective waiting times, and in recent days £408k of additional funds had been received to improve cancer performance.
- The considerable amount of capital investment in the Highlands was welcomed, and included new hospitals in Aviemore and Broadford, the Sir Lewis Ritchie recommendations in Skye, improvements to the Raigmore car park, and the Elective Care Centre.

During discussion, the following issues were considered:

- Concern was expressed that changes to doctors' pension arrangements had resulted in reduced willingness to undertake additional sessions and this could affect waiting time performance. This was a national issue that was being tackled at a political level and local mitigation efforts were summarised. The Scottish Government was making representations to the UK Government about it, but a solution was likely to be long term.
- In relation to revenue funding for the Sir Lewis Ritchie recommendations, the Scottish Government had agreed to share, over the next three years, the anticipated cost of £1.2m. The majority of this would be drawn down in Year One, phased until the end of the period, by which time it was anticipated the improvement measures put in place would mitigate risks of any ongoing costs.
- In relation to a recent serious breach of data protection, a Serious Adverse Event Review was being undertaken and was due to report the following week. An apology had been issued and was reiterated, and all staff would be made aware of the potential dangers of data breaches to ensure it was not repeated.
- It was confirmed that training for staff would be undertaken in relation to the proposed Skye Renal Dialysis Service, details of which were summarised.
- Developments with the Highlands and Islands Improvement Institute included the recruitment the previous year of applicants for the Graduate Certificate in Health Care Quality Improvement, with a draft module being developed to turn this certificate into a diploma.

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

4.2 Finance

Dave Garden, Interim Director of Finance

For the 3 months to June 2019, NHS Highland had overspent against budget by £2.3m, which predominantly related to one-quarter of the forecast £11.4m overspend.

In terms of savings delivery, the unadjusted total pipeline at quarter one totalled £27.5m, only £0.5m short of the overall savings requirement. However this included ideas, opportunities and plans in progress as well as schemes which were fully developed and could be moved to the delivery phase.

The risk adjusted values within the pipeline were;

In terms of day to day operational budgets, excluding savings, units were predicting a potential £1m of net cost pressures which required to be managed over the course of the year.

Appendix 1 of the report demonstrated the new style of finance reporting and showed tables and supporting points for quarter 1. Appendices 2&3 contained the information on drugs and prescribing as requested by the Board, noting that for GP prescribing, information was always provided two months in arrears.

A finance workshop was being held the following day to fully explain to the Board the new format of reporting and to give members a deeper understanding of Board finances.

During discussion the following issues were considered:

- Information was sought on efforts to control expenditure on supplementary staffing including locum doctors. It was clarified that in comparison to agency staff, bank staff could be part-time or occasional workers who were employed by NHS Highland, often used as part of flexible ward management, for example to cope with fluctuating workloads.
- Control of locum expenditure was a priority but was complex and the required changes were likely to be long-term in implementation. Current efforts included tighter controls on contracts to avoid over-paying, for example additional clarity on holiday allowances, and more aggressive recruitment policies to fill substantive posts. Where there were persistent recruitment failures, consideration would be given to service re-design, not to reduce services but to ensure a balanced budget was achieved. Fortnightly meetings were being held with a group associated to the PMO to consider resourcing, and issues such as the provision of accommodation, which might be outwith normal contracts but had become part of custom and practice for some posts. Work was underway to identify easier to fill posts and prioritise them. A strategy was also required to cope with the loss of specialist skills of key members of staff. More detail could be obtained from the Medical Director outwith the meeting, if required. The 3% pay uplift had adversely affected this year's figures, rather than an increase in locum usage, with some locum usage being planned, for example to undertake a specific programme for which funding had been received. The additional £7.1m received from the Scottish Government to help waiting times was included in the reported figures, but the £408k to tackle cancer performance was not yet included.
- The nursing and midwifery pay budget, due to underspends, had not been incrementally increased.
- Noting that the largest jump in the nursing supplementary staffing budget had occurred in Month 11-12 of 2018-19, and that this might continue through 2019-20, it was explained that this would have been taken into account by the finance teams during the budget setting process.
- Cross-cutting was the saving delivery tracker administered by the PMO which referred to an initiative that cut across all operational units, with each initiative theme being controlled by the relevant Senior Responsible Officer (SRO).
- Further detail was requested for future reports on analysis of the expenditure on Adult Social Care, given its significant size and bearing in mind that the contract with the Highland Council was being renegotiated.

- In response to a query about the risk of the costs of the transformation programme, it was explained that these had been agreed by NHS Scotland and were centrally funded, as long as these costs stayed within the agreed envelope.
- In relation to the improvement plan and achieving the forecast position of £11.4m by year end, there had been some delays in delivery, but also some initiatives that had been carried forward from the previous year and it was anticipated that the forecast trajectory would be met in the second half of the year.

The Board:

- **Considered** the financial position for Quarter 1 noting the overspend at month 3 of £2.3m, broadly in line with the annual operational plan.
- **Noted** the continued expectation of the need for £11.4m of financial brokerage
- **Noted** the capital position of breakeven.
- **Acknowledged** the financial position as set out in the report and appendices.
- **Agreed** to include further detail in future reports on analysis of ASC expenditure.

4.3 Annual Operational Delivery Plan Update

Donna Smith, Head of Planning and Performance on behalf of Iain Stewart, Chief Executive

The Board **noted** the Annual Operational Delivery Plan was due to be submitted to the Scottish Government by the end of July 2019 and **agreed** to delegate final approval of it, prior to submission, to the Chief Executive. The final version would be circulated to the Board.

4.4 Culture Fit for the Future

Gaye Boyd, Deputy Director of Human Resources

Fiona Hogg reported on the useful Board Development session held the previous day, when the Board had been joined by John Sturrock via video conferencing and there had been a productive discussion about the next steps following the publication of the Sturrock report. Key messages were the importance of the planned listening events with staff which would be starting in mid-August 2019 to seek information from staff to help form future plans, and the need for the Board to have some protected time to devote to considering feedback from staff and to work on the action plan.

From the report, Gaye Boyd summarised progress against the actions under the following themes:

Theme 1 – Communications

- Leadership Roadshow - Employee Engagement Briefing sessions – now to be considered Listening Events.

Theme 2 – Human Resources Processes

- Appointment of a Director of HR & OD – now in post (Fiona Hogg).
- Resolving concerns using informal processes – to aim for early resolution of issues.
- Review partnership working within the organisation and improve effectiveness and create a positive supportive culture – staffside had met and identified the need for a half day workshop which was anticipated to be externally facilitated. The Highland Partnership Forum had identified the need for a similar exercise.

Theme 3 – Organisational Development

- Training in Courageous Conversations – internal trainers would train all 750 (approximately) NHS Highland managers.

Theme 4 – Support for Staff

- Health and Wellbeing Strategy and Framework – a multi-disciplinary group has been established and progress would be reported back.

Theme 5 – Governance

- Delivery Group - the first meeting was on 21 June 2019 and membership agreed as detailed in the report. Weekly meetings were being held but further progress required the appointment of the SRO.

- Process for the appointment of Senior Responsible Officer (SRO) – expressions of interest for this had been sought via the Chief Executive’s weekly bulletins, and interviews were scheduled for the following week.
- Process for the appointment of a ‘lived experience’ representative
- Board Training
- Effective Board leadership and Accountability – workshops scheduled included finance, risk management and Board member development
- Review of Governance Structure and Committee Network – planned for 24 September 2019

During discussion the following issues were considered:

- Ann Pascoe emphasised the importance of expressions of interest in the SRO position being sought from outside the organisation as well as internally. This was partly because although the post had only been advertised through the Chief Executive’s weekly bulletin to NHS employees, expressions of interest had been received from external candidates and these were being considered. Concern was expressed that a formal process for external candidates had not been put in place, this having been expressed at the Area Medical Committee and the Area Clinical Forum, and that there may have been other external candidates who had not realised they were able to apply. Following discussion, it was decided that the scheduled interviews the following week should go ahead but the candidates would be informed that an immediate decision would not be made, pending the post being suitably publicised externally, in the interests of fairness, and with emphasis on the short term, specific nature of the position. This would allow other external candidates to apply before a final recruitment decision was made. The process in relation to the possible appointment of an external candidate might have to be checked by the Commissioner for Ethical Standards.
- Given the amount of time it would take to fully train staff and implement new policies, information was sought on what staff could do in the meantime if they felt they were being bullied. Reference was made to existing policies in place to tackle bullying, including support from the Chaplaincy, Occupational Health, Human Resources and management. External support for staff, such as a counselling service, was not available at present but would be considered for the future, along with a clear map of the best routes to escalate specific issues. The Chief Executive was available to receive concerns directly from any member of staff.
- In relation to ‘Training in Courageous Conversations’, an external trainer would train in-house trainers, which would then be cascaded to all managers. The Senior Management Team had nominated people within their teams to receive the training.
- In relation to the reporting of the Delivery Group, the Chief Executive would be attending meetings.
- Adam Palmer pointed out the importance of emphasising that the current format of the action plan was an early draft that would be widely engaged on. He reported on his intention to informally speak to 100 staff members about the plan and that, with 60 conversations undertaken so far, 13 people had been aware of the action plan, and 47 had not been. He read out some positive and negative examples of the feedback he had received to date.
- The early stage of the action plan, and the complex and long-term nature of the work ahead, were re-emphasised, and in summary, attention was drawn to the Listening Events and Board workshops planned in August 2019.

The Board **noted** the progress made against the Culture Fit for the Future action plan and **agreed** to advertise the SRO position externally as discussed.

4.5 Full Business Case Addendum for the Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross

Diane Forsyth, Senior Project Manager on behalf of:

- **Deborah Jones, Director of Strategic Commissioning, Planning and Performance, and Senior Responsible Officer for the project, and**
- **David Park, Chief Officer North Highland (in respect of Sir Lewis Ritchie work)**

The type of contract to procure the two new hospitals in Aviemore and Broadford had changed from a revenue funded Design, Build, Finance and Maintain model to a capital funded Design and Build Development Agreement, still with hub North Scotland Ltd (hubCo). This was as a result of changes to conditions of the Scottish Government Health and Social Care Directorate which were approved in May 2019 and detailed in the report.

During discussion, in response to a query about Intelligent Customer Capability (the capability of the organisation to have a clear understanding and knowledge of the product or service being supplied), a summary was provided of the project governance, and the scale of the projects in comparison with other recent larger hospital builds in Scotland.

The Board **noted** the Full Business Case Addendum for the redesign of community and hospital services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross which outlined the final financial and commercial position following contract close for the two new hospitals.

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

	Target	NHS Highland HEAT rate	
Clostridium difficile	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/20	31.0 Annual performance 2018/2019	Green (validated data)
Staphylococcus aureus bacteraemia	HEAT rate of 24.0 cases per 100,000 AOBs to be achieved by year ending 03/20	34.1 Annual performance 2018/2019	Red (validated data)
Escherichia coli bacteraemia	National target awaited	Based on our position against Scottish data	Green
Clinical Risk assessment Compliance	90%	Oct – Dec 2018 92%	Green (validated data)
C-Section Surgical site infection	Target rate of 2% or below	Jan- April 2019 combined rate of 1.9%	Green (NHS data)
Orthopaedic Surgical site infection	Target rate of 2% or below	Jan- April 2019 combined rate of 0%	Green (NHS data)
Colorectal Surgical site infection	Target rate of 10% or below	Jan- April 2019 rate of 9.3%	Green (NHS data)
Hand Hygiene	95%	Apr – May 2019 rate of 98%	Green (NHS data)
Cleaning	92%	Apr – May 2019 rate of 96%	Green (NHS data)
Estates	95%	Apr – May 2019 rate of 97%	Green (NHS data)

Issues highlighted included the following:

- NHS Highland overall infection rates were comparatively low.
- The staphylococcus aureus bacteraemia target had not been met for 2018-19, due mainly to previously reported issues with the use of invasive devices and which had now been addressed, with the last quarter of 2018-19 having been under target trajectory and performance continuing on target in 2019-20. Despite the increase earlier in 2018-19 which had caused the overall target not to have been met, assurance was provided that NHS Highland had performed within the expected range.
- The Chief Nursing Officer for Scotland had set up a Healthcare Associated Infection Collaborative meeting to discuss the recent incidents in NHS Glasgow and NHS Lothian and specifically to review the governance structures that exist between Health Facilities Scotland, Health Protection Scotland and the varying partnerships. This had been attended by all Boards to share information and learning.
- Dave Garden has temporarily taken on the role of Lead Executive for Water Safety.

During discussion, the following issues were considered:

- In response to a request for more information on how NHS Highland could learn from incidents discussed at the national collaborative meeting, it was explained that in addition to the collaborative, there had been external scrutiny visits, with published results, and there was a process in NHS Highland that ensured a gap analysis was undertaken for every external scrutiny report published. All Boards had been asked to develop an action plan based on the events discussed at the collaborative, and this formed part of the submission of the operational plan, as requested by the Director General. The Control of Infection Committee would monitor progress with the action plan.
- Attention was drawn to the overall positivity of the report and performance and it was hoped the Press would report this assuring message to the residents of the Highlands, including that issues had been identified, tackled and improved.

The Board **noted** the position and the update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland.

4.7 Blueprint for Good Governance Action Plan **Ruth Daly, Board Secretary, on behalf of Boyd Robertson, Chair**

The Board had agreed the Action Plan in March 2019, after which it had been submitted to the Scottish Government. A summary was provided of progress against the 14 actions, as detailed in the report, with four being completed, four in hand, and six still to be taken forward.

During discussion, the following issues were considered:

- Progress was welcomed and timescales sought for the outstanding actions at the next Board meeting.
- Jane McGirk would be asked to provide Adam Palmer with information on progress and a completion date for Action 6, 'to develop a comprehensive, structured engagement strategy for NHS Highland'.
- In relation to Action 4, 'Guardian of Quality', the Highland Quality Approach was being subsumed into the PMO, and issues relating to culture would be taken forward as part of the Culture Fit for the Future programme. The Action Plan would be adjusted to reflect this.
- In response to a request for information on the Board's influence on the national programme for good governance, it was explained that the issues were considered at the meeting of Board Chairs, and that other Boards were at different stages of progress with their Action Plans, with many actions being unique to individual Boards.

The Board **noted** the action plan and **agreed** the points made during discussion.

4.8 Pharmacy Practices Committee **Fiona Riddell, Community Pharmacy Business Manager on behalf of Alasdair Christie, Pharmacy Practices Committee Chair**

The Board **noted** the decision of the Pharmacy Practices Committee

5.1 Clinical Governance Committee of 25 June 2019

- There had been a presentation followed by a discussion on both the pressures and the improvement work being undertaken in Ophthalmology, with assurance having been received by the Committee on the steps being taken to minimise and eliminate system-driven avoidable visual loss. Good examples of improvement and innovation would be shared.
- The Committee's attention had been drawn to the need to increase the number of beds in the Children's High Dependency Unit from two to four and to adjust staff profiling accordingly.
- The results of the 2017 In-Patient survey had been broadly positive and all staff were thanked for their positive impact on patient experience, with this to be shared by the Chief Executive in his weekly news email.
- NHS Highland had published the first annual Duty of Candour report.

5.2 Audit Committee of 25 June 2019

- Executives and their teams had been reminded to promptly address outstanding actions from Internal Audit reports.
- An External Audit report had been scrutinised in detail and thanks were extended to other Non-Executives who had assisted with this.
- The Nurse Director and team were thanked for taking forward recommendations from the Ante Natal Ultrasound Scanning and Clinics Internal Audit Report.
- Two areas of concern were progress with the GDPR Action Plan, which would be brought to the next Audit Committee meeting, and that the Chief Executive had been asked to investigate concerns about the Risk Management Steering Group. The Chief Executive confirmed that consideration was now being given to the development of a job description for a Risk Manager.
- The system for risk escalation was summarised.

5.3 Highland Health & Social Care Governance Committee of 4 July 2019

- Following previously reported contract negotiations with Care at Home providers, suitable arrangements were now in place and would be monitored to ensure the objectives of the contract were being achieved.
- A full discussion had taken place on the approval of the Primary Care Improvement Plan including the financial and rurality challenges. There had been agreement that this was an appropriate time for the Programme Board to look again at the financial trajectories for the various workstreams given some difficulties with delivery.

5.4 Argyll & Bute Integration Joint Board of 29 May 2019

- There had been a high level of focus on the Sturrock Report recommendations, particularly in relation to A&B staff and the possibility of an additional piece of work in A&B, and how this related to Integrated staff.
- Attention was drawn to the risks related to the ongoing negotiations on the contract with Greater Glasgow and Clyde Health Board. Dave Garden pointed out that the budget assumed there would be no additional financial consequences in relation to this contract.
- A permanent Chief Finance Officer had been appointed from August 2019 which was welcomed.
- Jean Boardman, the new Non-Executive, was welcomed onto the IJB.

5.5 Area Clinical Forum of 16 May 2019

Two further meetings had since been held, one being a joint meeting with the Highland Partnership Forum about the Sturrock Action Plan, the other very recent meeting would be reported to the Board in September 2019.

During discussion, it was clarified that the ACF Vice Chair, Catriona Sinclair, was invited to attend the Board during the Chair's absence.

5.6 Finance Sub-Committee of 27 June 2019

The majority of issues had been covered as part of the Finance report at Item 4.2. Attention was drawn to the useful support being provided by the PMO to Finance, and the appointment of a project team to manage the process for the renewal of the Highland Health and Social Care Partnership contract in March 2020, which should be closely monitored by the Board.

5.7 Asset Management Group of 21 May and 18 June 2019

A medical equipment sub-committee was being established, which would help to provide clinical input into decision making at the AMG and improve awareness of the wide variety of equipment in use. Boyd Peters clarified that medical equipment and devices also included software and that this issue was also being considered at other meetings, including clinical governance and taxation concerns. *This would be discussed further outwith the meeting.* Gaener Rodger confirmed that this was being considered by the Clinical Governance Committee and *Brian Steven suggested further use of the asset register*, which provided the age, value, risk profile and a replacement plan for equipment etc.

5.8 Health and Safety Committee of 7 February 2019

This minute was included because it had been missed from the May 2019 Board agenda. The H&S minute from April 2019 was reported to the Board in May 2019, with the next meeting scheduled for August 2019.

5.9 Governance Annual Reports

Ruth Daly, Board Secretary

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, Audit and Highland Health & Social Care Governance Committees.
- (c) Noted** the views of the Audit Committee on the Annual Reports of the Governance Committees

6.1 Date of next meeting

The next meeting of the **Board** would be held on 24 September 2019 in the Board Room, Assynt House, Inverness.

6.2 Any Other Competent Business

- Brian Steven, Interim Director of Finance and Deputy Chief Executive, was thanked for his contribution in addressing the financial challenges facing the Board.
- Melanie Newdick was thanked for her contribution to the work of the Board during her time as Non-Executive and Board Vice Chair.
- Best wishes were extended to Gill McVicar, Director of Transformation and Quality Improvement, who was retiring on 31 July 2019 after over 30 years with NHS Highland in various roles.

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

Close of meeting: 11.20am