

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	25 May 2021 – 9:30am	

Present	Prof Boyd Robertson, Board Chair Dr Tim Allison, Director of Public Health and Health Policy Mr Alex Anderson Mr Graham Bell Ms Jean Boardman Mr James Brander Mr Alasdair Christie Ms Ann Clark Ms Sarah Compton-Bishop Mr Albert Donald Ms Pamela Dudek, Chief Executive Mr David Garden, Director of Finance Mr Graham Hardie Mr Philip MacRae Ms Margaret Moss Mr Gerard O'Brien Mr Adam Palmer Dr Boyd Peters, Medical Director Ms Susan Ringwood Dr Gaener Rodger
In Attendance	Mr David Bedwell, Programme Director, Estates, Facilities and Capital Planning Ms Veronika Burgess, Committee Administrator (up to Item 11) Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership Mr Stephen Chase, Committee Administrator (Item 12 onwards) Ms Ruth Daly, Board Secretary Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB Ms Ruth Fry, Head of Communications and Engagement Ms Fiona Hogg, Director of Human Resources and Organisational Development Mr David Park, Interim Deputy Chief Executive Ms Kate Patience-Quate, Deputy Director of Nursing Ms Katherine Sutton, Chief Officer, Acute Services Ms Elaine Ward, Deputy Director of Finance Mr Alan Wilson, Director of Estates, Facilities and Capital Planning
Also in Attendance	Dr Paul Davidson, Deputy Medical Director, North Highland (Item 3) Dr Rebecca Helliwell, Deputy Medical Director, Argyll and Bute (Item 3) Ms Cora MacLeod, Optometric Advisor and Hospital Optometrist, Head of Service (Item 3) Prof Sandra MacRury, University of the Highlands and Islands Dr Jill Mitchell, Head of Primary Care, North Highland (Item 3) Ms Joyce Robinson, Primary Care Manager, Argyll and Bute (Item 3) Dr John Wallace, GP Fort William and District Medical Lead Lochaber (Item 3)

1 Welcome and Apologies for absence

Apologies for absence were received from Ms Deirdre MacKay and Ms Heidi May.

2 Declarations of Conflict of Interest

Mr Alasdair Christie declared a non-financial interest in Item 12 as the General Manager of the Inverness, Nairn and Badenoch and Strathspey Citizen's Advisory Bureau. Having applied the Objective Test, Mr Christie concluded that his status was too remote to the agenda item to reasonably be taken to fall within the Objective Test and, on that basis, he felt it did not preclude his participation in this item of business.

Mr Alasdair Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt his status was too remote to the agenda items 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.

In regard to Item 13, Dr Gaener Rodger recorded that she had considered making a declaration of interest as she was the Chair of the Highland's Children and Young People's Forum up to July 2020 which is mentioned in the report, but as she had no part in preparing the report she felt it did not preclude her participation in this item.

3 Staff Recognition

The Chair welcomed staff from Primary Care to provide a brief outline of their experiences throughout the pandemic from Optometry and GP perspectives.

Dr Rebecca Helliwell provided an overview of the experience of General Practice and the challenges faced throughout the pandemic, as well as the adjustments made. She also provided further information and experiences regarding the vaccination programme and how General Practice continues to adapt to the challenges going forward.

Dr John Wallace provided an overview of the changes made within General Practice and the different model of access. He drew particular attention to the way in which respiratory symptoms had been dealt with safely which had been a particular challenge in rural areas. He also referenced the pandemic's impacts on patients' mental health. .

Ms Cora MacLeod provided an overview of community optometry and the challenges faced by the service over the last year, including the financial pressures on practices. Going forward there are opportunities for new ways of working including Primary and Secondary Care collaboration, improved regional working, the National Treatment Centre and eHealth developments.

In response to questions from Board members, the following areas were discussed:

- Remote working and the most appropriate way forward: Dr Helliwell explained that during the pandemic different methods of communication had been used with patients, including telephone and video, the latter of which had been more difficult in some remote locations. Increased workload going forward and the ability to adapt to this: Dr Jill Mitchell confirmed that this is under active consideration; the modernisation programme attached to the new GP contract includes a workstream on transforming vaccination delivery.
- The likelihood of an upsurge in Scottish tourism and the potential impact on service delivery: Ms Joyce Robinson confirmed that temporary residents would receive the same treatment and services as permanent residents. A proactive approach had been adopted to communication with temporary residents to ensure they know how to access services and testing etc.
- The assistance of Local Authorities during the pandemic: Dr Helliwell confirmed there had been close working arrangements with Argyll and Bute Health and Social Care Partnership; this resulted in shared learning. The Chair confirmed that the same cooperation with the council existed in North Highland.
- The impact of long covid: Dr Wallace commented that while his experience with this has been limited, it has brought home the importance and need to focus on rehabilitation services. He noted that there is work being completed on a long covid pathway.

The Chair thanked the staff for their informative presentations and their hard work and professionalism in confronting and dealing with the pandemic.

The Board **noted** the position.

4 Minute of Meeting of 30 March 2021 and Action Plan

The Board **approved** the minutes of 30 March 2021 and **noted** the action plan.

In regard to the first item on the action plan (Item 8 Highland Partnership Agreement), Ms Pam Dudek confirmed that the consultation has been completed and there have been no material changes required. She further confirmed that there will be discussion / Board development with the Board members regarding what emerges from the Feeley report.

5 Matters Arising

There were no matters arising.

6 Chief Executive's Report – Verbal Update of Emerging Issues

Ms Pam Dudek provided the following updates to the Board:

- Permission should be received within the next week or two to publish the Remobilisation Plan. There will be a revision of the Plan in September. The focus of discussions locally, regionally and nationally at the moment is around the suspension of elective surgery and outpatients due to Covid restrictions and how to attend to the backlog as quickly as possible.
- The care home report that reviewed the authority to discharge from hospital to care home has now been released. NHS Highland is working closely with the Mental Welfare Commission and Scottish Government in relation to the recommendations. The key message out of the report is that there are consistency issues across the country as to how the law is applied. In regard to Highland data that wasn't submitted within the time scale, Ms Dudek confirmed that work is taking place with the Mental Welfare Commission in relation to what the local profile looks like and what specific actions are to be taken. This will go through NHS Highland governance arrangements and the Board will be advised accordingly.
- Ms Dudek advised she and the Chair had recently visited teams at Broadford and Portree; hospital staff in Caithness; and a number of areas in Argyll and Bute including the island of Islay. The dedication, compassion and commitment displayed by the teams was very compelling. A programme is being looked at to buddy up Executives with Non-Executive Board members to continue these visits throughout the year.

In response to questions from Board members, Ms Dudek advised that remobilisation is a national and a local consideration. Locally, NHS Highland has embarked on the most appropriate initiatives with the resources and restrictions currently in place. Work was underway at both a national and regional level to share resources to remobilise services as quickly as possible.

The Board **noted** the position.

To be noted: the order of items was rearranged due to presenter availability.

8 Integrated Performance and Quality Report

Mr David Park introduced the report, noting that the Board delegates responsibility to its Sub-Committees for primary governance and review. He confirmed that the 2021/2022 metrics associated with the new Remobilisation Plan will be published in the next report.

Clinical Governance:

Dr Boyd Peters highlighted the area of complaints and commented that current performance had been impacted due to staffing limitations. He confirmed that a new Complaints Manager has now been appointed and that she is developing an improvement plan to help rectify this. Dr Gaener Rodger, Chair

of the Clinical Governance Committee, confirmed that there was nothing to escalate from the Committee. She noted that the Committee has asked to see data presented in control charts in the IPQR going forward. Ms Kate Patience-Quate, Deputy Director of Nursing, informed the Board of national work taking place regarding in-patient falls prevention with which NHS Highland is collaborating.

In response to questions from Board members, the following information was provided:

- Dr Peters advised that some complaints require complex pathways involving multiple departments and professionals; response timelines had been affected by Covid and the conflicting pressures on clinicians' time. Going forward, average times will be looked at; with the acknowledgement that there will always be some cases that will run longer than target.
- In regard to the Executive Summary and the A&E Attendance section; Mr Park confirmed that the chart is showing the difference to the predicted number, it is a forecast rather than a specific target. Ms Dudek further confirmed that the policy process is to turn unplanned care into planned care; the chart looks at previous patterns.

It was noted by some Board members that the colouring used in the table in the Executive Summary was difficult to follow and understand. Mr Park confirmed that similar feedback had been received and this will be addressed in future reports.

Resources and Performance:

Ms Katherine Sutton spoke to the circulated report and highlighted current performance in relation to referrals for outpatients, referrals for cancer and activity in terms of TTG. She confirmed that work is taking place to remobilise services with all theatre capacity up and running by the end of June. The biggest challenge related to unscheduled care and creating capacity particularly for medical patient flow; a lot of work is taking place regarding this. ED attendances are believed to be largely due to lockdown and the numbers of visitors to the area.

Ms Louise Bussell highlighted the joint work taking place between acute and community services regarding flow; particularly the positive impact this has had on delayed discharges. The challenge is to sustain this; work was underway on freeing capacity for scheduled care by looking at unscheduled care and flow. CAMHS performance had exceeded the remobilisation plan projections however performance was still not reaching national targets with an increase in waits as opposed to referrals. They are working closely with the Scottish Government regarding the additional funding provision.

Mr Alex Anderson, Chair of the Finance, Performance and Resources Committee, confirmed that the Committee had reviewed the issues regarding the orthopaedic service and pain management, as well as the scheduled care / unscheduled care services and how the enhanced community model is helping.

In response to questions from Board members, the following information was provided:

- Performance on diagnostics was good, with particularly good performance on endoscopy and a fourth endoscopy room would soon be up and running. Radiology is challenged particularly around CT; they are working closely with the Scottish Government to provide additional mobile capacity to deliver CT and MRI. Significant effort was being directed towards improving the 62 day target and there had been some improvement; some of the challenges identified have come from the prioritisation and understanding around escalation.
- In regard to the charts/numbers provided for delayed discharges, Mr Park confirmed that there are two charts with one being over time and the other being a snapshot in time. In regard to the higher levels in North Highland, Ms Bussell advised this is due to the different system in Argyll and Bute where hospital services are outwith the Board. Mr Park commented that this is a complex area with a number of different factors involved. He noted the exemplary work completed by Argyll and Bute in this area.
- Ms Kate Patience-Quate provided further information about the social media campaign #endpjaralysis. She advised that a webinar had taken place on this subject and is available for Board members to view. This initiative looked at small simple steps that could change the mind-set of both patients and staff such as encouraging patients to wear their own clothes while in hospital.

Staff Governance:

Ms Fiona Hogg highlighted the additional metrics provided in the report. There had been a further reduction in absences in both Highland and Scotland in February 2021; factors involved in this are the larger number of staff taking holidays at this time, also the lower level of sickness associated with staff working from home. She noted the importance of maintaining positive momentum and focus on putting support in place for colleagues who were absent through sickness and make adjustments to help their return to work. Turnover rates had also been included in the IPQR; further work will be completed on this through a workstream on retention. The new Culture Amp tool will gradually provide additional metrics going forward.

In response to questions from Board members, Ms Hogg confirmed the following:

- There had been a significant increase in people wanting to relocate to Highland since the pandemic which had a positive impact on workforce planning and staff turnover trends. However, the impact of Covid on frontline staff has not yet been quantified. Ms Patience-Quate noted that there is a 33% increase in applications for undergraduate nursing students at the University of Highlands and Islands.
- Ms Hogg confirmed that the areas in the absence by area chart are determined by the already established structures. The key is the work done at the local level to identify trends and themes.

Members took a short break at 11.15am. The meeting reconvened at 11.30am.

8 Integrated Performance and Quality Report Continued

Finance

Ms Elaine Ward spoke to the figures laid out in the report. She confirmed that the report reflects the position at month 12 which is still subject to audit. Draft Annual Accounts have been submitted to external auditors and the audit process is underway with final sign off scheduled to take place in June.

Mr Alex Anderson highlighted the achievement and great work completed by the finance team and the estates team, and offered his thanks. The Chair agreed.

Having reviewed the performance outcomes and considered areas of concern, the Board **noted** the information contained within the Integrated Performance & Quality Report.

9 NHS Highland Financial Plan 2021/22

Ms Elaine Ward spoke to the circulated one year Financial Plan for 2021/22 and the figures outlined within this. There is an expectation that this will be revisited at the end of quarter two to reflect the ongoing uncertainties around Covid and associated funding allocations.

The Chair noted the commendable work in approaching year three of the plan with a forecast that brokerage would not be required.

In response to questions from Board members, the following information was provided:

- Ms Ward advised that the current budget does not include provision for the Nursing and Midwifery additional workforce as this work had just concluded and been presented to the FRB last week and to the EDG next week. The intention is to amend budgets from quarter three to reflect this.
- In regard to the AHP workforce, Ms Patience-Quate advised that this is at the early stages, there are no nationally ratified tools and, as such, the work currently being completed will be viewed as a test run with no significant changes to the workforce or budget expected for this year. The timescale and methodology will be aligned for next year to include AHP. Ms Margaret Moss noted that there is an agreement in place to ensure that, if elements of risk are identified in this financial year, they will be taken through local processes and, if not resolved, they will be escalated to the Director of Nursing with the potential of looking at unspent vacancy funding.
- In regard to the delivery of savings and any other possible service pressures; Mr David Garden agreed that there is a challenge in terms of delivery of savings this year and he feels the risk sits in the amber region. He further confirmed that supply of drugs is a big unknown and, if a popular drug goes in short supply, then this will have a significant impact on primary care prescribing; it is difficult

to account for these unknowns. Mr Garden commented that there are further measures that could be taken to reduce the savings challenge and every effort would be made to ensure there were no impacts on clinical services. He confirmed that this situation would be monitored monthly and mitigating actions taken as necessary.

- In regard to Table 6 Capital Plan and the item Other Schemes - Belford Replacement & CGH Modernisation; Mr Alan Wilson confirmed that this money is in relation to producing the initial agreement documents for these two projects. Mr Garden further confirmed that the Caithness redesign is not listed as there won't be any capital expenditure this coming year as business cases are developed.
- In regard to unidentified cost improvement and savings; Mr Garden confirmed that non-recurring will be weighted towards the end of the year; savings being looked at are additional workstream inclusions such as MS365 benefits that could replace previously used licensed products; travel benefits associated with Teams; as well as wider workforce potential benefits.
- Mr Garden explained regarding the adult social care transformation that the savings target sits primarily in NHS budgets; he will ensure this is clear in the narrative and forecast going forward.

It was agreed that it would be useful for a development session to be organised for the finance committee and Board members to hear greater detail about the changes in the approach to the budget.

The Board:

- **Approved** the initial budget allocation for 2021/2022 noting the savings requirement of £32.9m.
- **Noted** that further allocations in respect of the impact of the Agenda for Change pay negotiations and Covid 19 are anticipated.

The Chair expressed his thanks on behalf of the Board for the ongoing work of the finance team. The Chair noted that Mr Adrian Ennis will be leaving NHS Highland shortly and conveyed special thanks for his contribution as PMO Director and work in transforming the finances.

7 The Culture Programme Update

Ms Fiona Hogg spoke to the circulated reports. The purpose of the reports is to provide an update of the extent to which the recommendations made by the Sturrock Review have been addressed, are in progress or are yet to be addressed; and to outline the current and future pipeline of activity to support the ongoing improvement of the NHS Highland culture. An update on the Healing Process was also provided. Ms Hogg confirmed that the online Listening and Learning Survey will be rolled out across NHS Highland and the Argyll and Bute Health and Social Care Partnership for three weeks in early June; the high level results of this are planned to be submitted to the July Staff Governance and Board meetings. Ms Hogg advised that some colleagues are already using the tools rolled out in Courageous Conversations to make their workplace better; the maternity services in Argyll and Bute have been role modelling this and have embedded the tools to produce visuals and positive practices; this is an encouragement and inspiration for others.

In response to questions from Board members, Ms Hogg provided the following information:

- Programme report, amber items: The three workstreams are working together on a single programme design; it was a priority for any leaders or clinicians from within the organisation who have expressed an interest to be a part of the design process. A plan is in place as well as the necessary funding, and it was expected that the pilot will be ready by mid-July.
- Programme report, red item: there have been some resource constraints but there is a focus on this with plans around structure and case management tools now in place. It has been agreed that an HR team member will be dedicated to this project. This item should be on track by July.
- Timescales for performance management: over the course of the next two years there is a lot of work that can be done; investing time and money into developing core objectives that can be cascaded out; a robust appraisal process is the key to having good conversations about performance.
- The first quarterly report on the whistleblowing standards will be available for the next Board meeting.
- Independent review of recruitment processes: good progress is being made with the recommendations. There is now a new Head of Recruitment who is bringing the teams together across Argyll and Bute, Inverness, Caithness and the Medical recruitment team. The implementation

of values based recruitment is key and the use of this would be extended beyond Executive recruitment into the recruitment of senior leadership positions within the acute and community structure.

The following suggestions were made by Board members:

- In regard to the Programme Roadmap; include different colouring to clearly show what has been completed.
- Communication; hear from staff who have implemented the Courageous Conversations tools and the difference this has made; also include opportunities for staff to talk to other staff about their experiences so progress is visible.
- In regard to the Culture Amp survey; encourage managers to allow staff to take the time to complete the survey and provide any assistance needed to access the necessary IT. Encourage as much participation as possible.

Ms Dudek added the following comments:

- This is very important as an organisation; it's about working and supporting positive relationships on an ongoing basis; have the conversations so it is clear what works.
- There is now much more clarity about what needs to be done and more focus on the deliverables.
- Over the next year it will be important to invest in a focussed way to increase the impact and the pace of change around recurring themes.

The Chair re-emphasised the following points:

- A focus on improving the culture of NHS Highland will be required for another 2-3 years at least.
- Improving culture and living the NHS Scotland values is the responsibility of every member of staff across the organisation and is not something that can be done "by" the Culture Programme.
- The Culture Amp survey will be an important tool in assessing how the work completed is impacting within the workforce and the difference it is making.

The Chair thanked Ms Hogg, Ms Emma Pickard and colleagues for their ongoing work.

The Board **noted** the update.

10 Board Risk Assurance Framework

Dr Boyd Peters spoke to the circulated report which provided an update on progress in embedding risk management across NHS Highland, and the progress of the overall Board Risk Assurance Framework. An exercise has been conducted which has mapped out risk registers throughout the organisation and has identified how to update and maintain these.

In response to questions from Board members, Dr Peters provided the following information:

- The aim is for responsibility, ownership and leadership to be at all levels throughout the organisation. Ms Hogg further explained that the focus is making sure each of the Chief Officers and Corporate Services have the risks clearly articulated with a centrally monitored action plan to ensure visibility and accurate assessment of risk.
- Any given risk may be held by several different sections or departments which adds to the complexity.
- The NHS already has risk awareness, activities and processes in place for escalating and managing risks; this process will organise and systemise what already exists to ensure processes are uniform in approach and understood.
- The structure and function of the risk system will take time to embed within the organisation. There is an improvement plan that will report to the Audit Committee to show progress made.
- Some of the ongoing IT high risk is due to concern around cyber security; external factors contribute to this level of risk. Mr Park further explained that with national systems being used a national team has been set up focusing on cyber security. There is resilience work that can be completed locally.

The Board:

Noted the progress made with Risk Management throughout NHS Highland.

Noted that the appended risk register has been updated in its current form and that further work is required to review and redefine some of the risks and escalation processes.

11 Covid Update

Dr Tim Allison provided a verbal update on the current position highlighting the following points:

- Levels are low across the whole of NHS Highland; around 20 cases a week.
- Rise in variants; there have been no variant clusters confirmed as yet within NHS Highland. It was noted that it can take a couple of weeks to confirm a variant.
- Testing is continuing; testing has improved both in terms of PCR testing and lateral flow testing.
- Capacity for contact tracing remains now with the ability to do enhanced contact tracing which is important for managing variants. NHS Highland has been able to offer aid to other Health Boards to support their contact tracing.
- The Moray outbreak did not spread into Highland; it was not connected to variants and has now reduced.
- Vaccinations; around 2/3 being completed in Primary Care and 1/3 completed in Board led clinics. 73% of the eligible population has had their first dose, with 48% their second dose. Currently focussing on the 40 to 49 age group and hope to have these first doses completed by the end of the month.

In response to questions from Board members, Dr Allison provided the following information:

- Testing and contact tracing in regard to the cruise ship industry; initially most cruises will not be docking and a majority of cruises will require passengers to be vaccinated; this will help to mitigate risk. Where cruises dock, there will be a risk but there is scope for introducing enhanced testing / measures in these areas.

The Board **noted** the update.

Members took a lunch break at 1.10pm. The meeting reconvened at 1.30pm.

12 Social Mitigation Action Plan

The Director of Public Health introduced the report and report author Lynda Thomson (Senior Health Improvement Specialist, Public Health) and Alison McGrory (Health Improvement Principal, Public Health Argyll and Bute) who provided background to the report. The report set out the background to Covid and the important mitigating factors to control wider societal effects dealing with the following themes: unemployment and the economy, income and financial security, mental health and wellbeing, drugs and alcohol, digital inclusion, community resilience, transport and violence against women.

During discussion, Board members welcomed the proposed Action Plan and raised the following issues:

- While it was welcomed that the delivery of the Action Plan would be through the Locality Planning Groups, it was acknowledged that the Groups had not yet achieved full maturity to be able to deal confidently with some of the issues discussed in the paper. Additionally, it was noted that more specific detail could be included, in particular direct reference could be made to working in partnership with Argyll and Bute Council and the Argyll and Bute Community Partnerships.
- Further information was sought on how the Plan could move from analysis to action.
- Regarding NHS Highland's responsibilities in regard to fair work principles as an employer and a contractor, it was queried whether specific actions had, as yet, been identified. Given NHS Highland and The Highland Council were major employers in the area, it was queried whether there could be benefit working jointly to ensure contractors upheld fair work principles.

- It was unclear how the Board could demonstrate active support for this work and whether issues such as fuel poverty were captured in other strands of the work.
- It was noted that the Public Health team would be leading on a lot of the activity outlined in the report. It was incumbent on the Board and committees such as HHSCC to support the work and to develop strong actions as a result of the plan with appropriate monitoring and measurement of success.

Responding to comments and queries, the following was confirmed:

- The Director of Public Health confirmed he was happy to strengthen working partnerships with Argyll and Bute. The Strategic Planning Group has had sight of the draft Plan and a commissioning strategy was underway for procuring and commissioning services for Argyll and Bute.
- NHS Highland is a Real Living Wage employer and it would be helpful to see this extended to procured services too with a much longer term aim of community wealth funding, building capacity and support within communities (volunteering opportunities, money advice etc.).
- Leadership by the Board is important in terms of scrutiny on service improvement processes.
- The document's wide-ranging scope meant it should be viewed as an NHS Highland document rather than a Public Health matter. It was noted that everyone has a role in addressing poverty and inequality and that a range of people are falling into the poverty trap storing up a wave of additional requests for help and support which will affect all partners. Additionally, A Christie noted that there was urgency to this matter and suggested that the Citizens Advice Bureau (for which he declared a non-financial interest) based at Raigmore Hospital should ensure referrals from NHS staff are picked up as soon as possible.

Following discussion, the Board:

- **Approved** the social mitigation strategy
- **Noted** the action plan and partnership working
- **Agreed** that reports on progress will be brought to the Board.

13 Highland Integrated Children's Plan

On behalf of the Nurse Director, Sally Amor, Child Health Commissioner/Public Health Specialist NHS Highland, and Ian Kyle, Head of Integrated Children's Services, The Highland Council, gave a presentation outlining the priorities of the Integrated Children's Plan and summarising the ways in which the Plan will deliver and measure the priorities.

During discussion, Board members raised a number of queries with information and clarification being offered as follows:

- Regarding how NHS Highland could actively support and integrate the Plan's priorities and recommendations into its own strategic plans, it was noted that scrutiny would be delivered through the Health and Social Care Joint Monitoring Committee. There is also a refreshed role for the Health and Social Care Committee to look at the activity for commissioned services in the Highland Council area. The refreshed Plan affords opportunity for further scrutiny and discussion around providing a seamless service between the partnership organisations and determining roles in relation to different areas such as poverty and drug and alcohol use. Furthermore, participation with Third Sector colleagues had brought the voices of children and young people into its development and it is hoped that this will be developed further.
- It was noted that a Child Protection Health Group had been established bringing together colleagues from NHS Highland and the Highland and Argyll and Bute Councils, which monitored and assessed the responsibilities and learning process for child protection. A sub group focusses on key learning outcomes at a partnership level and feeds them back into the process.

- Ms Hogg had been identified as a 'Trauma Lead' for NHS Highland ensuring that NHS Highland's workforce would be developed as 'trauma informed'. It was noted that the pandemic had impacted on this work. Funding has been provided for an Infant Perinatal Mental Health Service which is currently being developed. The work of the Violence Reduction Unit in Caithness and Sutherland had focused on conversations with Police Scotland to pick up some of this work.
- It was welcomed that a refreshed approach to governance of children's services was being proposed through the Highland Health and Social Care Committee. Further clarity was sought on the primary responsibility for approval of the Plan. It was confirmed that the reporting route was firstly through the Integrated Children's Services Board and that this formed part of the Community Planning Partnership Board with key people from The Highland Council, NHS Highland and other partners. It was a statutory requirement to report annually on the plan to Scottish Government and further reporting would take place through committees of the Board and The Highland Council. It was also likely that updates would be provided to the Joint Monitoring Committee.
- It was queried how the Highland Health and Social Care Committee could develop a specific approach to ensuring a voice for children and young people in its meetings. It was requested that further discussion outwith the meeting be held on this subject.
- It was also confirmed that support for preschool children and families came from the midwifery service in NHS Highland and health visitors as part of the commissioned services within The Highland Council. There were also perinatal health workers and child and adolescent mental health services within the health and social care partnership.

Following discussion, the Board:

Noted the work undertaken by the (north) Highland Integrated Children's Service Plan Board in producing a draft of the Highland Integrated Children's Services Plan 2021 – 2023, and **Noted** that the proposed draft of the plan would be signed off by the Highland Community Planning Partnership Board.

14 Review of Health and Social Care Integration Scheme Argyll and Bute Integration Joint Board

Ruth Daly noted that the revised Integration Scheme for the Argyll and Bute Integration Joint Board had now been approved by Scottish Government and signed off by the Cabinet Secretary for Health and Sport. The Board was informed that the Scheme was due to be published by Argyll and Bute Council and NHS Highland. An equivalent report had been considered and approved by Argyll and Bute Council on 5th April 2021.

The Board **noted** the report.

15 Governance Committees and Annual Reports

Ruth Daly noted that the circulated annual reports had been approved by the individual committees and submitted to the Audit Committee who agreed the papers at a meeting on 4th April.

Two amendments to the reports were noted: Philip MacRae was not a member of the Staff Governance Committee for the period of the Annual Report and was present for the Highland Health and Social Care Committee on 2 December despite being marked absent in the report. The corresponding reports had now been amended to reflect these differences.

The Board **noted** the reports.

16 Community Empowerment Act – Annual Reports

a. Asset Transfer

It was confirmed that there had been no new applications for Asset Transfers under the Community Empowerment Act over the past year. However, previous actions were completed relating to the sale of land.

The Board **approved** the annual report.

b. Public Participation Requests

It was confirmed there were no Public Participation Requests in 2020/21.

The Board **approved** the annual report.

17 Gaelic Language Plan Monitoring Report

Ms Dudek explained that a review had taken place as to in-house capacity and capability to take forward the Gaelic Language Plan. Nicola Thomson had been engaged to take this work forward.

Nicola Thomson provided background information on work relating to the implementation of the Gaelic Language Plan. This will ultimately include commissioning videos to assist with awareness raising, meeting with staff across the organisation to gather their views and ideas and finding volunteers at local level to promote the plan.

In terms of approval of the Gaelic Language Monitoring Report, it was suggested in discussion that the Board delegate authority to the Chair and Chief Executive to approve the terms of the submission of the Bòrd na Gàidhlig Monitoring Report (due June 2021) and report to the July Board meeting for noting.

The Board **noted** the position and **agreed** to delegate authority to the Chair and the Chief Executive to approve the Gaelic Language Plan Monitoring Report to Bòrd na Gàidhlig in the due timescale and report back to the Board at the July meeting.

18 Register of Members Interests

Ruth Daly reported to the Board that the Register of Interests is now complete and is available for information on the website:

<https://www.nhshighland.scot.nhs.uk/Meetings/Documents/Composite%20Register%20of%20Directors%20Interests%202021-2022.pdf>

The Board **noted** the position.

19 Governance and other Committee Assurance Reports PP.274-335

Escalation of issues by Chairs of Governance Committees

a Clinical Governance Committee 29 April 2021

b Staff Governance Committee 5 May 20221

c Finance, Resources and Performance Committee 29 April 2021 To Follow

d Audit Committee 4 May 2021

e Highland Health and Social Care Committee 28 April 2021

f Area Clinical Forum 29 April 2021

g Argyll and Bute Integration Joint Board

The Chair of the Audit Committee encouraged effort to complete outstanding Management Actions before the next Audit Committee.

The Chair of the Health and Social Care Committee drew the attention of members to the Experience Item featuring Care Staff speaking about their experience during the pandemic which is available to view online (video 1 contains this item):

<https://www.nhshighland.scot.nhs.uk/Meetings/HHSC/Pages/April2021.aspx>

No other comments or questions were raised.

The Board **approved** the Assurance Reports en bloc.

20 Any Other Competent Business

No additional items were raised.

21 Date of next meeting

22 June 2021

Meeting closed 3.10 pm