NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**25 January 2022 – 9:30am**

Present	Prof. Boyd Robertson, Board Chair Dr Tim Allison, Director of Public Health and Health Policy Mr Alex Anderson, Non-Executive, until 2.30pm Mr Graham Bell, Non-Executive Ms Elspeth Caithness, Employee Director Mr Alasdair Christie, Non-Executive Ms Ann Clark, Non-Executive, until 1.50pm Ms Sarah Compton-Bishop, Non-Executive Mr Albert Donald, Non-Executive Ms Pamela Dudek, Chief Executive Mr David Garden, Director of Finance Mr Graham Hardie, Non-Executive, from 12.35 pm onwards Ms Joanne McCoy, Non-Executive Mr Gerard O'Brien, Non-Executive Dr Boyd Peters, Medical Director Ms Susan Ringwood, Non-Executive Dr Gaener Rodger, Non-Executive, until 4pm Ms Catriona Sinclair, Chair of Area Clinical Forum
In Attendance	Ms Louise Bussell, Interim Chief Officer, North Highland Health and Social Care Partnership Mr Stephen Chase, Committee Administrator Ms Lorraine Cowie, Head of Strategy and Transformation Ms Ruth Daly, Board Secretary Ms Fiona Davies, Interim Chief Officer, Argyll and Bute IJB Ms Tara French, Head of Strategy, Health and Social Care Mr Ruth Fry, Head of Communications and Engagement Ms Fiona Hogg, Director of People and Culture Mr David Park, Interim Deputy Chief Executive Ms Katherine Sutton, Chief Officer, Acute Services Nathan Ware, Governance & Assurance Co-Ordinator Prof. Brian Williams, University of the Highlands and Islands Mr Alan Wilson, Director of Estates, Facilities and Capital Planning
Also in Attendance	Karen Brandie, Team Lead Physiotherapist Raigmore Hospital (Item 3) Judith Arnaud, Clinical Lead North and West, First Contact Physiotherapy (Item 3) Ciaran McManus, Clinical Lead South and Mid, First Contact Physiotherapy (Item 3) Deborah Stewart, Co-ordinator, Public Health Team (Item 15) Craig McNally, Argyll and Bute Alcohol and Drug Partnership Co-ordinator (Item 15)

1 Welcome and Apologies for absence

Apologies for absence were received from Jean Boardman.

The Chair welcomed attendees to the meeting, especially members of the public and press and acknowledged Catriona Sinclair as new Chair of the Area Clinical Forum.

2 Declarations of Conflict of Interest

Mr A 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.

3 Staff Recognition – Allied Health Professionals

The Chair introduced Karen Brandie, from the Rehab Physio Service and Judith Arnaud and Ciaran McManus from MSK Physio and the First Contact Physiotherapy Service who presented the experiences of the Physiotherapy Team throughout the Covid19 pandemic.

K Brandie gave an overview of the Acute Physiotherapy team at Raigmore Hospital. This represented a group of 50 colleagues covering all clinical specialities with a focus on discharge and reducing admissions, managing complex respiratory cases in the community, and includes a 24/7 respiratory on call service. At the start of the pandemic the team were keen to find solutions to the challenges ahead because Covid19 is principally a respiratory condition. The team's overall focus was split into two areas: PPE and treatment techniques, and rehabilitation rehab and discharge from hospital. This approach enabled sharing of skills and minimised staff exposure to Covid19.

Raigmore is one of the few hospitals in Scotland to maintain physiotherapy services within Stroke Rehab. In addition to respiratory conditions, there has been a rise in stroke and vascular-related problems throughout the pandemic. It is felt that there is a better understanding between nursing and physio teams of their respective roles which has provided more continuity for patients and respect among staff. Ms Brandie also highlighted the virtual work carried out with patients which reduced the need to travel and the impact of the pandemic on staff morale and resilience.

C McManus and J Arnaud gave a short presentation about their experiences with the First Contact Physiotherapy (FCP) service in Highland. The service began implementation in April 2019 following the 2018 GP Contract with the aim of reducing GP workload by working alongside practices. Currently there are 30 clinicians working across the 65 practices in Highland. The role of the FCP encompassed independent prescribing and injection therapy to give fast access to musculoskeletal opinion diagnosis assessment and guidance of the management of musculoskeletal conditions, to arrange onward referral and to facilitate further patient management.

In terms of learning, the team noted that the service would not have been possible without the collaboration and support of NHS Highland GPs, that in order to support GP teams a flexible approach is needed to take into account local population needs, and that physiotherapy has much to offer when the opportunity is presented to interact with the patient at the most appropriate point. eHealth has been essential to maintaining delivery and the opportunity for early consultation has been very productive.

During discussion:

- It was noted that the aim of FCPs is to align with GPs as far as possible and therefore contact is via the GP practice.
- In terms of 'long Covid19' and the Raigmore team, patients are being seen through respiratory routes. Work is underway with the Covid19 follow-up team with the aim to forge links with Community and Acute Services. In addition, there is work with ITU follow up encompassing psychology work as well as dealing with paralysis and other conditions.
- Local evaluation is underway on the roll out of FCP in GP practices covering quantitative and qualitive data. The FCPs link to a national group but they are all at different stages of recruitment and delivery and each area has its own aspects of the work they would like to evaluate. Most are at around 40% delivery; however, Highland is at 70%.
- Regarding alignment with the 'Together We Care' initiative, it was noted that FCP has forged productive links with hospital and community services and therefore local placement in GP practices has helped to link up patient pathways more effectively. It is hoped that the longer the service is in place the more those connections can grow and enhances the connection.
- Although there is interest among young people in joining the profession, most training takes place outwith the Highland area with an inherent risk of losing talent to other parts of Scotland. Modern apprenticeships could provide an alternative route to achieving professional qualifications. Finding ways to support Advanced Practice roles in Highland was also required and Fiona Hogg noted the

work in NHS Highland around a 'grow our own' approach to finding recruits. Further discussion was suggested between Prof. B Williams and K Brandie about training routes for AHPs with University of the Highlands and Islands.

- The Chair encouraged the team to submit their views on areas for progress to Lorraine Cowie in her Strategy work. The Chief Executive encouraged feedback on the development of the Respiratory Pathway work and remote monitoring for the hospital team and the effects for FCPs working with GPs.
- It was noted that there is no overarching physio lead which has made it challenging to support links between hospital and community work and provide cohesive strategic planning.

The Chair thanked the team and their colleagues on behalf of the Board for their continued work and dedication during the pandemic.

4 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 November 2021.

The Board **Noted** the Action Plan, with attention having been drawn to the actions now closed.

5 Matters Arising

There were no matters arising.

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

Ms Dudek drew attention to the sustained pressure on staff dealing with the Omicron wave of Covid19. She noted that there has now been some easing of the numbers of infections, however, significant caution was urged because of the continued effect on staff especially within Adult Social Care. Teams are often small and geographically dispersed and almost nowhere is untouched by the pressures. As an easing of movement within society takes place it should be noted that this is not the case in health care where appropriate remobilisation will not be easy, and understanding is needed at every level.

In terms of Strategy development, it was noted that some of the engagement work had required to be paused during the Omicron wave. On that basis she sought the Board's specific support in extending the timeframe in which to bring back the draft Strategy from April to July 2022.

National and local work is underway to address the challenge of recruitment. A feasibility study is in progress into international nursing recruitment with Zambia as a key partner. There will be a special focus on recruitment for the National Treatment Centre but also across the whole system.

The Caithness Service Redesign Initial Agreement had been approved by Scottish Government and good progress was noted on work towards a business case taking account of net zero requirements. Further work was underway on the Lochaber project to provide additional information for Scottish Government's Capital Investment Group which will be resubmitted in March.

During discussion, it was asked if the ethical aspects of recruiting from countries which may have their own struggles had been addressed and if there would be a reciprocal arrangement. It was also asked if there would be an effort to have a 'grow your own' approach to provide career opportunities among the current Highland population. It was answered that Zambia currently has an oversupply of qualified nursing staff and a lack of jobs. These proposals were currently at the very early stages of exploration and would not become a substitute for encouraging recruitment within Highland. There are strict government guidelines for this kind of collaborative work which would be considered a short to medium term fix. More support structures would be necessary before overseas recruitment could be carried out.

Following discussion, the Board,

- **Noted** the update
- **Agreed** to extend the timeframe for consideration of the draft Strategy Report to July 2022.

7 Public Health Report – COVID19 Update Assurance Report

The Director of Public Health gave an overview of the current situation and a presentation regarding Covid19 in Highland, noting the fast moving and unpredictable situation.

Rates and Testing

Given NHS Highland's geographical considerations the facility for testing was good. Use of LFTs was increasing but test figures are unpredictable as not all testing is recorded on the national system, with negative test results particularly lacking. National and local figures show an overall decline in new cases but there are still concentrated outbreaks in schools and care homes.

Hospitals and Intensive Care Units have seen fewer cases than previously but the huge impact of fatigue on staff cannot be discounted.

Currently, 100-200 PCR tests are showing positive Covid19 results per day. Numbers and rates for PCR tests increased at the start of January then showed a sharp decline. More young people have been presenting with the Omicron variant, especially at primary school age with a spread now to people in their mid-20s.

Vaccination Programme

There is good booster coverage across NHS Highland of the eligible groups. Most eligible people were keen to take up the booster offer, and staff have been keen to support the programme roll-out as have the army and GPs. The focus will move next to teenagers and vulnerable 5 to11 year olds. Coverage in deprived communities is considered reasonable and it is better than in the rest of Scotland but there is more work to be done.

During discussion, the following points were noted:

- The relative absence of flu this winter was thought to be due to local precautions around distancing and the reduction in international travel. Baseline levels across Scotland are down but should there be an upsurge there is good coverage of flu vaccination at 79% of the eligible population.
- The difference between the booster jab and the third and fourth vaccination for vulnerable groups was noted as a semantic difference to acknowledge that those with immunosuppression require a larger overall vaccination dosage.
- T Allison agreed to provide J McCoy with statistics around 'long Covid19' outwith the meeting and commented that information about trends was speculative due to the complexity of the condition.
- It was confirmed that the decline in cases in secondary schools could be due to the introduction of the vaccine single dose, however it is too early to show direct causation as other factors may play a part, such as the Omicron variant circulating earlier in schools.
- The next critical steps in vaccination will require proactive communications with a locality approach to complement the message at the national level. The newly established Vaccine Programme Board is looking carefully at how the Vaccine Transformation Programme will be delivered, learning from experiences of delivering Board-led vaccination and the issues which have been raised (staffing, recruitment, location, establishing a balance between Primary care vs Board-led services).

Thanks were given to the Public Health team who have been under pressure for a sustained period.

The Board **noted** the report and took **moderate assurance.**

8 Maternity Services – The Future

The circulated report provided an overview of the considerations to support a collaborative approach for the future of Maternity Services in NHS Highland. The report referred specifically to the Moray Maternity Services Review commissioned by the previous Cabinet Secretary and published in December 2021. The Board Chair highlighted that there were implications arising from the Review for both NHS Highland and NHS Grampian. He drew attention to a letter to the Cabinet Secretary from Maternity Team leaders in Raigmore Hospital expressing concerns over the Review proposals and the attendant risks.

The Chief Executive advised that current Cabinet Secretary's endorsement of the Review and its recommendations was still awaited. It was important however for the Board to understand and discuss the implications if the recommendations were to proceed. Significant detailed work would be required to achieve a Target Operating Model and to bring forward a business case which should also take account of the Maternity Team's concerns. Whatever the outcome of the Review, the Chief Executive stated that NHS Highland was committed to finding a clear way forward for the population of Highland in line with Best Start for mothers, babies, their families, and staff. The Moray review represented only one area of consideration within the development of NHS Highland's maternity strategy. Assurance was given that NHS Highland would not sign up to any agreement which did not address issues of environment and space, staffing configuration, funding, and appropriate timescales. The two-year timescale given in the report was based on the pipeline for recruitment and availability of trained midwives.

K Sutton advised that Community Midwifery Services would be under single management in the Acute Services structure. She outlined the necessary infrastructure work incorporating resources for Midwifery Services in a number of locality settings and drew attention to the particular challenges at Raigmore Hospital. NHS Highland is committed to the Best Start vision, however it was noted that there were challenges in terms of workforce sustainability to deliver it across Highland's geography. Discussions were currently underway with Maternity Services staff to address their concerns about the proposed changes. Furthermore, a Maternity Programme Board will be established to coordinate the service, ensure it is properly supported for the future, and to be better placed to address the recommendations arising out of the Moray Review.

During discussion the following points were raised:

- It was clarified that the 'Alongside CMU' (Clinical Maternity Unit) would be at Raigmore if it were to proceed. The unit's proximity to Obstetrics would provide additional assurance for mothers.
- Invergordon had been chosen as the site for a community maternity hub to support the particular population density and age profile.
- In terms of current support from NHS Highland to Moray maternity services, patients were transferred from Dr Gray's Hospital in Elgin to Raigmore Hospital for births needing additional support.
- The timescale for introduction of a new model incorporating the Review recommendations was estimated at two years. This estimated timeframe was necessary for planning and due diligence in testing safety requirements, staffing, resources, and for engagement with other partners (e.g. Scottish Ambulance Service).
- The fundamental consideration for the Board would be to understand the processes to improve its own maternity services, including neonatology, and thereafter to consider what the Government's request would be on the Board to support Moray.
- It was noted that in order to address patient equity, it is necessary to think beyond artificial Health Board boundaries as Moray is closer than most NHS Highland outposts are to Inverness.
- NHS Highland would aim to increase the number of women who gave birth in the CMUs, but there were a number of limiting factors. The difficulty of giving targets to the red and green pathways for mothers was addressed as this involves balancing a mother's wishes against the support they might need and considering the risk in terms of geography and available resource.

Following discussion, the Chair summarised the report's recommendations and drew attention to the concerns expressed throughout the discussion. In this regard, the Chief Executive stressed the Board could only agree to the recommendations subject to acknowledgement of the following:

- NHS Highland had engaged to be part of the solution to support women and families in west Moray to make the choice to have their births in Raigmore Hospital. On the best estimates of what this would take, NHS Highland was currently not in a position to move forward with the proposals.
- All considerations must ensure sustainable maternity services within the context of Best Start in Highland. The Board's assurance expectations must be clear in progressing its own Maternity Strategy and understanding how the Moray Review would be incorporated into it, if this was the outcome.
- It was the Chief Executive's desire for clinicians to be supportive of the, development, having been fully involved in the establishment of a model and business case, this would come to the board at a later date for approval.

Subject to the assurances provided above by the Chief Executive, the Board **Agreed** to take **moderate assurance** from the report and **supported** the recommendations outlined below:

- the establishment of a Maternity Services Programme Board to provide oversight to developing the future model of NHS Highland maternity services whilst ensuring the incorporation of the recommendations of the Moray Maternity Services Review;
- the need to complete the service redesign of the Raigmore Maternity Unit to accommodate the care of existing and additional women, and the completion of the business case; and
- the initiation of negotiations with NHS Grampian and Scottish Government to secure revenue costs for NHS Highland should the partnership be realised.

The Board took a short break at 11.58 am and the meeting resumed at 12.15 pm

9 Integrated Performance and Quality Report

D Park introduced the report and noted the changed format which compiles data into five different areas which will form the backdrop for development of the NHS Highland Strategy.

In discussion the following points were raised:

- data on eHealth and technology performance would be drawn together for the Board's benefit outwith the scope of the IPQR.
- In welcoming the improved performance in urology it was noted that critical developments to achieve similar progress in other cancer services would require diagnostic work to identify urgent patient need across all service areas; assessment of workforce capacity; work prioritised by clinical teams within existing resources; and to locate recovery pathways around patient flow.
- The drop in the 62-day target Cancer treatment wait for December was largely due to difficulties with staff availability and capacity at some sites with specialist services. Work is ongoing to address these issues locally and with partners in other health boards.
- The increase in waits for diagnostic work was due to the increase in outpatient work and loss of capacity due to the Omicron wave. A plan is in place to recover room capacity to ensure resources are used to the fullest.
- Staff Absence has been tracking at 5.7% which was slightly higher than 4.8% the previous year. A number of factors had impacted the recording of absence figures such as remote working, absence due to Covid19 testing isolation and flu. The increase in level is also related to longstanding pressures and an aging workforce. Staff turnover has been driven in part by these issues.
- The recording of 8.9% of staff absence due to Mental Health issues was relatively consistent with other Boards. It was noted that there is a significant amount of under-reporting particularly around short-term mental health absences. A new part time dedicated clinical psychologist joined the Occupational Health Team in December. The team contribute to the Wellbeing Strategy to focus on prevention and proactive support and awareness of Mental Health issues in work.
- The rise in numbers for Delayed Discharges is largely due to a reduction in ability to move patients into care homes or care at home setting. It was noted that there had been significant reduction in delayed discharges in the past year due to dedicated and focused work with partners across Acute, Community and Mental Health services. However, these improvements had not been sustained and a Social Care Hub had been set up to address forward planning and building up care home capacity after the impacts of Covid19.
- The Audit Committee had noted that 32 serious adverse event reviews (SAER's) were still open and it was queried whether this raised any duty of candour concerns. It was clarified that this level of detail was not recorded in the IPQR as its purpose was to provide an overview for the Board, whereas it was the role of Governance Committees to undertake closer examination and scrutiny. The Medical Director invited A Donald to discuss this area outwith the meeting.
- The Medical Director offered to discuss figures relating to Prostate Robotic Surgery with A Christie offline.
- With regard to waiting lists, it was asked if there is a means to address the age of patients and increasing urgency of conditions. It was noted that there are escalation routes to address this such as via GP referral.

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

10 Finance Assurance Report

The Director of Finance introduced the paper which showed the month 8 position for NHS Highland. It was confirmed that Scottish Government has agreed to support all health boards with a financial package to achieve a break-even position for the 2021/2022 financial year.

Notwithstanding the support to be offered, at the end of November 2021 there was an overspend of £11.750m which was forecast to increase to £19.567m by the end of the financial year. There was also an £11.9m shortfall expected against the target requirement of £32.9m in cash efficiency savings. Scottish Government have now confirmed a funding package which will include covering slippage on savings if Boards can demonstrate 'appropriate review and control at a Board level'.

It was also reported that £26.446m of the £72.9m capital allocation had been spent. Assurance was given that the remainder of the allocation would be spent during the financial year on schemes identified.

- The overspend has been driven by items such as locum costs for the Police Custody Service and drugs costs within hospitals and that Adult Social Care will be an area of budgetary concern in the coming year.
- The reporting for month 9 is underway with an expected £3m improvement from reviewing savings estimates.
- It was noted that information on the recurrent element of PMO savings would be reported to the Board in due course.
- Discussions continue with Highland Council and Scottish Government regarding the cost of Adultt Social Care. It was noted that local council elections take place this year and will need to be factored into negotiations.

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

11 The Culture Programme Assurance Report

The Director of People and Culture introduced the paper which gave emphasis to the delivery of the Culture Plan for NHS Highland. It was noted that the Culture Plan is ready and resourced to deliver the planned activity, however in December 2021 it was decided to pause some elements due to system pressures on management and teams who might be expected to participate. Planning will restart in February 2022, therefore the workstream is marked as green with a moderate level of assurance.

A detailed strategy for the Wellbeing workstream is expected to be ready for end of March 2022 and an amber level was given for this workstream.

In answer to questions, F Hogg noted that:

- Four cohorts up to senior management level had taken part in the first iteration of the Leadership Development Programme.
- It has been important to ensure that the level 1 cohort has a programme tailored to their needs, this level includes colleagues such as first line managers, team leaders & supervisors and many will not have had this kind of support work before.
- Communication of the programme is principally via teams as emails alone will not raise awareness or help to embed the programme.
- We will continue to utilise the dashboard reporting process as it is there to track progress and ensure rigour and robustness in the programme whilst we take account of the sources of interaction and contribution.

The Chair noted the limited progress despite pressures and looked forward to substantial progress in the next few months.

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

12 Quarterly Whistleblowing Standards Assurance Report

F Hogg introduced the report which provided an update to the position following the production of the Internal Audit report in December. It was anticipated that the actions arising from the Internal Audit report

would be completed by end March. At this point the Board would be provided with a substantial level of assurance.

It was noted that only three cases reported to date were actually categorised as whistleblowing concerns. The low number of cases meant that trends were not yet discernible. One case was now closed and had not been upheld. It was also noted that cases were often not straightforward which led to longer assessment times, however complainants received progress updates every 20 days.

Mr A Donald, in his capacity as Whistleblowing Champion, had provided effective oversight of the process. He had encouraged staff awareness and engagement, and had undertaken visits to many parts of the Board area. He also planned to take part in an 'Ask Me Anything' session facilitated by the Communications Team. Mr Donald confirmed his assurance that processes were being followed and welcomed the Internal Audit report. He explained that an external contractor had been tasked to explore qualitative and quantitative assessment of trends as they emerge. Furthermore, statistics to compare NHS Highland to other Boards at a National level were not yet available but would be developed as the process continued.

On an unrelated matter, the Internal Audit report highlighted an unusual Health and Safety concern which was not deemed to be a whistleblowing concern but allowed the team to be more focussed on creating a consistent process.

The Board took **Moderate** assurance from the report.

Members took a lunch break at 1.45 pm. The meeting reconvened at 2.05 pm.

13 Remobilisation Plan

It was confirmed that the Remobilisation Plan (RMP4) had been submitted to Scottish Government to meet the 30 September 2021 timeframe and that feedback on it had been minimal. Brief updates on progress had been sought by Scottish Government by the end of January 2022 and the plan was presented for the Board for agreement and publication.

It was noted that the targets in the RMP are challenging and that a Scottish Government short life working group was drafting a revised template for future reporting. The group was also developing the future format of the Annual Operating Plan which was due for submission in July.

The plan focussed on the next three years and highlighted measures for recovery and impact on patients. It was noted that clinical involvement in the remobilisation process will be key to its success. RMP4 will return to the Board in May for an interim update with the full report coming to the July Board meeting.

The Board accepted a **moderate** level of assurance and,

- Took assurance that due process has been followed in submitting the Remobilisation Plan 4 in accordance with the commission from Scottish Government;
- Authorised publication of Remobilisation Plan 4;
- Acknowledged that, with the Omicron variant, the targets within Remobilisation Plan 4 are significantly challenged and oversight of these will be through the Programme Board structure and Performance Recovery Board;
- Took assurance that future reporting of the milestones in the plan will be monitored by the Performance Recovery Board, with other Committees engaged in matters relevant to their remit and responsibilities in relation to the implementation of the plan. Quarterly exception progress reports will also be required to be submitted to Scottish Government;
- Took assurance that the Annual Operating Plan will be developed and be presented to the July NHS Highland Board meeting with an interim update at the May Board meeting

14 Director of Public Health's Annual Report 2021

Dr T Allison, Director of Public Health, introduced his Annual Report for 2021 which focussed on Mental Health and on addressing matters around suicide and self-harm. He gave a presentation highlighting that the number of probable suicide deaths for the Board area was of concern because they are higher proportionally than for Scotland as a whole. In particular, the numbers are higher for men (with young

men the highest group) and rates of suicide were highest in the most deprived areas. It was noted that rates of admission for self harm had increased in 2019-2020 for women living in the Board area and remained elevated in 2020-21. The links with suicide were complex.

The positive and negative impacts of Covid19 on mental health were detailed. Those who were already in marginalised societal groups, for example on the lowest incomes, have been hit hardest in terms of problems with mental health. Recommendations included further work on intervention and work with colleagues both in and outwith the health board. In discussion the following matters were raised:

- It was noted that 3 February 2022 was MIND 'Talking Day'.
- Responding to a query about mental health in the farming community, the difficulties in assessing this was well recognised as farming is a known job of risk for mental health for various reasons.
- It was asked if there was evidence that isolation during Covid19 had had an impact on child development for babies born during the pandemic. Work on preschool social contact and school provision work would be addressed and further discussions held with relevant colleagues.
- Relating to how issues of fuel poverty and Covid19 are prioritised in the strategy, it was confirmed that further work was needed on social mitigation.
- It was asked if there had been any qualitative work to determine why Argyll and Bute figures aligned more closely with national statistic than those of the rest of Highland. It was answered that this is still an area to be addressed and further debate needs to be prompted.
- It was noted that a significant number of suicide cases will not have had prior contact with NHS Highland services. There is a need for Primary Care and Mental Health workers to engage earlier and learn from both who the service sees and those who fall outwith it. L Bussell expressed support for an audit on the issue of suicide and advocated the need to include all relevant groups to address emerging themes and identify potential policy change.
- The need to address the stigma around mental health was raised as this was still a particular issue for men. There was an anecdotal sense that the pandemic might have changed this a little. GPs were noted as key figures in identifying where support is needed.
- The Chair asked how much local research had been undertaken. T Allison had commissioned other work which is not yet finished and there is scope for more. This work is in tandem with research with academic colleagues and other health professionals.

The Board **noted** the 2021 Director of Public Health Annual Report.

15 Alcohol and Drug Partnerships Annual Reports

Dr T Allison advised that the Alcohol and Drug Partnerships are multi agency bodies that are closely associated with the Health Board. Their reports and strategies offer a useful insight and are brought to the Board for noting, comment and to spark future discussion regarding the importance of these subjects. Dr Allison confirmed that the reports had been submitted to Scottish Government.

Questions regarding the detail of the report were addressed to D Stewart and C McNally who were present to represent partnership work in Highland and Argyll and Bute:

- It was noted that there is an Implementation Group in North Highland with national representation.
- A funding application to Scottish Government has been made to support the roll-out of work with counterparts in other areas, to address challenges in rural areas and to improve access to services.
- The Advocacy Service programme involved peer advocates within communities, which greatly assisted with engagement.
- Protocols for open access to drug and alcohol support was a priority. Local addiction and mental health work has been managed under a lead nurse only in the last few years and work is still in progress towards this aim. The ideal situation is for 'every door to be the right door' for those who require assistance, for example addressing housing in conjunction with addiction and mental health work.
- It was agreed that stigma is a major barrier to engagement.

The Board took **moderate** assurance and **noted** the strategy.

16 Strategic Risk Register

The Medical Director gave a brief overview of the SBAR and associated Excel spreadsheet circulated separately. It was noted that since November 2021 there had been no significant movement, however the relevant Executives have continued to keep their associated risks under review and work will link in with the Head of Strategy with updates presented at Board meetings.

The Board **noted** the update to the Strategic Risk Register and **agreed** to take **moderate** assurance from the SBAR.

GOVERNANCE

17 Code of Corporate Governance

R Daly confirmed that the revisions to the Code of Corporate Governance had been agreed by the Audit Committee in December 2021. The updates related primarily to changes to Terms of Reference for the governance committees to standardise notice periods and Committee quorums. Revised ToRs were appended to the report.

In a correction to the circulated report, it was noted that the Highland Health and Social Care Committee would be asked to change the title of their volunteer members at their next meeting. The Board was asked to agree that the new title be included in the revised ToR once agreed by the Committee.

The governing documents would be reviewed following the publication of a revisions to the Blueprint for Good Governance and the Standards Commission Code of Conduct for Board members.

The Board **ratified** updates to the Code of Corporate Governance, which had been considered and agreed by the Audit Committee on 7 December 2021 and **Agreed** that a change to the title of lay members of the Highland Health and Social Care Committee would be incorporated, once agreed by that Committee.

18 Improvements to Board Assurance Framework

R Daly provided a brief summary of progress in implementing the improvement plan since the last Board meeting. There had been progress in terms of assurance reporting through Committees, improvements in awareness of assurance, and a review of the Board's corporate documents. In particular, it was noted that:

- the committee self-assessment exercise would be replaced with a review of the outcomes of the previous exercise to meet the paired-back governance currently in operation.
- Committee Workplans would be reviewed by the governance committees in the next month.

During discussion, it was commented that if 'Moderate Assurance' is proposed for most reports it may become less useful in assisting the Board to reach agreement. Further consideration could be given to the approach being used. Board members were also reminded of their roles in terms of scrutiny and challenge at Committee meetings which was key to making a full assessment of assurance.

The Board accepted **moderate assurance** and **noted** the progress contained within the report.

19 Committee Memberships Review

The Board took **substantial** assurance from the report and:

- **approved** revised governance committee memberships as shown in Appendix 1 of the report with immediate effect; and
- **noted** that Clinical Governance Committee must now appoint a Vice Chair from its membership.

20 Governance and other Committee Assurance Reports

The Board confirmed that,

- **adequate** assurance had been provided from the Board Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB, and
- **noted** the minutes below and associated agreed actions.

(a) Draft Minute of Audit Committee 7 December 2021

The Committee Vice Chair noted that the first draft of the Internal Audit plan for 2022/2023 had been seen and this will return for the March committee for recommendation of approval by the Board. A report from Internal Audit on Significant Adverse Events will also come to the March meeting. Discussion of residual risk of Internal Audit actions is in progress.

The Board Chair noted that the Auditor General and External Auditor were called before the Public Audit Committee to give evidence on NHS Highland's Section 22 report. The Board is awaiting a letter from the committee.

(b) Draft Minute of Staff Governance Committee, 12 January 2022

The Committee Chair gave a brief update of the minutes.
The timeframes of the action plan have been adjusted due to system pressures.

(c) Draft Minute of Highland Health and Social Care Committee, 12 January 2022

The Committee Chair noted the minutes.

(d) Draft Minute of Clinical Governance Committee, 13 January 2022

The Chair provided a verbal update and noted assurance regarding infection prevention control, Significant Adverse Events, Vaccine Transformation Programme, Operational Areas, monitoring and mitigation against the increase in recorded falls in hospitals, and exploring the use of clinicians using clear masks for work with children.

In discussion, it was noted that NHS Highland is within predicted limits for addressing Hospital Acquired Infections, that an action plan is in place and under review, and Scottish Government are satisfied with the plans. Final figures will come to the meeting of the Board in May.

(e) Draft Minute of the Area Clinical Forum of 13 January 2022

The Board Chair encouraged Non-Executive members to attend the Forum. A Clark will coordinate with R Daly and N Ware on a refresh of the rota of Non-Executive attendance.

(f) Draft Minute of the Argyll and Bute Integration Joint Board of 24 November 2021

Three new members were welcomed to the last meeting of the IJB: a carers representative and two service user representatives. Good feedback had been received from Audit Scotland on the IJB's accounts.

21 Any Other Competent Business

The Chair noted that a revised schedule of Development Days (normally held the Monday before a meeting of the Board) would be proposed to the Board's members soon.

The Chair thanked attendees for their engagement and wished all a happy Burns Night.

22 Date of next meeting - 29 March 2022

The meeting closed at **3.15pm**