


NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot nhs.uk/	 NHS Highland na Gàidhealtachd
	31st March 2026 – 9.30am	
Draft MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)		

Present

Alexander Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Muriel Cockburn, Highland Council stakeholder Non-Executive
Sarah Compton-Bishop, Board Chair
Heledd Cooper, Director of Finance
Garret Corner, Argyll & Bute Council stakeholder Non-Executive
Jennifer Davies, Director of Public Health
Fiona Davies, Chief Executive
Albert Donald, Non-Executive
Graham Illsley, Non-Executive
Karen Leach, Non-Executive
Philip MacRae, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive
Gavin Smith, Employee Director
Brian Steven, Non-Executive
Allyson Turnbull-Jukes, Chair of Area Clinical Forum
Steve Walsh, Non-Executive
Dr Neil Wright, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll & Bute Health and Social Care Partnership (A&B HSCP)
Bryan McKellar, Whole System Transformation Manager
Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership (HHSCP)
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Stephanie McAllister, Corporate Administrator
Laura Neil, Associate Director of Quality and Clinical Governance
David Park, Deputy Chief Executive
Nicki Sturzaker, Head of Communications and Engagement
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Deputy Head of Corporate Governance
Dominic Watson, Head of Corporate Governance

1.1 Welcome and Apologies

The Chair welcomed attendees to the meeting. The Chair thanked the Caithness Drug and Alcohol Delivery Service team for their recent spotlight session, noting the positive feedback received and confirming that a further spotlight session was included later in the agenda.

The Chair acknowledged the pre-election period and thanked local MSPs for their constructive engagement and contributions to NHS Highland, recognising their commitment to communities and shared goals for sustainable health and social care.

Apologies were received from Jennifer Davies.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Minutes of Previous Meetings and Action Plan

The Board **Approved** the minutes of meeting of 27th January 2026 as an accurate record of the meeting.

The Board agreed to close the action relating to the risk register, noting that a development session on the refreshed approach was scheduled later in the year.

An action relating to feedback from care home settings and Care Opinion was discussed. It was noted that a short-life working group was progressing this work and was due to report interim findings to the Executive Delivery Group. The action timeline was updated accordingly.

Board Members were assured that work on integrated impact assessments, including a new process and portal, was ongoing. It was agreed that detailed scrutiny would take place through the Staff Governance Committee, with relevant updates brought back to the Board.

The Board **Noted** the updates to the Action Plan.

1.4 Matters Arising

None

2 Chief Executive's Report

The Chief Executive presented her report and advised that it was more detailed than usual, reflecting a particularly busy period of activity. She highlighted key areas for the Board.

She reported that unscheduled care pressures had remained a significant focus since the previous meeting. It was noted that patients attending Raigmore Hospital and Caithness General Hospital had experienced extended waiting times and, in some cases, a poor experience. The Chief Executive expressed regret for delays to care and acknowledged the impact on staff morale. She advised that sustained effort had begun to reduce the longest emergency department waits at Raigmore, although further improvement was required to return performance closer to expected standards.

The Chief Executive noted progress in initiatives supporting year-round practice and access standards, including the introduction of ambulance liaison officers and the continued development of Hospital at Home services, with gradual increases in uptake across Highland.

An update was provided on sub-national working, confirming the Chief Executive's appointment as co-chair of the Rural and Island Subgroup, now operating on a pan-Scotland basis. She advised that initial work was focused on developing a shared strategic needs assessment for rural and island Boards and considering how impact duty assessments could be applied.

The Chief Executive reported on engagement activity across the Board area, including joint visits with the Chair to Caithness General Hospital, meetings with local action teams, and engagement with advocacy groups highlighting local mental health initiatives. She also highlighted visits to New Craigs Hospital and Aviemore Hospital, noting improvements in leadership, culture and infrastructure, while recognising ongoing recruitment challenges in some areas.

The Chief Executive shared, with permission, a personal case study that reinforced the importance of effective, person-centred transition planning for young people with complex needs and reflected themes arising from recent transition audits.

The Chief Executive advised that planned care and surgical activity had been delivered well over the winter period, despite some challenges. She thanked staff for the quality of care delivered and acknowledged teams who had maintained strong performance outside of unscheduled care pressures.

The Board **noted** the update.

3 Spotlight Session – Procurement

The Board received a spotlight session on Procurement, delivered by Becky Myles, Head of Procurement, with contributions from colleagues. The session highlighted recent service improvement work and external recognition received by the procurement team.

The Board was advised that NHS Highland Procurement had been recognised as overall winners of the Healthcare Financial Management Association (HFMA) Value and Innovation Award and as finalists in the Public Finance Awards 2025, including the category of Outstanding Procurement Initiative. These awards recognised the *Prescribing to PCOS* project, which demonstrated the value procurement could deliver through collaborative, improvement-focused approaches.

An overview was provided of procurement's current operating position and its role in supporting clinical services, service improvement and organisational priorities. The importance of close collaboration with clinical colleagues and national procurement partners was highlighted, including engagement through national forums, category management groups and user networks to support a once-for-Scotland approach while accommodating local clinical requirements where appropriate.

- The Board discussed engagement with National Procurement and the National Distribution Centre, including management of product variation, supply chain constraints and national shortages.
- The board noted that close collaboration and information-sharing supported effective prioritisation, avoided stockpiling and ensured equitable access to supplies across Health Boards during periods of constraint.
- The Chair thanked Becky Myles for the presentation and noted that the session provided valuable assurance on procurement's contribution to service delivery, strategic priorities and the Anchor Institution agenda. It was confirmed that presentation slides would be shared following the meeting.

The Board noted the update.

4 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance (FRP) Committee agreed minutes of 5th December 2025 and summary of meeting of 9th January 2026

The Committee Chair reported on recent meetings, highlighting the financial position at months 8 to 10 and noting significant pressures arising from adult social care overspends and service level agreement costs. Members discussed mitigation measures, including additional Scottish Government funding, and noted that the overall forecast outturn remained above the agreed overspend limit. The Committee also noted positive feedback from the Integrated Performance Quality Review and approved the draft financial plan for submission to the Scottish Government.

b) Staff Governance Committee agreed minutes of 3rd November 2025 and summary of meeting of 13th January 2026

The Committee Vice Chair reported on recent meetings, noting approval of the Committee's terms of reference and consideration of the annual report. Members received moderate assurance across several areas, with substantial assurance provided in relation to policy compliance and counter-fraud arrangements. The Committee discussed workforce priorities including employability, leadership and culture, appraisal performance, staff survey findings, and people-related strategic risks, with an action plan in place to strengthen appraisal oversight and organisational support.

c) Highland Health and Social Care Committee (HHSCC) agreed minutes of 14th January 2026 and summary of meeting of 4th March 2026

The Committee Chair reported on the March meeting, highlighting continued pressures from delayed discharges affecting acute, community hospital, and wider system flow. Members discussed workforce challenges across social care, including self-directed support, statutory social work, and guardianship activity. The Committee considered updates on self-directed support, the Highland care model, carers strategy and community services, and noted positive progress with the recruitment of a long-term vacant psychiatry post in the Mid-Highland area.

d) Clinical Governance Committee agreed minutes 15th January 2026 and summary of meeting of 6th March 2026

The Committee Chair reported on recent meetings, noting continued scrutiny of the North Drug and Alcohol Service and progress with service redesign. Members received assurance on Drugs and Therapeutics arrangements and digital system resilience. Sustained system pressures were noted, particularly affecting emergency and acute care flow, alongside increased scrutiny of systemic anti-cancer therapy waiting times and workforce fragility as an ongoing risk.

e) Area Clinical Forum Agreed minutes of 15th January 2026 and summary of meeting of 6th March 2026

The Committee Chair reported on discussions from the January and March meetings, which focused on Realistic Medicine, system risk, population health, and professional advisory arrangements. Members discussed pressures within diabetes care, noting that risks had been triaged with interim mitigation in place and assurance that patient safety concerns would follow established clinical governance routes. The Forum highlighted ongoing work to strengthen membership, improve responsiveness, and align terms of reference, alongside concerns around system risk, service pressures affecting patient flow, and the accessibility of population health engagement for digitally excluded groups.

f) Population Health & Planning Committee Agreed minutes of 14th January 2026 and summary of meeting of 11th March 2026

The Committee Chair reported on the March meeting, which focused on engagement activity supporting development of the population health strategy. Members noted the completion of Phase 1 engagement and discussed the importance of clear and shared language, alongside early consideration of indicators to support evaluation. The Committee also highlighted the need to embed sustainability within the emerging strategy and noted the forthcoming Director of Public Health annual report.

g) Audit Agreed minutes of meeting of 12th January 2026 and Summary of meeting of 10th March 2026

The Committee Chair reported on recent meetings and highlighted the escalation of the Health and Safety internal audit report to the Board due to the significance of its findings, particularly in relation to water risk assessments and the potential impact on the year-end audit opinion. Members noted assurance that statutory water maintenance requirements continued to be met and that actions were in place to address overdue reviews through improved central oversight. The Committee also considered reports on SSTS processes, IT change controls, risk management assurance, and received an update on a fraud investigation, noting that further learning would be taken forward.

h) Argyll & Bute IJB Noted the minutes of 28th January 2026

The Committee Chair reported on the January meeting, held in Campbeltown, noting the challenges of delivering services across a large and remote area. The Board discussed ongoing pressures on health and social care services, particularly in relation to the budget and the sustainability of provision. Members noted that amendments to the proposed budget were subsequently agreed at a later meeting.

The Board took a break at 11am and the meeting resumed at 11:15am

5 Integrated Performance and Quality Report

The Deputy Chief Executive provided an overview of the Integrated Performance and Quality Report, noting that the report had undergone detailed scrutiny through the relevant Committees prior to presentation to the Board. The data largely covered performance to the end of December.

The Deputy Chief Executive highlighted:

- Sustained system pressures, particularly across unscheduled care, with ongoing challenges in Emergency Department performance and delayed discharges linked to wider patient flow constraints.
- Emergency Department performance remained under significant strain, with prolonged waits reflecting national pressures and bed capacity issues, although NHS Highland continued to perform comparatively well against other mainland Boards.

- Delayed discharge figures showed a notable increase during the reporting period, primarily associated with Argyll and Bute data review activity, which had since stabilised and begun to reduce.
- CAMHS and Psychological Therapies performance demonstrated sustained improvement, with CAMHS exceeding the 90% standard and waiting lists reducing to shorter waits, supporting discussions on formal de-escalation with Scottish Government.
- Scheduled care and waiting times remained under close national scrutiny, with continued engagement with Scottish Government to address long waits and improve patient experience.
- Work was progressing to improve public communication of performance, including development of a more accessible and engaging Annual Report.

The Board:

- **Took Moderate Assurance** on the Integrated Performance and Quality Report.
- **Noted the continued and sustained pressures** across the NHS and commissioned care services.
- **Considered the level of performance** across the system and acknowledged areas of improvement alongside the ongoing performance challenges.

6 Financial Assurance Report – Month 10 Position

The Board received a report from the Director of Finance outlining the financial position at Month 10. Members noted that the forecast deficit had improved from £50m at Month 9 to £44.6m, reflecting changes in national risk share assumptions, particularly in relation to insurance liabilities and medicines funding.

The Director of Finance highlighted that the adult social care gap of £25.8m remained the most significant pressure on the position, partially offset by £10m additional funding from Scottish Government and improvements within the health portfolio. It was noted that Highland Council had confirmed provision of up to £5m to support the adult social care position in 2025/26, allowing the forecast submitted to Scottish Government at Month 11 to be revised back to £40m, subject to the unresolved £8m NHS Greater Glasgow and Clyde SLA charge.

Board members noted continued risks associated with slippage in savings delivery, ongoing reliance on locum and agency staffing, and volatility in medicines expenditure, although recent reductions in medicines spend had been validated. The capital position was reported to have improved, with confidence expressed in delivering the full capital plan by year end.

Having examined and considered the Month 10 financial position, **the Board took Limited Assurance**, noting the continued engagement with auditors and Scottish Government on the year-end accounting position and residual risks.

7 Opening Offer to Argyll and Bute IJB

The Board received a report from the Director of Finance outlining the proposed opening budget offer to the Argyll and Bute Integration Joint Board (IJB) under the Buddy corporate model. Members noted that the opening offer had been calculated using the NRAC formula for fully delegated services, with specific ring-fenced allocations excluded, in line with established practice.

The Director of Finance confirmed that the opening offer reflected anticipated allocations and that the approach was consistent with previous years, with no material changes to methodology. It was noted that the proposal had been developed in collaboration with Argyll and Bute IJB colleagues, who confirmed awareness of, as well as agreement with the content of the offer.

Members briefly discussed governance considerations relating to Board and IJB representation and agreed that no formal declaration of interest was required, noting that dual roles were inherent within the integration arrangements. It was agreed that governance advice would be reconfirmed to provide clarity for future reporting.

Having examined and considered the report, **the Board took Moderate Assurance** and **approved the opening budget offer to the Argyll and Bute Integration Joint Board** in line with the content of the report.

8 Health & Care Staffing Act Q3 & Annual Report

The Board received a report from the Director of People & Culture presenting the Quarter 3 and Annual Health and Care Staffing Act report, noting that the annual reporting timetable did not align with financial year reporting. Members noted that the report formed part of the Board's statutory assurance on compliance with the Act.

The Director of People & Culture highlighted the complexity of workforce reporting, emphasising the need to embed the Act more fully within operational governance and triangulate staffing data alongside quality, performance and financial information. It was noted that workforce gaps required strategic consideration rather than reliance on vacancy data alone, and that workforce challenges were closely linked to service sustainability, performance pressures and financial risk.

- Board Members noted that feedback from the national submission to Scottish Government reflected challenges consistent with those already identified locally, providing reassurance that NHS Highland's position aligned with national themes. It was highlighted that regulatory arrangements involving Scottish Government and Healthcare Improvement Scotland continued to evolve, with further clarity expected over time.
- The Board discussed the need for clearer governance routes and assurance levels in relation to the Act and agreed that further work would be undertaken to support the wider governance review and clarify assurance mapping.

Having examined and considered the report, the **Board noted the content and took Moderate Assurance**, recognising both the complexity of implementation and the ongoing organisational challenges.

The Board took a lunch break at 1:30pm and the meeting resumed at 2pm

9 Q3 Whistleblowing Report

The Board received a report from the Director of People & Culture presenting the Quarter 3 Whistleblowing report, which provided assurance on compliance with legislation, policy and Board objectives.

- Members noted that no new whistleblowing cases were raised during the quarter, one case was closed, and three cases remained under investigation, with recommendations identified where appropriate.
- The Director of People & Culture highlighted the transition of the Confidential Contact Service in-house, noting that no significant issues had been identified to date and that awareness-raising activity was ongoing. It was confirmed that the service supported early resolution and triage, with matters escalated to formal whistleblowing processes where required.
- During discussion, Members noted the complexity of whistleblowing cases and the challenging timescales associated with information requests from external bodies, including the National Whistleblowing Officer, particularly where cases were complex and resource-intensive. These challenges were noted as part of ongoing engagement at national level.

Having examined and considered the report, the Board **took Moderate Assurance**, noting that the content provided confidence in compliance while recognising the complexity of cases and associated timescale pressures.

10 Highland Model of Integrations Review – Phase 1 Outcome & Phase 2 Initiation

The Board received a report from the Director of People & Culture on the Phase 1 Options Appraisal Outcome for the Highland Model of Integrations Review and proposals to progress to Phase 2. Members noted that the work had been jointly developed with Highland Council, considered by the Joint Steering Group, and presented on a consistent basis to both organisations.

- Phase 1 of the appraisal had concluded, identifying two options for further development: Option A (Lead Agency) and Option B (Body Corporate / Integration Joint Board).
- Members were advised that the NDAS proposal at Appendix 5 had been superseded and would be progressed separately through the Person Centred Solutions Portfolio Board.
- The proposed Phase 2 Programme Plan was outlined, including further analysis, engagement activity and development of a final recommendation to both Highland Council and the NHS Highland Board by September 2026, supported by a Communications and Engagement Plan and appropriate programme governance arrangements.

The Board:

- **Agreed to progress** Option A (Lead Agency) and Option B (Body Corporate) to Phase 2 of the Review.
- **Approved** the Phase 2 Programme Plan and Communications and Engagement Plan.
- **Noted** that the NDAS proposal would be progressed separately through the appropriate governance route.
- **Took Substantial Assurance** on the approach.

11 Argyll & Bute Scheme of Integration Update

The Board received an update from the Director of People & Culture on the Argyll & Bute Scheme of Integration. Members noted that the Scheme had received Ministerial approval from the Scottish Government, representing the final stage of the approval process.

It was confirmed that the Scheme had been approved by both NHS Highland and Argyll & Bute Council and would now be formally incorporated into governance arrangements and published by the partner bodies. Members noted that a corresponding update would also be presented to Argyll & Bute Council and the Integration Joint Board.

The Board **took Substantial Assurance** and **noted that the Integration Scheme had been approved by the Scottish Government** and would now be implemented and published in line with agreed arrangements.

12 Corporate Risk Register

The Board received a report from the Deputy Chief Executive on the Corporate Risk Register, noting that the risk management process and associated improvement action plan had been reviewed and agreed through the Audit Committee. Members noted that all Level 1 risks were current and that previously overdue review dates had been addressed. During discussion, Members sought assurance that financial risks, including those relating to Argyll and Bute and adult social care, were appropriately reflected, with clarification provided on how partnership and IJB risks were managed through separate but linked risk registers. It was also noted that work would continue to improve the presentation and translation of risks between Datix and the Board-level risk register.

The Board took Substantial Assurance on the Level 1 risks and Moderate Assurance on the Risk Assurance Framework

13 Annual Board & Committee Workplans

The Board received the Annual Board and Governance Committee Workplans for 2026–27 from the Deputy Head of Corporate Governance. Members noted that the workplans would remain live documents and may be refined as part of ongoing governance improvement work and in response to emerging issues.

The Board **approved the Board and Governance Committee Workplans for 2026–27.**

14 Any Other Competent Business

None

The meeting closed at 2.45pm