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)	**30 September 2025 – 9.30am**

Present

Alexander Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Elspeth Caithness, Employee Director
Sarah Compton-Bishop, Board Chair
Louise Bussell, Nurse Director
Garret Corner, Argyll & Bute Council stakeholder Non-Executive
Alasdair Christie, Non-Executive
Muriel Cockburn, Highland Council stakeholder Non-Executive
Heledd Cooper, Director of Finance
Jennifer Davies, Director of Public Health
Fiona Davies, Chief Executive
Albert Donald, Non-Executive
Karen Leach, Non-Executive (until 10.20am)
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive (until 2.30pm)
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive (until 12.30pm)
Allyson Turnbull-Jukes, Area Clinical Forum Chair
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
Kristin Gillies, Interim Head of Strategy & Transformation
Arlene Johnstone, Interim Chief Officer, Highland Health and Social Care Partnership
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Nicki Sturzaker, Head of Communications and Engagement
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Dominic Watson, Head of Corporate Governance
Dr Heather Bain, Associate Head of Centre for Rural Health Sciences

1.1 Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press.

The Chair expressed gratitude to Elspeth Caithness, whose term as Employee Director had ended. She highlighted the outstanding contribution over four years through her leadership in staff side and as a valued Board member, strengthening governance and ensuring staff voices were central to decision-making.

The Chair welcomed Gavin Smith, whose term as Employee Director would commence from 1st October for the next four years. It was highlighted that Gavin Smith joined NHS Highland 13 years ago and has a background in public health, community advocacy, and trade union leadership.

The Chair also welcomed the new Chair of the Area Clinical Forum, Allyson Turnbull-Jukes and highlighted the clinical expertise and strategic insight she brought to the role due to her experience leading psychological services focused on mental health and organisational wellbeing.

Apologies for absence were received from Fiona Davies from 12.30pm with David Park deputising.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as a Highland Council Councillor, but felt this wasn't necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 29th July 2025.

The Board **noted** the Action Plan and **agreed** to close actions 33, 42, 45, 46 and 48 and amend the date of Action 47 to 30th November 2025 when the Nurse Director would provide an update on progress.

1.4 Matters Arising

None

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided an update on her visits and Ministerial engagement over the summer months and strategic process updates including The Operational Improvement Plan Update; Population Health Framework; Vascular Services - Collaborative Progress Summary; and the Urgent and Unscheduled Care Progress which included an update on the shared learning even in Caithness.

The Chief Executive provided an update on the Castle Hill care home situation and referenced a recent BBC documentary exposing poor care standards. She described the Board's partnership with Highland Council and the Care Inspectorate highlighting the ongoing improvement work to ensure resident safety and dignity.

The Highland Council's Chief Social Work Officer added that dialogue channels remained open and clarified the statutory responsibilities where the Care Inspectorate was the regulator and both NHS Highland and Highland Council were in regular contact to ensure appropriate care was being provided.

During discussion the following points were raised:

- Board Members asked whether there was proactive monitoring of care standards and care plans in place at care homes. The Chief Executive and Chief Social Work Officer reiterated the regulatory framework with the Care Inspectorate ultimately responsible but assured members that local collaborative efforts were underway.
- The Nurse Director added that the ongoing quality assurance framework project formed part of that collaborative work.
- Board Members sought clarity around the statutory responsibilities for placement reviews in care homes should any standards of care issues arise. The Chief Officer for Highland Health and Social Care Partnership confirmed regular reviews occurred; she acknowledged there were resource challenges but emphasised that any adult protection concern cases were prioritised.
- Board Members asked whether NHS Highland had the ability to withhold NHS funded placement payments to Castle Hill should the standard of care delivered be an ongoing concern. The Director of Finance advised this was not possible under the current agreements in place.
- The Chair sought clarity around how unscheduled care initiatives were being rolled out and the approaches being taken and what plans were in place for shared learning events with meaningful opportunities for staff and public input. The Chief Officer for Acute confirmed a hospital-at-home model was being implemented in Inverness alongside an early assessment of redesigning frailty pathways in Raigmore Hospital, she noted that work was underway utilising data-driven quality improvement methods to enhance discharge processes.
- The Chief Executive added it was important to integrate technical improvements with relational approaches by creating inclusive spaces for staff and public input to support shared learning.

The Board **Noted** the update.

3 Governance and other Committee Assurance Reports

a) Audit Committee agreed minutes of 24 June 2025 and Summary of meeting of 9 September 2025

The Chair of the Audit Committee advised that the Committee had considered the audit of children's services transition arrangements, with only minor issues identified. The audit's completion was welcomed, though its limited scope was noted and further assurance work would be required. The Committee also reviewed a report on resident doctors' rota compliance, where more significant issues were highlighted. A further update was anticipated for the next meeting in December 2025. External audit work had commenced early in the year and was progressing well, with no matters requiring escalation to the Board.

b) Finance, Resources and Performance (FRP) Committee agreed minutes of 11 July and 1 August 2025 and summary of meeting of 12 September 2025

The Chair of the FRP Committee advised that the Committee had met twice since the last Board meeting, on 1 August and 12 September. The agenda included updates on the Annual Delivery Plan (ADP) and the Operational Improvement Plan (OIP), with work progressing to align both through shared key performance indicators. Financial reports for months three and four were reviewed, showing a projected year-end overspend of £40 million. This was based on achieving break-even in adult social care and meeting 100% of savings targets, both recognised as challenging. Significant financial risks within adult social care were discussed, and a long-term plan was in development to address these. There had also been discussions on long waiting times and planned care, with progress noted in improvement work.

c) Staff Governance Committee agreed minute of 1 July 2025 and summary of meeting of 2nd September 2025

The Chair of the Staff Governance Committee reported continued progress on the People and Culture Portfolio Board, including the leadership and management pathway, alongside improvements in Statutory and Mandatory training and appraisal performance. The Committee reviewed the strategic risk register following a workshop. The Whistleblowing Report was also discussed, noting the small number and complexity of cases and the need to balance closed-loop feedback with confidentiality.

d) Highland Health & Social Care Committee (HHSCC) agreed minute of 2nd July 2025 summary of meeting of 3 September 2025

The Chair of HHSCC reported the main discussion focused on the health and social care efficiency target and the 3% savings target for adult social care, with concerns noted around deliverability within the current year. The Committee received assurance on the vaccination programme and the transition to a hybrid delivery model, though progress had been slower than expected due to the complexity of discussions. An annual update from the Drug and Alcohol Recovery Service highlighted strong performance against the MAT standards.

e) Clinical Governance Committee (CGC) agreed minute of 3rd July 2025 summary of meeting of 4 September 2025

The Vice Chair for CGC noted ongoing improvement work and strong partnership working across the system. Key highlights included the Pharmacy Services Strategic Plan, recruitment challenges within oncology, and progress in developing clinical and care governance systems to strengthen information flow from ward to Board.

f) Area Clinical Forum agreed minute of 3 July 2025 summary of meeting of 11th September 2025

The Chair of the Area Clinical Forum reported that the meeting focused on strengthening the Forum's purpose, visibility, and advisory influence across NHS Highland. Work was underway to address representation gaps alongside discussion of national priorities such as the Service Renewal Framework, population health, realistic medicine, and trauma-informed practice. Recruitment challenges linked to JobTrain were discussed.

g) Argyll and Bute Integration Joint Board (IJB) Minute 17 September 2025

The Chair of the IJB reported that the most recent meeting was held on the Cowal Peninsula, where members visited the community hospital. He confirmed the meeting in Dunoon focused on approving the proposed 28-hour "threshold of care" cap for care packages to help manage financial pressures. It was noted that access to care varied across Argyll and Bute and additional resources were being directed to support delivery.

h) Pharmacy Practices Committee from 3rd September 2025

The Governance and Corporate Records Manager reported that the meeting had been lengthy and detailed, with the proposed pharmacy provision not being approved. He confirmed the next planned meeting was scheduled for 21 October and an update to be provided to the Board in November.

The Board:

- **Confirmed** adequate assurance had been provided from Board Governance Committees, Area Clinical Forum, and Pharmacy Practices Committee.
- **Noted** the Minutes and any agreed actions from the Argyll and Bute Integration Joint Board.

The Board took a break at 10.56am and the meeting resumed at 11.09am

4 Finance Assurance Report – Month 4 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 4, 2025/2026. The Board were invited to take limited assurance as the board has aligned with the Scottish Government expected position but still presented a position which is significantly adrift from financial balance.

It was confirmed that the Board's original plan presented a budget gap of £115.596m, when cost reductions/ improvements were factored in the net position was a gap of £55.723m. Following feedback on the draft Financial Plan, a revised plan was submitted in line with this request in June 2025 and this revised plan has been accepted by Scottish Government.

The Director of Finance spoke to the circulated report and highlighted for the period to end July 2025 (Month 4) an overspend of £22.665m was reported with this forecast to increase to £40.005m by the end of the financial year.

She noted that the forecast assumed further work would achieve a breakeven position in Adult Social Care by 31 March 2026. The Board was updated on key financial pressures, including high agency and locum costs due to recruitment challenges, rising drug spend, and increased demand for care packages across health and social care. Additional risks identified were the implementation of the Health and Care Staffing Act and the fragility of some clinical services.

During discussion, the following points were highlighted:

- Board Members highlighted that NHS Highland's classification under the financial sustainability category reflected systemic challenges rather than governance issues and emphasised the need to reshape how services were delivered.
- The Chair sought clarity on the accelerated spend at Moss Park and any lessons for future planning. The Director of Finance confirmed it reflected planned supplementary staffing costs required to stabilise the care home, which had been anticipated and fully incorporated into financial forecasts.
- Board Members questioned whether rising energy, maintenance, and materials costs had been factored into NHS Highland's financial planning given the growing impact. The Director of Finance advised energy and maintenance pressures were budgeted with some savings expected and government funding to offset inflation.
- Board Members highlighted risks in achieving the £40 million deficit target and asked how and when NHS Highland would engage with Scottish Government if delivery became unlikely. The Director of Finance confirmed the risks were recognised and regularly discussed with Government with a detailed review planned at month six.
- Board Members sought clarity around the £600,000 cost for non-compliant junior doctor rotas. The Director of Finance advised it was a long-standing issue but an audit had been undertaken to identify process improvements.
- Board Members sought an update on the progress around the £1 million energy saving highlighting only 10 per cent had been achieved. The Director of Estates, Facilities and Capital Planning work continued and confirmed NHS Highland used a national procurement scheme but would explore Scottish Government supported local schemes.

Having **examined** the draft Month 5 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

5 Integrated Performance and Quality Report

The Board received a report from the Deputy Chief Executive that detailed current Board performance and quality across the health and social care system. The Board were asked to take **limited assurance** due to the continued and sustained pressures facing both NHS and commissioned care services, and to consider the level of performance across the system.

The Deputy Chief Executive spoke to the circulated report and highlighted:

- Child and Adolescent Mental Health Services (CAMHS): Performance had improved, with 85% of patients seen within 18 weeks but acknowledged the waiting list remained long.
- Smoking Cessation achieved the highest performance by quarter in the last 12 months.
- Psychological Therapies consistent improvements had been maintained with NHS Highland the second top performer in Scotland.
- Treatment Time Guarantee (TTG) numbers continued to improve and were ahead of target trajectory though some specialties still faced challenges.
- Long-term absence rates remained high but there was improved compliance in recording reasons for absence alongside steady improvement in training performance.
- Delayed Discharges remained a significant challenge impacting emergency department (ED) access, however 4-hour compliance in ED remained stable at around 82%.
- Cancer Performance remained challenging for both 31-day and 62-day targets noting NHS Highland relied on support from other boards which was recognised as a national issue.

During discussion the following points were raised:

- The Chair sought clarity around waiting times for AAA and asked what the acronym meant. The Director of Public Health confirmed it stood for Abdominal Aortic Aneurysm and confirmed efforts were underway to analyse uptake disparity data.
- Board Members asked why there were overdue actions in relation to SAER's and persistent fall rates. The Medical Director confirmed they were legacy recommendations, but a review was underway to address those appropriately. He added there were multi-profession efforts in place to minimise persistent fall occurrences.
- Board Members sought clarity around the improvement in smoking cessation rates alongside the challenges engaging pregnant women. The Director of Public Health advised a pilot voucher scheme was underway to improve engagement.
- Board Members asked why vaccination rates were different between Highland and Argyll & Bute. The Director of Public Health confirmed each area followed a different delivery model but work was underway to review these and adapt to local needs.

The Chair suggested the level of assurance provided should be increased to moderate to recognise the sustained improvements across a number of areas, the improved reporting and governance, and to take cognisance the IPQR pulls data from several different datasets. The Board agreed to increase the assurance level to moderate and create an action to review the future Board expectations of the data provided.

The Board:

- Took **Moderate Assurance**.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.
- **Considered** the level of performance across the system.

6 Operational Improvement Plan update

The Board received a report from the Interim Head of Strategy and Transformation on the progress of the Operational Improvement Plan (OIP). The Board were invited to note the content of the report and take **substantial assurance** on the interface between NHS Highland's Annual Delivery Plan and the deliverables set out within the Scottish Government OIP.

The Interim Head of Strategy and Transformation spoke to the circulated report and advised it aligned with the annual delivery plan and focused on four key areas: improving access to treatment, shifting the balance of care, digital and technological innovation and prevention. She confirmed progress was tracked using a dashboard and regular reporting to the Finance, Resources and Performance Committee.

During discussion the following points were raised:

- Board Members asked why there were delays receiving data from General Practice. The Medical Director advised most practices are independent and national sharing agreements are yet to be finalised.
- Board Members sought clarity on the current stage of integration with the National Care Service Advisory Board. The Chief Executive clarified the NCS Board was currently operating in an interim capacity, serving an advisory function to stakeholders, with further guidance anticipated from the Scottish Government in due course.
- The Chair asked whether any organisational learning had emerged from the way NHS Highland had structured and progressed work under the OIP and if such learning could be applied more broadly across the organisation.
- The Deputy Chief Executive explained that the OIP arrived as a formal ministerial request late in the ADP planning cycle. While much of its content aligned with existing priorities under the ADP, the OIP also includes specific programmes that reflect current ministerial areas of focus. He added that one logical learning point was avoidance of duplication so work took place early to integrate the OIP with the ADP.

The Board:

- **Noted** the content of the report.
- Took **Substantial Assurance** on the interface between NHS Highland's Annual Delivery Plan and the deliverables set out within the Scottish Government OIP.

7 Winter Preparedness/Surge Planning Update

The Board received a report from the Chief Officers for Acute, Highland HSCP, and Argyll and Bute HSCP highlighting the comprehensive winter preparedness assessment NHS Highland had undertaken, in alignment with the Scottish Government's resilience checklist.

The Board were invited to note the content of the report and take **moderate assurance** regarding NHS Highland's 25/26 winter preparedness.

The Chief Officer for Acute provided an overview of the circulated report, highlighting audit findings and key challenges in workforce resilience particularly in remote and rural areas, vaccination arrangements, and surge capacity planning. She outlined improvement initiatives which included same-day emergency care, ambulatory care, and frailty assessment areas, and the expansion of Hospital at Home in Inverness and Oban to prevent hospital admissions.

She noted safe and paced implementation was central to the work underway to help strengthen the Flow Navigation Centre and out-of-hours response models and highlighted a pilot of the Discharge to Assess approach was underway in East Ross to address capacity pressures and reduce reliance on a variety of services.

During discussion the following points were raised:

- Board Members asked why vaccination rates remained low and had the COVID-19 vaccination threshold age increase contributed. The Director of Public Health advised there were ongoing efforts to improve uptake but didn't believe the threshold increase was a contributing factor, she highlighted that policy change on eligible groups took place at a national level, and not locally determined.
- The Medical Director added that individuals were less able to maintain immunity as greater age was achieved which had additional impact on policy change.
- Board Members sought clarity around how best practice in surge planning was being shared between Highland and Argyll and Bute. The Chief Officer for Acute confirmed the urgent and unscheduled care portfolio board facilitated cross-region learning.

- Board Members asked if volunteers were being utilised to assist and if so how that would be deployed. The Chief Officer for Acute confirmed the volunteer resource manager was working to sustain and expand volunteer involvement, highlighting national work was underway to redefine volunteering post-COVID.
- Board Members sought clarification on financial planning in relation to forecast winter pressures. The Director of Finance explained that budget setting was primarily focused on workforce but acknowledged staff may experience exceptional pressure during peak periods. She noted that historically, additional surge capacity funding had been provided by Scottish Government, and efforts were now being made to allocate funding in advance to support more effective planning by Boards.
- The Chair asked how anticipatory care plans were being managed within primary care, referencing the recent reminder letter issued to GP Practices. The Chief Officer for Argyll & Bute clarified that practices did not require reminders; rather, the emphasis was on engaging with practices to ensure their involvement as part of a whole-system approach.

The Board **Noted** the content of the report and took **Moderate Assurance** regarding NHS Highland's 2025-26 Winter Preparedness.

The Board took a lunch break at 1pm and the meeting resumed at 1.30pm

8 NHS Highland Tobacco and Vaping Strategy

The Board received a report from the Director of Public Health for awareness of the NHS Highland Tobacco and Vaping Strategy for 2025 to 2030. The Board were invited to take substantial assurance due to the strategy's comprehensive, evidence-based approach to national priorities. It demonstrated a clear commitment to reducing tobacco-related harm and health inequalities across NHS Highland.

The Director of Public Health and colleagues spoke to the circulated report and highlighted that while overall smoking rates were declining, there was disparity between least and most deprived areas at 6% versus 26%, which was reflected in smoking-attributable deaths. It was noted the strategy was evidence-based, focused on tackling inequalities, and adaptable with annual reporting to the Population Programme Board.

It was highlighted that vaping was a growing concern and the strategy was expanding to address this in a supportive way taking into account legislative limitations.

During discussion the following points were raised:

- Board Members highlighted challenges around enforcing legislation on hospital grounds and asked how that was monitored. It was noted that a pilot was underway where all new admissions spent time with an advisor to discuss support for smoking cessation.
- The Chair asked whether there was potential to extend smoke-free policies to partner buildings, particularly in shared estates. It was confirmed that Public Health supports partners in policy development alongside work underway in Scottish Government around smoke-free childrens' spaces, but enforcement remained a legislative challenge.
- Board Members asked whether digital approaches were being utilised to reach young people taking cognisance of most deprived areas to enable targeted interventions. It was confirmed the team were working with the community planning partnerships and community pharmacies to deliver targeted interventions.
- Board Members sought clarity around support for people who have successfully stopped and what other support or benefits were available in their area. It was noted the 14-week cessation programme also signposts to areas such as Highlife Highland membership and included a 12-month follow-up appointment to review progress alongside additional support for those who want to stop vaping.
- The Board agreed to create an action to improve visibility of Equality Impact Assessments, where relevant and appropriate.

The Board:

- **Considered** and **Agreed** the actions for delivery in 2025.

- Took **Substantial Assurance** that the strategy is comprehensive, evidence-based, and aligned with national priorities. It demonstrates a clear commitment to reducing tobacco-related harm and health inequalities across NHS Highland.
- Took for following recommendations to:
    - Endorse and Implement the Tobacco and Vaping Strategy 2025 – 2030 as a key public health initiative.
    - Prioritise actions that reduce health inequalities, particularly in SIMD 1 and 2 areas, among vulnerable groups such as pregnant women and those with mental health conditions.
    - Support workforce development through ongoing training and capacity building across services.
    - Strengthen data systems to improve monitoring, evaluation, and service improvement.
    - Ensure sustained engagement with communities, partners, and stakeholders to promote smoke-free environments and cessation support.
    - Monitor progress against national targets and adapt the strategy in response to emerging evidence and policy changes.

9 Child Poverty Action Plan Updates

The Board received a report from the Director Public Health to provide an update on the Highland Child Poverty Action Plan Report, noting the report covers the Highland area only.

The Board were invited substantial assurance because planning had commenced for the next Highland Child Poverty Action Plan, with close alignment to the Integrated Children's Service Planning Board and collaboration from the Highland CPP Reducing Poverty Group, the Improvement Service, and Public Health Scotland.

The Director of Public Health spoke to the circulated report outlining ongoing work on the Highland and Argyll and Bute child poverty plans, highlighting national progress and the challenge of reducing child poverty from 18 per cent to 10 percent by 2030.

She noted challenges in rural areas including fuel poverty, higher living costs and in-work poverty formed part of NHS Highland's anchor strategic priorities. It was noted that the Highland Plan was being refreshed with greater focus on data, lived experience and collaboration with poverty panels to inform future organisational strategy.

The Chief Officer for Argyll and Bute added there were a wide range of initiatives in place including parental employability and educational maintenance schemes along with a child-friendly version of the plan and targeted actions for island communities.

During discussion the following points were raised:

- Board Members suggested a concise summary or visual overview in future updates to ensure progress made was clearer but welcomed the child-friendly version. It was noted the child-friendly version was a co-produced graphic plan created with young people, reflecting both actions and priorities they considered most important.
- Board Members suggested better data sharing between government agencies and local authorities could accelerate efforts to tackle child poverty, alongside improved signposting and promotion of support such as Citizens Advice services.
- The Director of People and Culture suggested greater focus on supporting people unable to work due to ill health, highlighting the need to address wellbeing alongside employment and skills development.
- The Head of Health Improvement advised staff were being trained through the Money Counts programme to identify and address money worries, supported by signposting tools like the Worrying About Money app and leaflet.
- It was confirmed a pilot around infant food insecurity had provided training and resources for health professionals to offer benefits advice which in turn had proved an effective support mechanism.
- The Director of Public Health acknowledged the strong discussion on tackling poverty, highlighting the link between mental health and financial hardship, the importance of supporting staff and involving lived experience in shaping future organisational strategy.

The Board:

- Took **substantial** assurance.
- **Considered** and **noted** the actions carried out in 2024/25.
- **Considered** and **agreed** the actions for delivery in 2025/26.
- **Noted** the activity undertaken during 2025/26 to review the priorities in line with the refresh of the Integrated Children's Services Plan.
- **Noted** the content of the Argyll & Bute Child Poverty Report.

10 Corporate Risk Register

The Board received a report from the Deputy Chief Executive which provided an overview of the NHS Highland corporate risk register. The Board was invited to note the updates to the appropriate actions and take **Substantial Assurance** that the content of the report provides confidence of compliance with legislation, policy and Board objectives.

The Deputy Chief Executive spoke to the circulated report and highlighted the noted risks had been reviewed in greater detail by their constituent Governance Committees. He added that the format had been refreshed to improve readability and support tracking of any changes in scoring or updates.

During discussion the following points were raised:

- Board Members highlighted they liked the revised format but emphasised future reports should contain clear information on mitigating actions for each risk. The Deputy Chief Executive agreed and confirmed work was underway to obtain the data from DATIX.
- The Chair sought clarity around the timeline for implementing a refreshed approach to risk management and suggested a Board Development Session may be required so Board can familiarise themselves with the revised approach and asked that an action be added to the action tracker.
- Board members asked what risk scores triggered formal risk management plans and whether any risks had a plan in place. The Deputy Chief Executive explained that the majority of risks had a substantive action plan but reporting was limited by the current system and work was underway nationally to address this.

The Board **Noted** the content of the report and took **Substantial Assurance** on compliance with legislation, policy and Board objectives.

11 Single Authority Model Update

The Board received a report from the Director of People and Culture to provide an update on the development of potential options for a Single Authority Model (SAM) in Argyll and Bute. The Board were invited to note the update provided and take **Substantial Assurance**.

The Director of People and Culture spoke to the circulated report and highlighted the joint Short Life Working Group (SLWG) reviewed five options for the single authority model and recommended options four and five, which build on existing integration success in Argyll and Bute. He noted Scottish Government parameters led to the exclusion of some options due to legislative challenges. He concluded that the process remained dynamic, with further detailed appraisal and continued collaboration among partners.

During discussion, the following points were raised:

- Board Members asked if the process would commit NHS Highland and Highland Council to a specific model or allow a more flexible approach. The Director of People and Culture advised the aim was a coherent governance model for both areas with cross-referencing in North and South whilst balancing local ambition and partnership working.
- Board Members emphasised the importance to ensure the Highland HSCP and Argyll and Bute HSCP were not progressing in isolation; assurance was sought that discussions between the two were coordinated. The Director of People and Culture confirmed he was actively involved in both groups, helping to foster collaboration and facilitate knowledge sharing across the partnerships.
- Board Members sought clarity on the ambitious timelines and terminology being used by Scottish Government and highlighted no preferred model had yet been identified. They stressed the importance of adopting an evidence-based approach focused on improving outcomes before any model was formally chosen. The Director

of People and Culture confirmed additional work was required to demonstrate positive outcomes and stressed the priority was to be thorough and careful rather than rushing the process.

The Board:

- Took **Substantial Assurance.**
- **Noted** the ongoing collaborative work undertaken by local partners in developing potential options for a SAM in Argyll and Bute.
- **Accepted** the recommended views of the SLWG that options 4 and 5 were reported to the Scottish Government by the end of September as the models to take forward for further investigation to support detailed proposals.
- **Agreed** that authority was delegated to the Chief Executive and Executive Director with responsibility for Legal and Regulatory Support, in consultation with the Leader of the Council and the Policy Lead for Care Services, to utilise the Invest to Save Fund in accordance with the spend conditions set out by the Scottish Government.

12 Whistleblowing Quarter 1 Report

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter one activity covering the period 1 April – 30 June 2025. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. The Board were invited to take **moderate assurance** on the robust process in place but noting the challenge of meeting the 20 working days within the standards.

The Director of People and Culture spoke to the circulated report and confirmed it had been scrutinised by Staff Governance Committee in their September meeting.

The Board **Noted** the content of the report and took **Moderate Assurance** on the robust process in place noting the challenge of meeting the 20 working days within the standards.

13 Any Other Competent Business

NHS Highland Annual Review: The Governance and Corporate Records Manager highlighted the annual review would be held at the MacDonald Aviemore Resort on 18 November, he confirmed members of the public could attend in-person or online and they had the opportunity to submit questions online. It was confirmed regular notification would be issued via social media channels and NHS Highland's website.

Health & Care Staffing Act Quarter One Report: The Director of People and Culture informed the Board that the Quarter One Health and Care Staffing Act Report would be circulated to Board in advance of its submission to Healthcare Improvement Scotland. He added it would be presented to Board for formal review in November.

Date of next meeting – 25 November 2025

The meeting closed at 3pm