


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
	MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	27th January 2026 – 9.30am

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 and recognised several individuals who had been acknowledged in the King's New Year Honours list:

- Dr Tim Allison, former NHS Highland Director of Public Health and Policy, who received an MBE for services to the NHS in Scotland.
- Ann Clark, former Vice Chair of the NHS Highland Board, who was awarded an OBE for her services to the NHS in Scotland which included extensive contribution to governance and community partnership work.
- Professor Angus Watson, Clinical Lead for the Scottish Capsule Programme, who received an OBE for services to research and surgical care.

The Chair congratulated those involved and noted their achievements reflected the talent and dedication seen across the wider organisation.

She also congratulated Nathan Ware on his appointment as Deputy Head of Corporate Governance, welcoming his continued support to the Board over the last several years.

Apologies were received from Heather Bain

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 as an accurate record of the meeting.

The Chair noted that many actions had a March deadline and requested that the timelines be checked to ensure they remained achievable.

Board Members discussed the corporate parenting action. It was noted that clarification was still required regarding which committee should have oversight of the multi-agency plan. Board Members suggested the need for a development session to cover corporate parenting duties and potentially broader board responsibilities.

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

1.4 Matters Arising

None

2 Chief Executive's Report

The Chief Executive updated the Board on significant winter pressures and noted that early flu activity in December required additional surge capacity and thanked staff for their continued hard work which also involved the temporary reintroduction of face mask usage.

During her visit to Raigmore Hospital she noted the introduction of patient flow initiatives such as Same Day Emergency Care were helping but acknowledged staff continued to experience pressure during peak demand and highlighted her commitment to ongoing engagement with staff as improvement work progressed across NHS Highland.

She also updated the Board on the response to severe weather in early January, particularly in Caithness and Sutherland and thanked resilience partners and highlighting the exceptional efforts made to maintain care for vulnerable people.

The Chief Executive provided an update on NHS Scotland Sub-National planning arrangements, confirming her role as co-chair of the Scotland West Finance, Planning and Workforce workstream. She noted that governance proposals would be brought to the Board in due course.

During discussion:

- Board Members sought assurance that involvement in sub-national NHS work would not overstretch the executive team. The Chief Executive explained that, while formal assurance could not yet be given, she was confident that responsibilities could be shared within the experienced executive team. She emphasised the mutual benefit expected from regional collaboration.
- The Chair highlighted the importance of ensuring the needs of Highland, Argyll and Bute, and other rural areas were well represented in national and sub-national forums. The Chief Executive confirmed input would be shared regularly to ensure remote and rural areas were well considered.
- Board Members noted the organisation's recently updated business continuity and incident response framework had been tested during the January severe weather incident and had proved effective which evidenced strong partnership working.

The Board **Noted** the update.

3 Spotlight Session – Drug & Alcohol Recovery Service

The Board received a spotlight session on the Drug and Alcohol Recovery Service, delivered by Lesley Campbell with contributions from Mary Miller and Bob Kirk. This session marked the return of spotlight sessions, which had previously given the Board valuable insight into frontline work, service challenges, innovations and the connection between operational delivery and strategic direction.

Lesley presented an overview of the service's work, highlighting the increased focus on early intervention, strengthening relationships with individuals accessing support and maximising the impact of existing resources through partnership working, particularly with third sector and community organisations. Board Members noted the service demonstrated strong innovative practice and clear alignment with strategic priorities.

During discussion, the following points were raised:

- Board Members praised the service's effective community engagement, strong relational approach and innovative use of partnerships to enhance support for individuals with drug and alcohol issues.
- The Nurse Director emphasised the longstanding contribution of the Highland Alcohol and Drug Partnership, highlighting the breadth of partnership work across the region and the importance of recognising existing, well-established collaborations.
- Lesley's receipt of the Queen's Nurse Award was formally acknowledged. The Nurse Director noted that Lesley had used the award to strengthen data-driven service improvement and to progress significant areas of development within the service.
- Lesley reported that a colleague had recently completed her Advanced Nurse Practitioner training and would take a leadership role in public health-focused work, particularly relating to OST patients and individuals with chronic alcohol dependence.
- Board Members commended the strong partnership working approach and the teams contributions that underpinned the service
- Board Members expressed their appreciation for the team's contribution, acknowledging the significant pressures on the service and the level of work undertaken behind the scenes to deliver improvements.

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 Chair of FRP reported the Month 7 and Month 8 financial positions remained stable but continued to carry significant risks, including Adult Social Care funding pressures, delivery of savings targets and a substantial increase in the Glasgow SLA charge, which was being challenged. A slight reduction in carbon emissions was noted alongside utility cost reductions which were supporting savings delivery.

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

The Vice Chair of the Staff Governance Committee reported Committee received a spotlight session from the Director of Psychology, noting significant improvement in waiting times with the service moving from the lowest to among the top three nationally. The Committee commended the contingency planning undertaken for potential strike action and assurances were sought in areas of concern including appraisal completion, leadership and culture training, and safe staffing data. Discussion also took place regarding the impact of caring responsibilities on staff and the need to review supporting policies. The Committee highlighted the need for continued focus on appraisal processes and violence and aggression training.

c) Highland Health and Social Care Committee (HHSCC) agreed minutes of 5th November 2025 and summary of meeting of 14th January 2026

The Chair of HHSCC reported the Committee remained concerned about the pace of progress in delivering required savings. The annual Children and Young People's Report was reviewed. The Committee reviewed Level 2 risks, with workforce shortages highlighted as a significant and persistent challenge. Moderate assurance was taken from the annual Engagement Framework report, with the volume of activity identified as the primary limitation; increased engagement was expected as integration and strategy work progressed. An early draft of the commissioning strategy was considered noting the need for clarity on whether it functioned as a strategy or an operational plan. The Committee also formally recognised the contribution of staff during recent severe weather.

d) Clinical Governance Committee agreed minutes of 6th November 2025 and summary of meeting of 15th January 2026

The Chair of Clinical Governance Committee highlighted sustained operational pressures across staffing, resources and facilities. Committee noted that further improvement was required in the management of complaints and duty of candour responses, including strengthening staff capability and response times. The annual care inspection report was reviewed, with the Committee emphasising the importance of drawing together learning from inspections to support wider organisational improvement.

The Committee welcomed the new Associate Director for Quality and Clinical Governance, who had begun supporting the development of strengthened governance arrangements. Assurance around maintaining safe services under continued pressure remained a core focus of the Committee's oversight.

The Medical Director highlighted the continued challenges faced in the Vascular service and noted that this had been raised to Committee and also Board on several occasions. He added that this was an area under constant focus. He assured the Board that although the vascular service continued to experience significant workforce challenges that reflected a UK wide shortage the service is safely maintained through a networked delivery model, which allowed NHS Highland to draw on specialist clinical capacity from partner Boards. He confirmed the model provided the necessary resilience for urgent and emergency vascular care, and that Clinical Governance Committee continued to monitor the service closely.

He noted all available mitigations were in place which included shared on-call arrangements, access to specialist interventions through the network, and ongoing oversight of patient pathways to maintain safety despite recruitment constraints.

e) Area Clinical Forum Agreed minutes of 6th November 2025 and summary of meeting of 15th January 2026

The Chair of Area Clinical Forum discussed the continued development of Realistic Medicine and highlighted significant operational pressures in the North Highland acute sector, including discharge and flow challenges which resulted in reduced ACF attendance due to clinical demands. Representation gaps were noted but was being worked on.

Forum Members identified a disconnect between population health strategy and professional advisory committees. It was confirmed this would be addressed as a priority through further development and engagement discussions.

f) Population Health & Planning Committee Agreed minutes of 2nd October 2025 and summary of meeting of 14th January 2026

The Chair of the Population Health & Planning Committee reported that the Committee continued to establish its role and had held a constructive discussion focused on the emerging approach to strategy development and wider engagement on population health and inequalities. The Committee reviewed the framework timeline and agreed to revise the target date for the initial strategy framework from March to May/June 2026, recognising operational pressures and the impact of the forthcoming election period. Members noted confidence that a draft strategy would still be available for discussion by late autumn 2026.

g) Audit Committee Agreed minutes of 9th September 2025 and summary of meeting of 12th January 2026

The Chair of Audit Committee noted the appointment of a new Vice Chair and member, reviewed five internal audit reports, and noted progress on associated actions. Members discussed the impact of revised global audit standards, the need to monitor implications for the annual audit opinion, progress with the risk management framework, and development of the forthcoming internal audit plan. Concerns were raised regarding delayed audit reports, with a request for timely submission of evidence ahead of the March meeting.

h) Argyll & Bute IJB Noted the minutes of 19th November 2025

The Chair of Argyll & Bute Integration Joint Board reported that the meeting was held in Helensburgh and included a local focus on issues affecting the Helensburgh and Lomond area. The IJB began an in-depth review of its challenging budget position, with further discussion planned for the next meeting. The IJB also received its annual public health review and considered the annual update from the Alcohol and Drugs Partnership, noting the complexity of contributing factors such as social isolation and the importance of strong relationships in delivering effective services.

The Board took a break at 11:25am and the meeting resumed at 11:40am

5 Integrated Performance and Quality Report

The Deputy Chief Executive provided an overview of the IPQR and confirmed that the report had undergone detailed scrutiny through Finance & Resources, Clinical Governance, and Staff Governance Committees prior to

presentation. He highlighted that 11 of 19 indicators were meeting target or within tolerance and noted improvements in two of the three red-rated measures. The Board were asked to take moderate assurance.

The Deputy Chief Executive highlighted:

- CAMHS performance remained just below target but had shown sustained improvement across the year, with continued focused work in Argyll and Bute to support wider de-escalation aims.
- Vaccination performance showed improved COVID uptake and flu performance was expected to increase based on data still to be received beyond November.
- Emergency Department (ED) performance showed improvement in the reported period, although pressures had increased heading into the Christmas period with significant system strain felt by staff and patients.
- Delayed discharge numbers had improved but had since increased to around 225 and continued to present a major challenge.
- Outpatients and Treatment Time Guarantee (TTG) performance remained under close national scrutiny, with daily work underway to reduce waits over 52 weeks and active engagement with Scottish Government to secure additional support.
- 31-day Cancer pathway performance had continued to improve.
- Clinical indicators (including complaints, SAERs, falls and tissue viability) and workforce metrics were reviewed, with gradual progress in training compliance but appraisal rates remained static.

During discussion, the following points were raised:

- Board Members raised concerns that Stage 2 complaints performance was not sustainable. The Deputy Chief Executive explained this reflected concern about maintaining improvement rather than lack of action and noted new oversight arrangements were in place and that Board reports lag behind operational progress.
- Board Members sought assurance NDAS waiting list targets for March 2026 would be achieved. The Deputy Chief Executive confirmed the current waiting list reflected a historic pathway and didn't fully capture the support being provided, he emphasised that children were not left without help and alternative metrics may be required.
- Board Members highlighted staff appraisal completion rates remained stagnant. The Deputy Chief Executive acknowledged system pressures caused part of the challenge in addition to other complex drivers, and confirmed it remained an executive focus. It was agreed that a review of how appraisal data and assurance was presented to the Board would be undertaken.
- Board Members raised concerns with the twelve-hour ED waits. The Deputy Chief Executive confirmed they were predominantly caused by bed capacity rather than staffing levels and that some improvements in care delivery were not fully reflected in the metric.

The Board:

- Took **Moderate Assurance**.
- **Noted** the continued and sustained pressures across the system.
- **Considered** the level of performance across the system.

6 Operational Improvement Plan (OIP) Deliverables Report

The Whole System Transformation Manager spoke to the circulated report on the OIP and confirmed it was the first report to the Board following establishment of bi-monthly monitoring through FRP Committee. He noted that the 20 deliverables reflected Scottish Government priorities for all NHS Boards for 2025–26, with delivery expected by March 2026. The appendix provided a detailed status overview, and the Board were invited to take substantial assurance.

He highlighted that two deliverables had been noted as delayed:

- Pressures within CT and ultrasound continued to impact achievement of the six-week imaging performance diagnostic target. Active discussions with Scottish Government and other Boards were ongoing, although no agreed mitigation had been confirmed at the time of reporting.
- AHP provision at Raigmore linked to the Urgent and Unscheduled Care portfolio had experienced challenges with the service model and recruitment which had delayed progress. He confirmed a recruitment plan had since been approved and was being implemented.

During discussion, the following points were raised:

- Board Members queried why the report was recommended for substantial assurance given the challenges described. The Deputy Chief Executive advised the wider Annual Delivery Plan (ADP) would continue to support alignment and oversight with a large proportion of the OIP deliverables were on track or improving.

- The Chair acknowledged the challenges highlighted but noted the balanced nature of the report and was content with the proposed assurance rating.

The Board took **Substantial Assurance** on NHS Highland's delivery against the Scottish Government OIP and **Noted** the content of the report.

7 Finance Assurance Report – Month Eight Position

The Board received a report from the Director of Finance outlining the financial position as at Month 8, 2025/26. The Board were invited to take limited assurance, noting that while the position remained aligned with Scottish Government expectations, it continued to be significantly adrift from financial balance.

The Director of Finance reported a year-to-date deficit of just over £41m and confirmed that the forecast deficit remained £40m at Month 8. She highlighted the adult social care funding gap and the unresolved SLA charges with NHS Greater Glasgow & Clyde as the most substantial risks to the financial position. A risk to delivery of the full savings target had been identified in Month 6, with non-recurrent mitigation measures implemented in-year to offset this.

She highlighted the expected Month 9 position had been formally recognised by Scottish Government with particular focus on the adult social care gap as a probable pressure, and following detailed review an increased forecast deficit of £50m had been submitted. Work with Highland Council and Scottish Government continued in an effort to reduce the forecast deficit figure.

The Director of Finance highlighted:

- A deterioration of £850k within the partnership had occurred since the last report, driven by a £1.1m worsening in adult social care, partially offset by improvements in primary care.
- A minor deterioration within acute services, with further pressure anticipated over winter due to delayed discharge and flow issues.
- Mitigations and discussions with Scottish Government on the use of existing funding streams were ongoing.

During discussion the following points were raised:

- Board Members challenged the proposition the adult social care gap would be met, highlighting that this has not been the case for several years. The Director of Finance acknowledged this was the largest risk but had been recognised as a likely cost rather than a theoretical risk which had been raised with Scottish Government.
- Board Members raised concerns at the NHS Greater Glasgow and Clyde SLA cost and its impact on NHS Highland's budget. The Director of Finance confirmed an invoice had been received based on a new costing model but value for money and cost transparency were not yet assured.
- Board Members considered the wider implications around workforce sustainability, productivity and service redesign. The Director of Finance and other Executives acknowledged the importance of reviewing high-cost staffing models and exploring opportunities for regional collaboration.
- The Chair acknowledged the challenges highlighted but noted the balanced nature of the report and the significant work undertaken across the system.

Having **examined** the Month 8 financial position, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

8 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports: Argyll & Bute Health and Social Care Partnership

The Chief Officer for the Argyll & Bute HSCP delivered the Argyll & Bute Annual Performance Report, which outlined performance across health and social care services during the previous year.

The report highlighted the pressures faced across the partnership, the work undertaken by staff in challenging circumstances, and the continued commitment to delivering compassionate and evidence-informed care.

The Chief Officer for the Argyll & Bute HSCP reflected on the scale of financial challenge, confirming that £6m of reserves had been used over the past two years on the social care side and that a further £4m of reserves were being drawn down in-year to support financial balance. It was noted that these reserves would not be available in future years. The Chief Officer acknowledged the report contained a time-lag and that system pressures had improved slightly since the reporting period.

During discussion the following points were raised:

- Board Members sought clarity on reserve depletion and asked about the scale and timing of their use. The Chief Officer confirmed the total drawdown and noted the unsustainable reliance on non-recurrent funding.
- Board Members highlighted concerns regarding the impact of the NHS Greater Glasgow and Clyde SLA cost which was now larger than the total value of available reserves. The Chief Officer agreed and acknowledged further work was required.
- Board Members acknowledged the significant pressures on staff and emphasised the importance of recognising the achievements delivered despite the challenging operating environment.

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

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

9 Review of Argyll & Bute Integration Scheme – Approval of Final Revised Document

The Director of People and Culture delivered a report on the review of the Argyll and Bute Integration Scheme. The report confirmed the scheme had undergone the full statutory review process between Argyll & Bute Council and NHS Highland, noting that the scheme sat outwith the remit of the IJB and is an agreement between the two partner bodies. The Board were invited to take Substantial Assurance on the robustness of the process followed.

The Director of People and Culture spoke to the circulated report and confirmed that the final step of the review, public consultation, had been completed jointly by both organisations. He advised that the updated scheme incorporated feedback received and would be submitted to Scottish Government following approval by both NHS Highland and Argyll & Bute Council. He noted that the review process is undertaken every five years and that a clear and compliant procedure had been followed.

During discussion the following points were raised:

- Board Members queried the nature and content of public consultation responses, noting that many comments related to broader service issues rather than the integration scheme itself. It was highlighted that contributors may have misunderstood the purpose of the consultation and that clearer signposting toward strategic planning and locality planning structures may be required in future.
- Board Members suggested that further communication could help acknowledge feedback and direct the public to appropriate routes for ongoing engagement, while recognising that anonymous submissions limited opportunities for direct follow-up.
- Board Members also referenced existing community engagement mechanisms through Argyll & Bute Council that could support future consultation activity and strengthen links with locality planning groups.

The Board:

- Took **Substantial Assurance**
- **Noted** the detail of the 36 responses received during the 8-week consultation period
- **Agreed** the revised integration scheme which has been further updated to take account of feedback received as part of the consultation process
- **Agreed** the Chief Executives of the two partner bodies jointly submit the revised scheme to Scottish Government for their consideration and approval at the appropriate time.

10 Quarter 2 Health & Care Staffing Act Report

The Board had received a report from the Director of People and Culture on the Quarter Two Health and Care Staffing Act report, which provided assurance on compliance with statutory duties and outlined progress against Safe Staffing requirements. The Board were invited to take Moderate Assurance, recognising both the continued progress made and the organisational challenges that remained.

The Director of People and Culture spoke to the report and confirmed it formed part of the Board's regular statutory reporting. He highlighted ongoing work to roll out SafeCare and the development of standard operating procedures for real-time staffing, and continued activity to implement the common staffing method. He noted that assurance remained moderate due to the need for greater consistency across the organisation and the requirement to further develop system capability to support compliance and local processes.

He advised that the annual Health and Care Staffing report would accompany the Quarter Three update at the March Board meeting, noting that annual reporting timelines did not align with financial-year reporting. He also

emphasised that quarterly reporting would not show significant movement and that year-end comparison would offer a clearer picture of progress.

During discussion the following points were raised:

- Board Members highlighted limited staff capacity to complete required training, noting that this contributed to inconsistent use of staffing data. The Director of People and Culture confirmed that training formed part of the overarching implementation plan, including both TURAS modules and SafeCare-specific training, but acknowledged the challenge posed by competing training demands across the workforce.
- The Employee Director raised concerns around inconsistent use of Datix for recording severe or recurrent staffing risks and the need for robust training for any replacement system. Staff-side feedback emphasised the risk of inconsistent reporting if training was not prioritised.
- The Director of People and Culture outlined the complexities created by overlapping healthcare and social care legislation, noting differences in statutory obligations between councils and health boards under the Act.

The Board **Noted** the content of the report and took **Moderate Assurance**, recognising both the progress to date and the continuing challenges in achieving full implementation across the organisation.

11 Corporate Risk Register

The Board received a report from the Deputy Chief Executive on the Corporate Risk Register, he confirmed the risks had been scrutinised through the relevant governance committees prior to Board. The report provided an overview of the current corporate risks and highlighted that no new risks had been added. The Board were invited to take Substantial Assurance on the progress of ongoing risk management improvements.

The Deputy Chief Executive explained that some review dates within the report had been overdue due to timing of submissions and confirmed that these had now been updated to provide greater assurance. He advised that several process improvements to risk management had already been initiated following recent audit committee scrutiny, and that work was underway to strengthen the robustness and consistency of the organisation's risk processes.

During discussion the following points were raised:

- Board Members highlighted the need for an updated governance map, noting this presented a risk to organisational clarity and decision-making. The Deputy Chief Executive agreed to consider how this type of risk should be formally raised and recorded within the organisation's established processes.
- The Director of People and Culture noted that, whilst further improvement was needed, the Board already had a governance framework in place. He emphasised the current work was focused on refining and strengthening this framework to provide greater clarity and assurance.
- Board Members asked how risks would be reviewed in future, particularly in relation to financial risks and those linked to the developing organisational strategy. The Deputy Chief Executive confirmed that risk owners would continue to review scoring and narrative as circumstances evolved and all updates reported through the appropriate committees as part of routine governance.

The Board **Noted** the content of the report and took **Substantial Assurance**.

12 Board & Committee Membership Review

The Board had received a report from the Deputy Head of Corporate Governance detailing the Board and Committee Membership Review, which outlined updated committee allocations following recent changes to Board membership and the appointment of the new Employee Director.

Board Members highlighted the report contained some references to former members. The Deputy Head of Corporate Governance confirmed these would be corrected out with the meeting.

The Board **Approved** the changes to Governance Committee membership.

13 Blueprint for Good Governance Improvement Plan 6-Monthly Update

The Deputy Head of Corporate Governance provided an update on the Board Blueprint for Good Governance Improvement Plan, noting recent progress in the areas of quality and risk. He noted the Board held a development session in November which initiated a refresh of the improvement plan, with further work underway.

The Board **Noted** the update and took **Substantial Assurance**

14 NHS Highland Code of Conduct Update

The Board **Noted** the update.

15 Any Other Competent Business

None

The meeting closed at 2.45pm