


<p>NHS HIGHLAND BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/</p> 
<p>MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>29 July 2025 – 9.30am</p>

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
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Steve Walsh, Non-Executive
Dr Neil Wright, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture (from 12pm)
Kristin Gillies, Interim Head of Strategy & Transformation
Elaine Henry, Deputy Medical Director
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

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 Dr Tim Allison, who had made significant contributions to public health in Highland, particularly in raising the profile of health inequalities and promoting physical activity through initiatives like Active Highland. She noted that his expertise and advocacy had left a lasting impact on NHS Highland and its partners.

The Chair thanked Catriona Sinclair, whose term as Chair of the Area Clinical Forum had ended, highlighting her dedication, leadership, and the positive impact she had made in strengthening engagement between the Forum and the Board. The process to appoint a successor was underway.

Additionally, the Chair welcomed Dominic Watson, the Head of Corporate Governance, and highlighted his previous role, where he had led a Governance Team in navigating complex governance matters and Nicki Sturzaker, the new Head of Communications and Engagement, brought over 20 years of strategic communications experience across multiple sectors and was a Chartered Public Relations Practitioner and CIPR Fellow.

Apologies for absence were received from Catriona Sinclair, Janice Preston, Heather Bain, Pamela Stott and Evan Beswick, it was noted that Gareth Adkins would join in the afternoon.

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 27 May 2025.

The Board **noted** the Action Plan and **agreed** to amend the dates of Actions 33, 35 and 42.

1.4 Matters Arising

None

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided an update on the Waiting Times Reduction Initiative work underway in response to Scottish Governments expectation across all Boards in Scotland, and she confirmed NHS Highland was committed to reducing the longest waits in the system. Further updates were provided in relation to the Vascular Service Provision; Lochaber Service Redesign; Capital Investment and Estates Strategy.

She took the opportunity to congratulate Chelsey Main, who was announced as the 2025 Nursing Support Worker of the Year at the Royal College of Nursing Scotland Nurse of the Year Awards. She also congratulated the Neonatal Unit for achieving the UNICEF Gold Award through the Baby Friendly initiative.

During discussion the following points were raised:

- Board Members noted the transfer of New Craigs to NHS Highland and asked about any remaining PFI contracts. The Director of Estates, Facilities and Capital Planning confirmed that Invergordon Hospital and Mid Argyll Hospital were under PFI arrangements, with Invergordon scheduled to return by 2028.
- Board Members asked whether a cost-benefit analysis had been carried out on ending PFI contracts early. The Director of Estates, Facilities and Capital Planning confirmed this had been included in the review process and an update would be provided to the Finance, Resources and Performance Committee.
- Board Members welcomed the positive updates shared in the Chief Executive's report and emphasised the importance of recognising such achievements, particularly in light of the wider challenges facing the NHS.
- The Chair highlighted the challenges faced in Vascular Services and extended thanks to Mr Wolf for his support prior to his departure and to the team for their continued work in supporting the service.
- Board Members sought clarity on the timeframe to a sustainable vascular service. The Chief Executive confirmed a precise timeline couldn't be confirmed as national discussions on the future model were still ongoing. The Medical Director added that NHS Highland continued to contribute to these discussions and were working to maintain safe local services.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Audit Committee minutes of 13 May, 19 June 2025 and draft minutes of meeting of 24 June 2025

The Chair of Audit Committee highlighted there were no new internal audit reports in May, but work had begun on the children's services audit, which remained on track to report in September. Progress on closing cyber security audit actions was noted with reassurance provided by the Head of eHealth. She noted that concerns had been raised about overdue actions in complex care packages and adult social care with updates from the Chief Officer at the June meeting. The committee also reviewed its annual report and contributions from subcommittees.

b) Finance, Resources and Performance (FRP) Committee agreed minute of 6 June 2025 and summary of meeting of 11 July 2025

The Chair of FRP Committee highlighted the committee received a budget update which included a draft response to Scottish Government that outlined risks to achieving a 3% cost reduction and a balanced adult social care position. He added that the Quarter four Annual Delivery Plan update was endorsed and IPQR performance was reviewed with improvements noted in outpatient and Treatment Time Guarantee data.

The Chair noted at the 11 July meeting the committee reviewed the Month two financial position and received a positive update on the NHS Highland Digital Delivery Plan. However, committee raised concerns around the resource impact of the national Digital Front Door project. He added the risk register was reviewed with financial risks from the previous year closed and new ones opened for the current year.

c) Staff Governance Committee agreed minute of 6 May 2025 and summary of meeting of 1 July 2025

The Chair of the Staff Governance Committee highlighted that committee had received a presentation covering the Finance Directorate, which outlined improvements in appraisal rates (60%) and statutory/mandatory training (over 96%), along with operational successes in procurement and travel. The Staff Governance Monitoring Group had progressed towards its first meeting and updated training figures had been shared following the separation of bank and permanent staff data. The committee also reviewed staff governance risks, with plans to align this work to the Board's strategic risk review. Until the revision was complete, risks continued to be reviewed at each meeting.

d) Highland Health & Social Care Committee (HHSCC) agreed minute of 7 May 2025 and summary of meeting of 2 July 2025

The Chair of HHSCC highlighted the committee had reviewed the year-end financial position for the partnership which had aligned with earlier projections. Looking ahead to 2025–26, the delivery of a 3% savings target across the partnership had been recognised as a significant challenge requiring ongoing staff input. Other updates included resourcing challenges within the community across areas such as Care Homes and updates on the implementation of improvement recommendations by the Care Inspectorate for the Sutherland Care at Home service and ongoing concerns around general dental services, which continued to require close monitoring.

e) Clinical Governance Committee agreed minute of 1 May 2025 and summary of meeting of 3 July 2025

The Chair of Clinical Governance Committee highlighted that the committee received updates on the ongoing pressures within end-of-life services, recognising this was a national challenge, it was noted efforts were being made to ensure continuity of care and assess any impact in Argyll and Bute. The committee had also received an information governance report which highlighted challenges around subject access requests due to the introduction of electronic patient records. She added that committee had welcomed increased promotion of Care Opinion as a valuable feedback tool and noted ongoing efforts to improve complaints handling through staff training.

f) Area Clinical Forum agreed minute of 9 January 2025

In the Chairs absence, the Governance and Corporate Records Manager highlighted the Forum had received updates on the progress made around the confidential contacts options appraisal alongside insights into an upgrade to the integrated patient record systems within acute. No new risks had been escalated in although concerns remained around maintaining morale and recruitment in hard-to-fill specialties. He noted the Forum met in July, with productive discussions around the chair election process, the constitutions revisions and planned membership refresh due to several vacancies. The Director of Midwifery led a valuable discussion around public protection. Discussions also took place around JobTrain complexity and recruitment challenges with the Director of People and Culture planned to attend the September meeting.

g) Argyll and Bute Integration Joint Board (IJB) Minute 28 May 2025

It was noted the IJB held their meeting in Oban which marked the start of a plan to rotate meetings across Argyll and Bute. The Board had received a petition from residents regarding the stalled development of Thompson House due to funding issues which highlighted the importance of local services and the challenges of delivering care on the islands. The complexities around impact assessment completion in relation to budget decisions continued to be challenging particularly as current guidance was often unclear and inconsistently interpreted but work was underway to improve the reporting process. He added that the Board had considered representations from carers' groups across Argyll and Bute, acknowledging the unique challenges they faced and the importance of their involvement and plans were agreed to revisit the topic in future development sessions.

The Board:

- **Confirmed** adequate assurance had been provided from Board governance committees and Area Clinical Forum.

- **Noted** the Minutes and any agreed actions from the Argyll and Bute Integration Joint Board.

4 Finance Assurance Report – Month 2 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 2, 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 May 2025 (Month 2) an overspend of £12.729m was reported with this forecast to increase to £40.005m by the end of the financial year.

She noted the forecast position was predicated on the assumption that further work would enable delivery of a breakeven position within Adult Social Care by 31 March 2026. Key cost pressures included high drug spend, supplementary staffing, locum costs, and out-of-area placements, with similar trends seen across acute, both partnerships, and support services. A savings target had been identified and was under bi-weekly review, with ongoing efforts to improve delivery and reporting, alongside the capital plan that detailed spending against the core allocation and confirmed project-specific funding.

The Board Chair highlighted the value of illustrating progress against value and efficiency targets across service areas, noting it provided a clear and helpful visual for tracking assurance throughout the year.

Having **examined** the draft Month 2 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

5 Budget Setting Update

The Board received a report from the Director of Finance detailing the 3-year financial plan 2025/26 to 2027/28 for approval and to provide an update on further actions required to reduce the financial gap to the SG requirements.

The Board was invited to take moderate assurance that a plan had been identified to deliver a £40m deficit position for 2025/26 but recognising the risk that remains around the delivery of 3% cost reductions and a balanced Adult Social Care and IJB position.

The Director of Finance spoke to the circulated report and noted the March plan had been submitted for budget approval, subject to further work to meet the Scottish Government's £40 million deficit target. An updated position based on the 2024/25 outturn showed improvement in the recurrent position and progress on savings and STAG workstreams. She advised the report had included the full response to the Scottish Government and a copy of their acceptance letter.

During discussion the following points were raised:

- Board Members sought further information relating to the New Craigs RAAC funding. The Director of Estates highlighted there was a commercial settlement agreement in place as part of the handover process. He advised the buildings were at end-of-life and would be demolished, with works commencing next month and no ongoing liability for the site.
- Board Members questioned the sustainability of the financial position, given the use of non-recurrent measures early in the financial year to meet the target, and how the risk was being managed. The Director of Finance advised the Scottish Government requested early use of non-recurrent measures and changes to funding allocations had reduced financial flexibility, making risk management more challenging and placing greater pressure on delivering 3% savings this year.

The Board **examined** and **considered** the content of the report, **agreed** the budget and outlined approach and **agreed** to take **moderate** assurance.

The Board took a break at 10.56am and the meeting resumed at 11.11am

6 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:

- CAMHS waiting lists continued to reduce, with performance rising to 79.5% in March.
- Emergency Department (ED) performance improved to 82.6%, above the national average of 71%.
- Vaccination uptake had increased but MMR remained below national average.
- Delayed discharges continued to be challenging and remained above target, but work was underway to improve the position.
- He highlighted that Outpatient performance was misreported as 61% and the actual reportable figure was 39%, close to the national average of 41%.
- Treatment Time Guarantee (TTG) continued to improve and sat at 65.4% with NHS Highland ranking 5th of 15 Boards, above the national average of 56.3%.
- Cancer services remained stable with 31-day performance at 91% and 62-day at 76%, both remained above the national average.

During discussion the following points were raised:

- Board Members noted that 76 Significant Adverse Event Review (SAER) actions were still outstanding and asked for clarity on the longest-standing item. The Medical Director explained that many recommendations were difficult to implement organisation-wide, but work was underway to identify the best approach, particularly as some improvements had already been made since the original recommendations.
- Board Members sought clarity around ED access, specifically the reference to 38 patients waiting over 12 hours and whether this was monthly, quarterly or another reporting period. The Chief Officer for Acute confirmed ED performance was measured daily, but the data was aggregated and presented weekly in the IPQR.
- Board Members highlighted the reduction in MMR uptake and asked if there was a known reason for the decline. The Director of Public Health advised that the downward trend was being seen nationally, and that Public Health Scotland was conducting exploratory work to understand the causes and identify actions to improve uptake.
- Board Members noted there had been no improvement in Drug and Alcohol Recovery Service performance, which continued to decline and asked whether any remedial action had been taken. The Chief Officer for HHSCP confirmed a digital recovery support service had been commissioned, with a start date of 18 August 2025 which would help identify challenges and inform improvement efforts.
- The Chair sought clarity on how the full range of improvement efforts within the IPQR, including non-visible work, had been communicated to the Scottish Government to ensure a balanced view rather than one that appeared overly critical or one-sided particularly in relation to Planned Care. The Deputy Chief Executive advised that reporting tracked planned activity against actual delivery whilst including rising demand to articulate the pressure placed on capacity helped, but National discussions were underway to assess the best way forward when interpreting performance data.

The Board:

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

7 Director of Public Health Annual Report – 6 Month Update

The Board received a report from the Director of Public Health that detailed the initial six-month progress against the recommendations from the Director of Public Health's 2024 Annual Report, which had been presented and accepted by the Board in January 2025.

The Board were invited to take **moderate assurance** that there had been progress in establishing the internal mechanisms to support delivery and progress in tackling health inequalities as per the recommendations. Given the developmental nature of this work, it was expected to take time to become fully established and mature and would require review as the development of the new organisational strategy progressed.

The Director of Public Health spoke to the circulated report and highlighted broader developments were underway including the organisational strategy refresh and the establishment of a new Population Health and Planning Committee, which would lead future strategic development and governance. She added that National frameworks such as the Population Health and Service Renewal Frameworks were also being considered in shaping the Board's future direction.

During discussion the following points were raised:

- Board Members expressed their ongoing concern around the Board's role in corporate parenting and delivering on the promise and requested it be revisited in future discussions. This would be added to the Board Action plan with an update provided in due course.
- Board Members sought clarity on progress made with the vaccination improvement programme and how health inequality principles were applied. The Director of Public Health confirmed that they'd been considered, and uptake varied across different groups due to factors such as access, health literacy and other vulnerabilities. The approach involved using multiple data sources to identify where targeted efforts were needed, with a focus on equity rather than equality to ensure improved outcomes across all communities.
- Board Members asked how NHS Highland could better co-ordinate and share resources across the Community Planning Partnerships and other partners to enable a more cohesive and effective system. The Director of Public Health advised that selecting appropriate data to monitor progress and provide assurance was important and emphasised the need to understand the impact any input or activity would have on outcomes. She added that alignment with system-wide measures was essential, reinforcing the importance of collaborative working across Community Planning Partnerships.

The Board:

- Took **moderate assurance**.
- **Noted** the content of the report and the summary update on progress in relation to the recommendations of the 2024 Director of Public Health Annual Report.
- **Noted** the report recommendations would be key in developing the strategic framework.
- **Noted** future updates would be assured via the Population Health and Planning Committee.

8 Board Strategy – Planning Policy Frameworks and Performance Reporting

The Board received a report from the Interim Head of Strategy and Transformation outlining its approach to shifting focus toward improving population health, with an emphasis on prevention and reducing health inequalities.

The Board were invited to take **moderate assurance** regarding the development of a refreshed strategic approach to NHS Highland's Strategy encompassing population health and proposing an early update to the "Together We Care" strategy by 2026.

The Interim Head of Strategy and Transformation spoke to the circulated report and highlighted:

- The Annual Delivery Plan (ADP) had been approved by Scottish Government in early July 2025 and was recognised as a robust framework for delivering the Together We Care strategy which would continue to be monitored whilst developing the new strategy.
- The ADP had evolved to support local planning and priorities, with the Operational Improvement Plan (OIP) identified as the main delivery mechanism for national priorities.
- The OIP focused on four key areas: planned care, unscheduled care, digital access, and prevention. It was noted the ADP had been aligned to all OIP deliverables which would be reflected in future iterations of the IPQR.
- A new strategic framework was under development, incorporating a population health lens. A draft model had been shared and was scheduled for further development and governance integration in autumn 2025.

During discussion the following points were raised:

- Board Members sought clarity on whether a success methodology had been agreed to appropriately measure health improvements by means of early intervention. The Director of Public Health confirmed no single, straightforward methodology existed. Instead, early intervention varied by condition and population group, so success depended on identifying early markers and tailoring responses accordingly. She recognised there was a need for a more systematic and equitable approach to embedding it across services.
- The Chair asked how planning and approval would work going forward, given the evolving role of the ADP and the introduction of the OIP. The Interim Head of Strategy and Transformation confirmed the ADP remained the main planning and performance tool with the OIP used internally to ensure alignment with national priorities; she noted that both plans were monitored and cross-checked.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the three Health and Social Care Reform Frameworks published in June 2025: the Service Renewal Framework (SRF), Population Health Framework (PHF), and Operational Improvement Plan (OIP).
- **Noted** that the NHSH Annual Delivery Plan had been approved as a robust foundation for 2025–26.
- **Noted** that Annual Delivery Plans had been considered within this evolving context and had remained a valuable tool for supporting local planning and aligning with a broad range of national priorities.
- **Noted** that in 2025–26, Scottish Government focus had been on the delivery of the Operational Improvement Plan, which included reducing waiting times, improving patient flow, and expanding access through innovation. This and the other Frameworks had been governed by the SG Reform Executive.
- **Noted** that Chief Executives had been required to provide a consolidated progress report on OIP delivery to SG Executive Group meetings.
- **Noted** the current position statement, as the OIP had developed.
- **Noted** that as the strategic framework and 10-year strategy had developed, delivery plans and performance reporting had continued to serve as assurance mechanisms to the relevant governance committees.

The Board took a break at 12.32pm and the meeting resumed at 1.03pm

9 Corporate Risk Register

The Board received a report from the Medical Director which provided an overview of the NHS Highland corporate risk register. The Board was invited to examine and consider the evidence provided and make final decisions on those risks and take **substantial assurance**.

The Medical Director spoke to the circulated report and highlighted noted that some risks relating to last years financial challenges had been replaced to reflect the new financial year alongside the addition of a new risk, risk 1353 which related to the sustainability of services that would be monitored by the Clinical Governance Committee.

During discussion the following points were raised:

- The Chair asked whether NHS Highland had reviewed how other Boards record similar risks to ensure alignment and improve articulation. The Medical Director confirmed this exercise had been undertaken, particularly during the development of the Board's risk appetite. He added that variation existed across Boards and NHS Highland's risk register had been tailored to align with its strategy and governance structures.
- The Chair sought clarity on whether Risk 1182 that related to the PFI transfer of New Craig's would be closed. The Director of Estates, Facilities and Capital Planning confirmed that the risk remained open until the quarterly review was completed, to ensure all aspects of the transition were fully addressed.
- Board Members questioned why a new sustainability risk was required when existing risks already covered similar themes. The Medical Director advised this risk related to clinical concerns whilst others related to the workforce challenges.
- The Chair of Clinical Governance Committee clarified that the risk was to articulate the sustainability of clinical and social care services across the system may be compromised, impacting the ability of professionals to meet their responsibilities and uphold standards of care reflecting a recurring theme raised through the Clinical Governance Committee. An action would be added to the Board Action Plan to ensure the Corporate Risk Register was updated.

The Board **noted** the content of the report and took **substantial assurance** on compliance with legislation, policy and Board objectives.

10 Whistleblowing Quarter 4 Report

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter four activity covering the period 1 January – 31 March 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 highlighted one new concern had been received, one case remained open, and one case review had been closed. He confirmed the new case was being assessed to determine whether it fell under whistleblowing standards. It was noted the report also included updates on previously reviewed cases and he confirmed that one additional case had been closed since the report was written.

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.

11 Whistleblowing Annual Report

The Board received a report from the Director of People and Culture that summarised activity against nationally agreed Key Performance Indicators and provided an overview of the learning outcomes from cases concluded during the year. The report was produced as part of a requirement for every NHS board to produce quarterly reports and annual reports. The Board was invited to approve the annual report and take **substantial assurance** based on the content demonstrating compliance with reporting requirements under the standards.

The Director of People and Culture spoke to the circulated report and confirmed there were a small number of formal cases submitted and around 180–200 contacts made via the Guardian service, often enabling early resolution. He highlighted it was difficult to draw broad learning from the limited cases, but the report outlined common themes that aligned with ongoing strategic work.

During discussion the following points were highlighted:

- The Chair asked how achievable the 20-day target outlined in the standards had been, given that other Boards had faced similar challenges. The Whistleblowing Champion confirmed that the issue had not been unique to NHS Highland and discussions were underway nationally to determine the most appropriate way forward.
- Board Members sought clarity on how they could increase their visibility in response to concerns about senior leadership presence. The Director of People and Culture confirmed that a deep-dive exercise had been carried out, and that work was underway to review the current approach in collaboration with the Head of Corporate Governance and the Head of Communications and Engagement. An action would be added to the Board Action Plan to ensure the results of the review were shared upon its completion
- Board Members asked whether there had been any plans for Independent National Whistleblowing Officer (INWO) to produce an overarching report for NHS Scotland to identify key learning across all Boards. The Director of People and Culture advised that no such report was planned, primarily due to capacity constraints within INWO.
- The Chair noted that Board Whistleblowing Champions met informally and asked if a joint report with the INWO could potentially be considered. The Whistleblowing Champion clarified that whilst the meetings were informal, he proactively shared any key learning with NHS Highland at the earliest opportunity.

The Board:

- **Noted** the content of the report
- Took **substantial assurance** based on the content and format of the annual whistleblowing report which demonstrated compliance with our reporting requirements under the standards.
- **Approved** the report for submission to Independent National Whistleblowing Officer

12 Health & Care (Staffing) Act Quarter 4 Report 2024-25

The Board had received a report from the Director of People and Culture detailing the main 2024/25 End of Year Report (covering Quarters 1 to 3) and had provided an overview of developments and assurance activity during Quarter 4 (1 January – 31 March 2025). Its purpose had been to ensure a complete account of implementation progress across the Act's inaugural year.

The Board were asked to take **moderate assurance** in relation to its delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for the period 2024/25. This position had been consistent with the assurance rating applied across Quarters 1 to 3 and had remained valid following assessment of Quarter 4 activity.

The Board **noted** the content of the report and took **moderate assurance** in relation to the delivery of its statutory duties set out in the Health and Care (Staffing) (Scotland) Act for the Quarter 4 period of 2024/25.

13 Workforce Monitoring Report

The Board received a report from the Director of People and Culture detailing the annual publication required to demonstrate NHS Highland had met the requirements set out in the Public Sector Equality Duty to gather, use and publish employee information. The information within the report had considered the workforce position for the period 1st January to 31st December 2024.

The Board were asked to take **substantial assurance** that the report had demonstrated compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement as noted.

The Chair had asked whether mechanisms were in place to cross-reference known HR issues arising from breaches of protected characteristics, such as complaints related to racism. The Director of People and Culture confirmed that no formal mechanism currently existed and noted that such concerns would more likely be addressed initially through the organisation's bullying and harassment policy.

The Board **noted** the content of the report and take **substantial assurance** that the publication of the report had demonstrated compliance with the Public Sector Equality Duty and Specific Duties Scotland requirement to gather, use, and publish employee information.

14 Argyll and Bute Integration Scheme Review – Approval of Changes and Consultation/Engagement Strategy

The Board received a report from the Director of People and Culture which detailed the proposed steps to meet the legal requirement under section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 to complete a review of the current Integration Scheme for submission to Scottish Ministers by 23 March 2026, including the establishment of a Working Group. The Board were asked to take **substantial assurance**.

The Board:

- Took **substantial assurance**.
- **Agreed** the revisions detailed within the updated Integration Scheme (Appendix 1) and the summary revisions document (Appendix 2).
- **Agreed** arrangements for the joint consultation exercise had proceeded as set out within point 2 of the assessment section of the report, and the Consultation and Engagement Strategy detailed in Appendix 3.
- **Agreed** if the consultation feedback had suggested no further changes to the Scheme and had voiced no opposition to the proposed changes, the two Chief Executive Officers had been authorised to approve the draft revised Integration Scheme on behalf of the Council and the NHS Highland Board prior to submission to the Scottish Government for approval.

15 Single Authority Model Update

The Board had received a report from the Director of People and Culture detailing the background and context for establishing a joint short life working group between Argyll and Bute Council and NHS Highland.

The Board were asked to take **substantial assurance** and to approve the establishment of a joint short-life working group initiated by Argyll and Bute Council which NHS Highland subsequently joined, to progress an options appraisal for a single authority model and associated work

The Director of People and Culture spoke to the circulated report and highlighted the work had been driven by Scottish Government's public sector reform agenda with the aim of improving service delivery and outcomes. He noted the report included current proposals and draft terms of reference which were to be further developed by the joint group.

During discussion the following points were highlighted:

- Board Members asked for clarity on how the public would be consulted on the proposed single authority model, emphasising the importance of engaging communities in Argyll and Bute early in the process. They also raised questions about the potential impact on NHS-employed staff, expressing concern over the lack of detail regarding future employment arrangements and the associated risks.
- The Director of People and Culture confirmed that partnership working would be essential, particularly if any proposed models had implications for the workforce. He added it was the role of the Short Life Working Group to explore available and emerging options. He emphasised the importance of engagement with both staff and communities once a clearer direction of travel had been established in line with ministerial expectations around pace and ambition.
- The Chair added that the proposed single authority model presented a valuable opportunity for the Board and paid tribute to the significant work undertaken by Argyll and Bute Council to date and noted the recently issued parameters provided by Scottish Government had enabled the NHS Highland to begin to consider the potential range of models through its own lens. She highlighted the potential to improve outcomes for communities, particularly in rural areas and emphasised the importance of strong leadership, effective governance and early engagement with staff and communities, recognising that the process might lead to significant changes in service delivery.

The Board **approved** the establishment of a joint short-life working group initiated by Argyll and Bute Council which NHS Highland would subsequently join, to progress an options appraisal for a single authority model and associated work and took **substantial assurance**.

16 Board Blueprint for Good Governance Improvement Plan - Update

The Board had received a report from the Governance and Corporate Records Manager, on behalf of the Board Chair detailing a six-month update on progress on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan.

The Board were asked to take **moderate assurance** that the report provided confidence that actions were being actively pursued and to reflect that on-going activity will be required to fully meet the objectives.

The Governance and Corporate Records Manager spoke to the circulated report and highlighted the Board had approved its Blueprint Improvement Plan in July 2023 and had agreed that governance committees and the Chairs Group would provide informal oversight of relevant progress and delivery elements at agreed intervals.

Outstanding actions overseen by the Highland Health and Social Care Committee (HHSCC) and the Audit Committee had been noted. For HHSCC, these actions specifically related to the quality framework, which had been discussed at an EDG meeting in April 2025. A quality lead post had been identified as necessary to support the next steps, and once funding was finalised the role would be advertised.

The second action focused on embedding Care Opinion, with ongoing work supported by the Clinical Governance Manager. It was noted that over 250 instances of Care Opinion had been used for NHS Highland services in the past 12 months, reflecting an increase in usage compared to previous years.

For Audit Committee, the outstanding action had related to risk appetite and management. Work had been completed to reset the Board's risk appetite, which was discussed during the March 2025 Board development session. Efforts were underway to embed this into the high-level risk register and operational processes which planned to include training across acute services and the Health and Social Care Partnership.

During discussion the following points were highlighted:

- The Chair highlighted the blueprint provided a snapshot of progress and noted that governance improvements had extended significantly within NHS Highland with the introduction of new non-executive directors and the Head of Corporate Governance.

- Board members sought clarity on whether Care Opinion had been implemented or was planned for roll-out to care home residents and their families, and whether this involved any associated costs. The Nurse Director confirmed that the functionality came with an additional cost, and that work was underway to identify the most suitable solution for the care home environment by way of an operational action.
- work was underway to identify the most suitable solution for the care home environment by way of an operational action.
- Board Members were not satisfied and highlighted the importance of gathering feedback from the care home setting given the recent care inspectorate report and recommended a Board action was noted so progress could be tracked and appropriate assurance provided. This would be added to the Board Action Plan so an update can be provided in due course.
- Board members asked whether the Blueprint Improvement Plan applied to the Argyll and Bute Health and Social Care Partnership (HSCP), as the report had only referenced NHS Highland and the Highland HSCP. The Chief Executive confirmed the original blueprint exercise had been led by the former Chair of NHS Greater Glasgow and Clyde and focused solely on NHS services. She added that the Highland HSCP had been included because of the lead agency integration model in place.

The Board:

- Took **moderate assurance** from the report.
- **Noted** that informal oversight of progress in delivering the improvement plan continued to be undertaken by the Chairs Group and Governance Committees.
- **Noted** that six-monthly updates would be presented to the Board for oversight.

17 Revision to Terms of Reference – Highland Health and Social Care Committee and Area Clinical Forum

The Board had received a report from the Governance and Corporate Records Manager, on behalf of the Board Chair, outlining amendments to the Terms of Reference for the Area Clinical Forum and the Highland Health and Social Care Committee.

The proposed changes had aimed to ensure that quorum was calculated based on active membership, in response to ongoing committee vacancies. It was noted that a membership refresh was underway. The Board had been asked to take **substantial assurance** from the report and had approved the revised Terms of Reference for both committees.

The Board took **substantial assurance** and **approved** the revisions to the Highland Health and Social Care Committee and Area Clinical Forum Terms of Reference.

18 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 30 September 2025

The meeting closed at 2.23pm