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)	**28th July 2026 – 9.30am**	

Present

Alexander Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Sarah Compton-Bishop, Board Chair
Heledd Cooper, Director of Finance
Garret Corner, Argyll & Bute Council stakeholder Non-Executive
Jennifer Davies, Director of Public Health and Policy
Fiona Davies, Chief Executive
Albert Donald, Non-Executive
Graham Illsley, Non-Executive
Karen Leach, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive
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)
Megan Glass, Employability Lead
Andrew King, Governance and Corporate Records Manager
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
Sara Smith, Employability Lead Facilitator
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Deputy Head of Corporate Governance

1.1 Welcome and Apologies

The Chair welcomed Board members, members of the public and representatives of the press to the meeting. It was noted that the meeting was being recorded for public access.

The Chair paid tribute to Russell Mullen, Consultant Breast Surgeon at Raigmore Hospital, and extended condolences to his family, friends and colleagues on behalf of the Board.

The Chair also acknowledged the impact of the recent wildfires across the region and thanked all agencies, staff, volunteers and community organisations involved in the response and support provided to affected communities.

Apologies were received from Muriel Cockburn, Philip MacRae and David Park.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes of 26th May 2026 as an accurate record of the meeting.

The following update was provided in relation to the Action Plan:

- Action 35 (Corporate Parenting): Board development session planned. Proposed for closure.
- Action 50 (IPQR): Refreshed reporting approach implemented to strengthen Board oversight. Proposed for closure.
- Action 47 (Care Home Feedback): Public engagement work was underway with findings due in November 2026.
- Action 49 (Care Home Governance): Review of governance arrangements in progress with an update due in November 2026.
- Action 51 (EQIAs): New templates, guidance and training due for launch in August 2026. Progress update to be provided in September 2026.

The Board **noted** the updates to the Action Plan and **agreed** to the closure of Actions 35 and 50.

1.4 Matters Arising

There were no matters arising discussed.

2 Chief Executive's Report

The Chief Executive provided an update on a range of operational and strategic developments across NHS Highland. Key themes included support provided to communities affected by the Cairngorm National Park wildfires, recognition of staff efforts in responding to the incident, and an update on oncology services where mutual aid had been requested from other NHS Boards following workforce pressures. The Chief Executive noted ongoing engagement with Scottish Government and health board partners to progress a national redesign model for oncology services while minimising disruption to patients.

Further updates were provided on continued progress in reducing long waits for planned care through additional Scottish Government funding and improvements in theatre productivity; advancement of the new Lochaber Hospital project following planning approval and submission of the Outline Business Case; and the development of the Joint Strategic Plan in Argyll and Bute.

The Chief Executive also highlighted the positive impact of the Hospital at Home service, attended celebrations marking the 10th anniversary of the Highland Children's Unit, recognised the visit of HRH The Princess Royal to Raigmore Maternity Services, and reported on engagement with Highland MSPs to support future collaboration on health and social care priorities. A patient story demonstrated the benefits of the bowel screening programme and the importance of early detection.

During discussion, the following points were raised:

- Public sector reform. Members welcomed engagement on public sector reform and sought assurance on the direction of future changes. The Chief Executive advised that Government activity remained focused on listening and engagement, with greater clarity expected later in the year.
- Workforce pressures. Members discussed growing competition for healthcare staff and the challenges this creates for remote and rural recruitment.
- Oncology services. Members sought assurance regarding oncology workforce shortages, succession planning and service resilience. It was noted that national shortages continued to affect recruitment and that NHS Highland was working with partners across Scotland and the UK to secure support while progressing a longer-term service model.

- Cancer service redesign. Members highlighted the importance of balancing local access with high-quality specialist care and supported implementation of a sustainable national approach to cancer services.
- Fragile services. Members queried whether other services faced similar workforce risks. Assurance was provided that vulnerable services were being monitored through national and local planning arrangements.
- Public communication. Members emphasised the importance of keeping patients and communities informed about oncology service changes and the actions being taken to mitigate impacts.
- Hospital at Home. Members welcomed the positive impact of Hospital at Home services and received an update on plans to expand capacity, including the development of virtual hospital and virtual ward models.

The Board **noted** the update.

3 Spotlight Session – Employability

The Board received a spotlight session delivered by Megan Glass and Sara Smith on the development and implementation of NHS Highland's Employability Strategy. The presentation outlined how the Employability Team, established in January 2025, had supported workforce sustainability through inclusive recruitment and widening access to employment for people facing barriers to work. Members heard that the first year of the strategy had focused on secondary school engagement and apprenticeship development, with more than 200 young people from 26 schools participating in careers activities and work experience opportunities.

Strong partnerships had been established with local authorities, third sector organisations, and employability services to create pathways into employment. Positive outcomes were outlined, achieved through employability programmes which had supported participants into further education and NHS employment. Members also heard about an innovative virtual reality careers project that had improved career awareness for young people in remote and rural areas and had been selected for presentation at the NHS Scotland Conference.

Future priorities were outlined, including a parental employability programme following the successful award of external funding, the development of a Health and Social Care Sector Work Academy and the expansion of apprenticeship pathways. The Board welcomed the focus on developing sustainable workforce pipelines and supporting wider community and population health outcomes through partnership working and a 'grow your own' workforce approach.

During discussion, the following points were raised:

- The Director of People and Culture highlighted the value of investing in dedicated resource to build relationships and create opportunities across Highland.
- Board Members sought assurance that engagement extended to the independent care home sector. Megan Glass confirmed close collaboration with independent care providers, who had been actively involved in career events and academy development.
- Board Members highlighted the importance of employability within care and learning disability services. Megan Glass provided examples of supported placements and employability pathways that had helped individuals progress towards employment.
- Board Members welcomed the programme as an example of how modest investment could deliver strategic benefits and support future workforce sustainability.
- Board Members sought assurance on how ambitious plans for 2026/27 would be delivered within existing resources. It was noted that delivery would be supported through a three-year strategy, partnership working, external funding and wider organisational involvement.
- The Director of Public Health and Policy highlighted opportunities to align the programme with Community Wealth Building initiatives and wider partnership approaches to addressing workforce challenges across Highland.
- Board Members raised concerns about the increasing volume of job applications and the administrative burden associated with recruitment processes. The Director of People and Culture acknowledged this as a recognised challenge that was being considered at a national level.
- The Board Chair emphasised the wider contribution the programme could make towards tackling depopulation, retaining young people within Highland and supporting sustainable communities.
- Board Members welcomed the progress made, commended the partnership approach and expressed their appreciation for the work supporting employability and future workforce development across Highland.

The Board **noted** the update.

4 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance (FRP) Committee agreed minutes of 8 May and 5 June 2026 and summary of meeting of 10 July 2026

The Chair of FRP highlighted updates on the national Business Systems Programme, which would introduce a single integrated cloud-based system for finance, HR, payroll and procurement across NHS Scotland. The Committee also received updates on capital asset management funding allocations and considered planned and unscheduled care submissions for 2026/27, noting the financial and service implications.

b) Staff Governance Committee agreed minutes of 5 May 2026 and summary of meeting of 7 July 2026

The Vice Chair of the Staff Governance Committee reported on discussions relating to the Resilience Transformation Strategy, cyber security, appraisal performance and the Gaelic Language Plan. The Committee received moderate assurance across five reports and considered how learning from whistleblowing cases could be strengthened while maintaining confidentiality. The Employee Director also highlighted ongoing concerns regarding workforce availability, safe staffing and risk escalation arrangements, which were scheduled for further discussion later in the meeting.

c) Highland Health and Social Care Committee (HHSCC) agreed minutes of 6 May 2026 and summary of meeting of 1 July 2026

The Chair of HHSCC reported on discussions relating to primary care services, including development of the Primary Care Strategy and promotion of Pharmacy First and Pharmacy First Plus. The Committee also considered progress with learning disability health checks and discussed the need to maintain preparedness should independent providers withdraw services unexpectedly.

d) Clinical Governance Committee agreed minutes of 7 May 2026 and summary of meeting of 2 July 2026

The Chair of the Clinical Governance Committee reported that future cancer reporting would be separated into oncology and wider cancer services to support more focused scrutiny. The Committee also considered workforce and service pressures across a range of areas while receiving assurance that patients continued to receive appropriate care and treatment.

e) Area Clinical Forum agreed minutes of 7 May 2026 and summary of meeting of 15th January 2026

The Chair of the Area Clinical Forum reported on work to align the Forum's future work programme with Board priorities, including financial stewardship and population health strategy. Discussion also focused on recruitment challenges, including increasing volumes of AI-generated job applications, organisational risk management and learning from the COVID-19 pandemic to inform future resilience planning.

f) Audit Committee agreed minutes of 17 June 2026 and summary of meeting of 23 June 2026

The Chair of the Audit Committee reported that detailed scrutiny had been undertaken of the Annual Report and Accounts prior to recommending their approval by the Board. The Committee also reviewed internal audit reports relating to inventory control and non-pay expenditure, noting reasonable assurance overall and ongoing monitoring of actions arising from health and safety findings.

g) Argyll & Bute IJB noted the minutes of 27 May 2026

The Chair of Argyll & Bute Integration Joint Board reported on discussions relating to service delivery within rural and island communities. The Board considered the opportunities and challenges associated with delivering services across remote locations and highlighted the strong commitment of local communities to sustaining services.

The Board **took assurance** from the updates provided.

The Board took a break at 11:05 and the meeting resumed at 11:15

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 was asked to take moderate assurance on the continued and sustained pressures facing both NHS and commissioned care services, and to consider the level of performance across the system.

The Whole System Transformation Manager highlighted:

- CAMHS and Psychological Therapies continued to achieve waiting time targets, demonstrating sustained improvement in access to services.
- Planned care performance remained ahead of forecast for new outpatient appointments and Treatment Time Guarantees (TTG), with additional funding secured to reduce waits over 52 weeks.
- Radiology and endoscopy services continued to meet waiting time targets despite reduced additional capacity, maintaining strong levels of performance.
- Cancer waiting time standards remained challenging and were below national targets, although performance remained within agreed trajectories with the Scottish Government.
- Unscheduled care performance, including emergency access and delayed discharges, continued to face significant pressures, although April performance met the agreed improvement trajectory.
- Work was ongoing to develop reporting measures for community and digital services, alongside refinement of population health indicators through the emerging Population Health Framework.
- Quality indicators, including patient feedback, FOIs and corporate governance measures, were reported within the quality section of the IPQR.
- Workforce metrics showed a slight reduction in sickness absence, with improvement work continuing across a range of workforce measures.

During discussion, the following points were raised:

- Board Members raised concerns that delayed discharge numbers had continued to increase despite significant effort and investment. The Chief Officer for Highland HSCP advised that a detailed review was underway with national support, focusing on Home First, Discharge to Assess and Hospital at Home approaches while examining barriers across the wider system.
- Board Members sought assurance regarding the deterioration in vacancy Time to Fill performance. The Director of People and Culture advised that median recruitment times had remained stable and that a small number of outlier vacancies had disproportionately affected average performance figures.
- Board Members sought clarification on waiting time measurement and the impact of National Treatment Centres on access to care. The Whole System Transformation Manager confirmed that nationally agreed standards had been applied consistently across Scotland, while the Chief Officer for Acute Services advised that national and regional work was focused on improving equity of access and maximising capacity.
- Board Members highlighted long-term sickness absence linked to depression and anxiety and queried the relationship between workforce pressures and staff wellbeing. The Director of People and Culture outlined the occupational psychology service that had secured ongoing funding, was being well received by staff and agreed to explore further analysis of workforce absence data.
- Board Members requested updates on breast and cervical screening performance and the HPV self-sampling programme. The Director of Public Health and Policy advised that breast screening data remained awaited and that recent changes to national reporting methodologies had affected cervical screening performance figures.
- Board Members queried radiology waiting time trends and progress towards the 42-day endoscopy standard. The Whole System Transformation Manager advised that imaging performance reflected workforce, equipment and service pressures, while the Chief Officer for Acute Services confirmed that TrackCare system changes remained in progress and that increasing activity across treatment pathways continued to place additional demand on diagnostic services.
- Board Members noted that social care capacity remained central to addressing delayed discharges and highlighted the increasing challenge of planned care targets. Members also noted that delayed discharges were influenced by a range of factors including assessments, transport, funding and guardianship arrangements, and emphasised the need for coordinated action across acute, community and social care services.

The Board:

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

6 Finance Assurance Report – Month Two Position

The Board received a report from the Director of Finance outlining the financial position as at Month 2, 2026/27. The Board was invited to take limited assurance, noting the Board continued to be escalated at level 3 within the NHS Scotland Escalation Framework.

The Director of Finance reported a year-to-date overspend of £13.166m at the end of May against the Board's approved financial plan and advised that the forecast year-end deficit was £62.94m. She highlighted that this represented an improvement of £4m against plan due to revised assumptions regarding NHS Greater Glasgow and Clyde SLA charges, although discussions on the final charging methodology remained ongoing.

She advised the financial position remained broadly in line with expectations at this early stage of the year, with key risks relating to delivery of the savings programme, wider SLA charging arrangements across NHS Boards and ongoing pressures within Adult Social Care linked to the fragility of the independent and charity sectors.

The Director of Finance reported that the Value and Efficiency Programme included a recurrent cost reduction target of £39.1m, with fully developed plans currently identifying £14.3m of savings. While further high-value proposals were expected, a financial gap remained. Work continued to align reporting with the Service Renewal and Population Health Frameworks, with a further update being provided to the Finance, Resources and Performance Committee later in the year.

During discussion the following points were raised:

- The Board Chair welcomed the inclusion of prevention, population health and shifting the balance of care within the framework and sought assurance on how progress would be monitored. The Director of Finance advised that the approach supported benchmarking, shared learning and monitoring of service change, with more meaningful outcomes and financial measures expected over time.
- Members expressed concern regarding delays in financial reporting and requested greater visibility of the current financial position. The Director of Finance confirmed the Month 3 forecast remained unchanged from Month 2 and agreed to consider enhanced reporting to improve clarity between operational performance, savings delivery and the overall financial position.
- Members raised concerns about the significant gap between planned and delivered savings, the risks associated with undeveloped schemes and the potential for further Scottish Government escalation if performance did not improve. The Director of Finance acknowledged these challenges and highlighted the balance required between achieving savings and maintaining operational performance, considering national policy requirements such as the Reduced Working Week.
- The Board Chair emphasised the need to balance assurance on planned savings by avoiding reliance on proposals that had not yet been fully validated. It was agreed that this would be considered further through governance and financial reporting arrangements.
- Members sought assurance on the longer-term impact of NHS Greater Glasgow and Clyde SLA costs and whether a national approach was being developed. The Director of Finance confirmed discussions remained ongoing and that Scottish Government had committed to national work on SLA arrangements.
- Members sought clarification on funding linked to maternity services. The Director of Finance advised that around £2 million remained at risk and confirmed discussions with Scottish Government were ongoing to assess the implications for service sustainability.
- Members acknowledged the significant demands placed on staff and expressed appreciation for those supporting financial recovery, service improvement and day-to-day operational delivery.

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

7 Annual Delivery Plan 2026/27 & Final Operational Improvement Plan 2026/27

The Board had received a report from the Deputy Chief Executive detailing NHS Highland's Annual Delivery Plan (ADP) for 2026/27 and the associated deliverables within the Operational Improvement Plan 2026/27. The Board had been asked to take substantial assurance from the report.

The Whole System Transformation Manager advised that the 2026/27 ADP had set out 73 key deliverables aligned to the Together We Care strategy, compared with 150 in the previous year. It was noted that the reduced, streamlined deliverables had provided greater focus and clearer priorities across the organisation. A public-facing document had also been developed to support communication of the Board's commitments for 2026/27.

The Operational Improvement Plan had formed part of the ADP and reflected Scottish Government priorities alongside local objectives. Key areas of focus had included reducing waiting times, improving cancer performance, expanding unscheduled care services, strengthening maternity and neonatal services, developing mental health and neurodiversity services, advancing digital modernisation and supporting the Board's ambition to become a population health organisation.

It was noted that progress would be monitored through bi-monthly reports to the Finance, Resources and Performance Committee and through performance reporting within the Integrated Performance and Quality Report. A six-month update on delivery of the wider ADP would also be provided.

During discussion the following points were raised:

- Board Members welcomed the reduction in KPIs and the increased use of measurable numerical indicators, noting this would support more effective performance monitoring. Members agreed further refinement should continue in future iterations.
- Board Members highlighted the need to consider prolonged periods of underperformance as well as deterioration when applying RAG ratings. Members emphasised the importance of clear escalation and de-escalation processes to ensure issues were managed appropriately and improvements were recognised.
- The Chief Executive reflected on how the organisation should respond to areas of strong performance alongside areas of challenge. It was noted that further work was required to develop an approach that supported strategic prioritisation while avoiding unintended consequences.
- Board Members stressed the importance of capturing patient experience alongside quantitative measures, particularly when developing new models of care. Members discussed the value of Care Opinion and other feedback mechanisms in providing meaningful experience data.
- Board Members highlighted the need to improve how qualitative and quantitative information was brought together to provide a fuller understanding of performance, outcomes and patient experience across services.
- Board Members suggested that high-performing teams should be encouraged to achieve stretch targets rather than having resources redirected away from successful areas, helping to maintain motivation and support continuous improvement.
- Board Members welcomed the inclusion of sustainability measures and noted that future iterations should strengthen the link between inputs, outputs and outcomes to better demonstrate the impact of delivery.

The Board **approved** NHS Highland's Annual Delivery Plan for 2026/27, **noted** the subset of deliverables comprising the Operational Improvement Plan 2026/27 and took **substantial assurance**.

The Board took a lunch break at 12:38 and the meeting resumed at 13:11

8 Gaelic Language Plan Update

The Board received a report from the Director of Estates, Facilities, and Capital Planning and the Director of People and Culture which advised on progress against NHS Highland's Gaelic Language Plan 2023–2028 and outlined the annual monitoring arrangements with Bòrd na Gàidhlig. The Board was asked to take moderate assurance from the report.

The Director of Estates, Facilities, and Capital Planning highlighted the improved performance achieved during the 2025/26 reporting period, the positive impact of dedicated leadership and staffing for Gaelic development, and the ongoing need to secure funding to sustain progress beyond 2026.

Key achievements included the launch of a Gaelic staff network, participation in a Gaelic school fair, strengthened partnerships with external organisations; expanded Gaelic translation services; staff engagement initiatives and the introduction of Gaelic content across internal and public-facing communications. These actions resulted in NHS Highland's assessment being deemed adequate by Bòrd na Gàidhlig.

Looking ahead, plans for 2026/27 included expanding Gaelic learning opportunities, integrating Gaelic into children's and care services, developing community and environmental initiatives, and progressing collaborative learning programmes with partner organisations.

During discussion the following points were raised:

- Board Members welcomed the significant progress made against the Gaelic Language Plan and commended the work undertaken to improve NHS Highland's assessment by Bòrd na Gàidhlig.
- Board Members sought assurance on plans to sustain the Gaelic Development Officer post should external funding not be secured. The Director of Estates, Facilities, and Capital Planning and Director of People and Culture advised that options for alternative funding were being explored, although maintaining momentum without a dedicated resource would be challenging.
- The Board Chair highlighted the importance of developing a sustainable long-term funding model and suggested exploring collaborative arrangements with other NHS Boards and partner organisations that had similar statutory responsibilities.
- Board Members welcomed the examples demonstrating the value of Gaelic within services, particularly for older people and those living with dementia, and noted the potential to target resources towards communities with higher numbers of Gaelic speakers.
- Board Members discussed the distribution of Gaelic-speaking populations across Highland and Argyll and Bute and suggested that future reports include wider demographic information to support service planning.
- Board Members sought further information on the number of Gaelic-only speakers and the application of Gaelic within clinical settings. It was agreed that additional information would be provided out with the meeting.
- The Nurse Director suggested exploring opportunities to involve Gaelic-speaking volunteers, particularly within care home settings, to further support service users and enhance existing initiatives.

The Board:

- Took **moderate assurance**
- **Noted** the adequate progress against the Gaelic Language Plan up to September 2025, awarded by Bord Na Gaidhlig.
- **Recognised** the statutory duties under the Gaelic Language (Scotland) Act 2005, strengthened by the Scottish Languages Act 2025, including compliance requirements and potential enforcement measures.
- **Noted** the priorities for 2026/2027 reporting period and any associated risks.

9 Quarter 4 Whistleblowing Report

The Board had received a report from the Director of People and Culture on the Whistleblowing Standards Quarter four activity covering the period 1 January – 31 March 2026. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. The Board was 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 advised that the Quarter 4 Whistleblowing report had been considered by the Staff Governance Committee and provided an update on new, closed and upheld cases during the final reporting period of 2025/26.

The Board **noted** the content of the report and took **moderate assurance**, recognising the content of the report provided confidence of compliance with legislation, policy and Board objectives, noting challenges with timescales due to the complexity of cases and investigations.

10 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 asked to take substantial assurance based on the content demonstrating compliance with reporting requirements under the standards.

The Director of People and Culture presented the Annual Whistleblowing Report and advised that the number of cases received during the year remained low. He noted that while each case provided learning opportunities for the organisation, the small number of cases made it difficult to identify wider themes.

During discussion the following points were raised:

- Board Members sought clarification on the arrangements for transferring open cases from the former Guardian Service to Open Line. The Director of People and Culture advised that individuals had been informed of the transition and provided with guidance on how to continue their case through Open Line if required.
- The Board Chair noted that reporting activity appeared broadly consistent before and after the transition, providing reassurance that the handover had been managed effectively and that confidence in the service had been maintained.
- The Employee Director sought assurance regarding staffing challenges within Open Line. The Director of People and Culture confirmed that recent staffing issues had been resolved and that contingency arrangements had been in place to maintain the service.
- Board Members queried whether staff understanding of whistleblowing had improved over time. The Board Whistleblowing Champion advised that some confusion remained between whistleblowing concerns and HR matters, highlighting the importance of ongoing promotion and awareness of the Whistleblowing Standards.
- The Director of People and Culture noted that most concerns raised as whistleblowing cases met the required criteria and emphasised the value of Open Line in helping staff raise concerns, understand available options and access the most appropriate route for resolution.
- Board Members highlighted the benefit of having a single point of contact where staff could seek confidential advice and support when unsure how to raise a concern, providing reassurance that concerns would be taken forward through the appropriate process.

The Board **noted** the content of the report and took **substantial assurance**.

11 Quarter 4 Health & Care Staffing Act Report

The Board had received an addendum report from the Director of People and Culture following consideration by the Area Partnership Forum and Staff Governance Committee. The Board was asked to take a moderate level of assurance in relation to delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for 2025/26 and highlighted ongoing progress in governance, SafeCare implementation and multidisciplinary assurance.

The Director of People and Culture advised that the annual report aligned with the Quarter 3 reporting cycle to meet the requirement for submission to the Scottish Government before the end of the financial year. An addendum had been included to provide an update on Quarter 4 activity.

He noted that the recent Healthcare Staffing Act audit had identified a number of recommendations which would be incorporated into the ongoing programme plan. This included a requirement to demonstrate a clearer trajectory for improving assurance levels across the statutory duties. Significant work remained underway to support this progress.

During discussion, the following points were raised:

- The Employee Director sought clarification on the reduction in assurance relating to severe and recurrent staffing risks. The Director of People and Culture advised that strengthened assurance processes had identified

inconsistencies in how risks were monitored and reported. Work was underway to improve the risk management framework and provide greater confidence that workforce risks reflected issues identified by staff and services.

- The Board Chair highlighted the importance of maintaining a clear link between operational and Board-level risks. Members noted that the ongoing review of risk management arrangements should strengthen this approach.
- Board Members emphasised the importance of staffing data and staff feedback in supporting safe staffing. The Director of People and Culture advised that the rollout of digital workforce systems would improve monitoring, reporting and organisational assurance.
- The Director of People and Culture advised that assurance levels were expected to improve as digital staffing systems became more widely embedded across NHS Highland.
- Board Members sought assurance that staffing risks within social care services were being appropriately considered. The Director of People and Culture explained the different assurance arrangements that applied to social care and confirmed that work was underway with partners to develop proportionate and meaningful approaches.
- Board Members sought an update on safe medical staffing arrangements. The Director of People and Culture advised that work was progressing through the implementation programme with a focus on job planning, workforce requirements and rota management.
- Board Members suggested a future Board development session to explore the Health and Care Staffing Act in greater detail and share examples of good practice. Members agreed that further development would be beneficial given the complexity of the subject.

The Board:

- Took **moderate assurance** in relation to the delivery of the statutory duties set out in the Health & Care (Staffing) (Scotland) Act 2019
- **Approved** the report for publication.

12 Models of Integration Update

The Board had received a report from the Director of People and Culture updating on progress with the Models of Integration Review and the revised Phase 2 programme plan, including the approach to staff and community engagement. There was no level of assurance provided to the Board for this report.

The Director of People and Culture advised on the progress made by the joint NHS Highland and Council Steering Group. Phase 2 of the options appraisal had progressed and was being finalised alongside increased staff and community engagement. A preferred option was expected to be presented in September, with further consultation to follow and a final decision on implementing any change model anticipated later in the year.

During discussion, the following points were raised:

- Board Members sought clarification on the financial impact of the proposed governance changes. The Director of Finance and Director of People and Culture advised that the governance model itself would not significantly alter the financial position but could support wider transformation and strengthen governance arrangements to improve delivery of existing savings and sustainability plans.
- Board Members queried whether sufficient resources were available to manage increased public and staff engagement. The Director of People and Culture confirmed that additional capacity had been secured and advised that feedback would be incorporated into future reports, although engagement activity would still be ongoing when the September update was presented.
- The Employee Director reiterated staff side concerns about potential future changes following any move to an Integration Joint Board (IJB). The Director of People and Culture noted that staff would be engaged throughout the process and that any staff transfers would follow legal requirements and protect existing terms and conditions, while the Chief Executive highlighted that service delivery arrangements could already be reviewed within current structures.
- The Board Chair emphasised that the review was not solely about organisational structures but about improving outcomes for people and communities, regardless of any future changes arising from national policy.
- Board Members sought assurance on expected levels of engagement, accessibility of consultation materials and the use of digital platforms. The Director of People and Culture advised that additional support had been

commissioned to produce clear and accessible materials, with both face-to-face events and the Engagement Hub being used to maximise participation.

The Board:

- **Noted** progress with the Models of Integration Review
- **Agreed** the revised timetable for the programme including the consultation and engagement plan as recommended by the Steering Group
- **Noted** the further update on the Phase 2 options appraisal approach
- **Agreed** the proposal to consider a preferred option in September 2026 via the Steering Group based on recommendations from the Chief Executives (supported by Senior Officers Group) based on a completed options appraisal and feedback to date
- **Agreed** the proposal to make a final decision, based on the agreed position on the preferred option in September 2026, considering finalised staff and community engagement

13 Corporate Risk Register

The Board received a report from the Deputy Chief Executive detailing the current NHS Highland Board Risk Register, including key risks monitored through the Finance, Resources and Performance Committee, Staff Governance Committee and Clinical Governance Committee. The Board was asked to take substantial assurance.

The Whole System Transformation Manager advised the Strategic Risk Register summarised strategic risks and the actions in place to manage them. It was noted that work was ongoing to review and refine key risks, particularly those relating to finance and the Annual Delivery Plan, with revised risks to be considered through the Finance, Resources and Performance Committee.

During discussion, the following points were raised:

- Board Members noted that several risks contained outdated review dates and requested assurance that future reports reflect the latest position. It was agreed that the register would be reviewed and updated ahead of the next report.
- Board Members highlighted the links between workforce availability and sustainability risks and questioned whether the current approach adequately reflected how risks interact and sought greater visibility of workforce risks across the organisation and areas of higher concern.
- Board Members questioned why many risks remained unchanged despite mitigation activity and highlighted inconsistencies between risk scores, actions and supporting narratives. Members agreed that the register should provide a clearer understanding of how actions were reducing risk and supporting organisational priorities.
- Board Members supported the ongoing review of the risk management framework and noted the need for more granular risks, improved presentation, stronger links between operational and strategic risks, and greater focus on horizon scanning and emerging future risks. Feedback would be incorporated into the planned refresh of the framework.

The Board **noted** the update and took **substantial assurance** that the content of the report provided confidence of compliance with legislation, policy and Board objectives.

14 Register of Members Interests

The Deputy Head of Corporate Governance noted that annual declarations of interests had been completed and published, with clarification provided that interests should include anything that could reasonably be perceived as relevant to a Board Member's role.

It was also noted that further guidance may be required due to ambiguity in current Standards Commission guidance, and that an ongoing Parliamentary Standards Commission investigation could result in future changes to declaration requirements.

The Board **noted** the 2026-27 Register of Board Member Interests.

15 Any Other Competent Business

No matters of AOCB were raised.

The meeting closed at 14:39