

<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>DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>28 January 2025 – 9.30am</p>

Present

Dr Tim Allison, Director of Public Health & Policy
Emily Austin, Non-Executive
Sarah Compton-Bishop, Board Chair
Louise Bussell, Nurse Director
Garret Corner, Non-Executive
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Albert Donald, Non-Executive
Fiona Davies, Chief Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll & Bute Health & Social Care Partnership
Kristin Gillies, Interim Head of Strategy & Transformation
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Gordon MacLeay, Clinical Advisor, Estates, item 9 only
Tina Monaghan, Service Manager, National Treatment Centre, item 9 only
David Park, Deputy Chief Executive
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager

1.1 Welcome and Apologies for absence

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

The Chair acknowledged those affected by the recent storm, especially in Argyll and Bute and noted it had caused significant disruptions, she thanked NHS Highland staff who went above and beyond to support those in need.

The Chair welcomed NHS Highland's new non-executive director Janice Preston who joined on 1st January 2025 and brought extensive experience from her role at Macmillan Cancer Support. She noted that Dr. Neil Wright would join on 1st April 2025.

Apologies for absence were received from Board Members Alex Anderson, Graham Bell and Karen Leach.

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 judged this not to be necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but judged this not to be 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 26 November 2024 and **approved** the updates to the Action Plan noting the due date for Action 30 – Review the risk rating for risk 1279 due to the current challenges in Social Care would be updated to an appropriate alternative.

1.4 Matters Arising

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

Right place, right time
National Reform
Finance
Vaccination

The Chief Executive took the opportunity to congratulate:

- Senior Charge Nurse, Paul Rusk had achieved the title of Queen's Nurse for his innovative work on healthcare to people in custody.
- Liam Allan, Physician Associate who won the prestigious 'Physician Associate of the Year' award.
- Cathie King, Colorectal/Stoma Clinical Nurse Specialist who had won the Philip Salt Award – Association of Stoma Care Nurses (ASCN) UK Stoma Care Nurse of the Year.

Board Members highlighted the continued challenges facing delayed discharges and raised awareness of the importance of having appropriate Power of Attorney's in place before a member of the public required hospital treatment, they noted that work was underway within the Community Planning Group to address the complex issues contributed to this as it could help reduce delays in receiving the right method of care.

The Chair and Chief Executive agreed that it was an important piece of work and encouraged everyone to set those arrangements up as soon as possible to ensure decisions are made promptly and in their best interests.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee (FRP) agreed minute of 16 December 2024 and draft minute of 10 January 2025

It was noted the financial positions for months seven and eight were reviewed and it was confirmed the financial position had remained stable at around £49-50 million over budget since month four. It was noted this was reassuring as it aligned with the planned forecasts but was dependant on achieving break-even in adult social care and discussions with Highland Council were ongoing.

The Director of Finance updated the committee on the revised brokerage arrangements for 2024-25 and noted an increased cap from the Scottish Government which would allow NHS Highland to avoid a financial deficit this year.

The Director of Estates, Facilities and Capital Planning provided the committee with an update around the New Craigs Private Finance Initiative (PFI) progress alongside the post-evaluation report for the National Treatment Centre (NTC-H) which noted the First Minister emphasised the importance of national treatment centres for future modernisation of NHS Scotland.

b) Audit Committee draft minute of 10 December 2024

The Chair of Audit Committee confirmed the committee reviewed internal audit reports on complaints feedback, attendance management and cybersecurity with appropriate actions being tracked accordingly. She highlighted that common themes were emerging which included consistency, awareness of processes and documentation compliance.

She made the Board aware that the internal auditors had warned the number and magnitude of some issues could affect their annual audit opinion but acknowledged they would update NHS Highland in advance rather than at the time of their annual audit opinion.

The committee was moving forward with addressing the outstanding management actions as the volume had increased, with some beyond their agreed deadline for completion. The committee asked that delays around the commencement of the Children's Services audit were escalated to Board as the work was due to begin in October 2024 and there was concern several months had now passed.

The Director of Finance confirmed she had recently met with internal audit and noted that the audit opinion would not be fully formed until all audits were completed. She explained that NHS Highland had intentionally requested audits in areas facing challenges to address them appropriately. Additionally, she mentioned that meetings with Highland Council and NHS colleagues were scheduled for early February to discuss the Children's Services Audit. This matter had been escalated to the joint Chief Executives' meeting for consideration.

c) Highland Health & Social Care Committee draft minute of 15 January 2025

The Chair of Highland Health & Social Care Committee confirmed the committee received an update on the financial position where it was highlighted challenges remained in place with adult social care delivery and efficiency savings.

He added that other key items included discussions around the Engagement work that had taken place over the last 12 months and the Children and Young People's Services annual report which had shown notable progress, particularly in reducing waiting times.

He noted that the committee had concerns about the high costs of GP locums and dental services. He confirmed that he would discuss these issues further with the Chief Officer to ensure the committee workplan better reflects the impact of long-term vacancies in these areas.

d) Clinical Governance Committee draft minute of 9 January 2025

It was noted the Committee had discussed the recruitment challenges being faced in NHS Highland alongside the ongoing difficulty around delayed discharges and an increase in cancer referrals.

The Committee Chair advised that other key items included discussions around the impact and use of artificial intelligence on future health service delivery within the Public Health Update.

e) Area Clinical Forum draft minute of 9 January 2025

The Chair of Area Clinical Forum highlighted the Forum received an update from the Chief Executive that covered her priorities and the past years activities. The Director of People and Culture provided the Forum with an update on the confidential contacts proposal which was well received.

She added that the Head of eHealth provided an update on the challenges faced in implementing technological advancements within managed and contracted services but confirmed work was underway to improve connectivity.

f) Staff Governance Committee draft minute of 14 January 2025

The Chair of Staff Governance committee highlighted that many of the topics discussed were on the agenda for this Board meeting. She advised committee had received updates on the Equalities and Employability work and thanked colleagues for the development of these items and the detailed updates.

Committee had discussed the Appraisal and PDP Improvement Plans and staff training compliance rates with noted improvements. However, she confirmed there had been a slight decline in Appraisal compliance rates that may have been caused by technical issues which the Director of People and Culture was investigating.

g) Argyll and Bute Integration Joint Board 27 November 2024

There were no additional comments.

The Board:

- **Confirmed** adequate assurance had been provided from Board governance committees.
- **Noted** the Minutes and agreed actions from Area Clinical Forum and Argyll and Bute Integration Joint Board.

4. Integrated Performance and Quality Report (IPQR)

The Board had received a report from the Deputy Chief Executive which detailed current Board performance and quality across the health and social care system. The report noted the need to maximise efficiency opportunities and to bring about service changes that would bolster resilience and use resources in a cost effective way.

The Board was asked to take limited assurance due to the pressures faced by the health and care services in NHS Highland.

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

- Child and Adolescent Mental Health Services (CAMHS) remained a focus and waiting times continued to decrease, work was underway with Scottish Government on plans which included appropriately resourcing the division.
- Challenges persisted in emergency access, but feedback from the Scottish Ambulance Service indicated improvements in Ambulance turnaround.
- Delayed Discharges remained a significant challenge but there had been an improvement from 253 to 220.
- Improvements in Scheduled Care and Treatment Time Guarantee (TTG) continued and there were new initiatives helping to reduce waiting times further. It was noted NHS Highland ranked 6th out of 15 boards.
- Cancer services improvements had been maintained in both 31-day and 62-day indicators with NHS Highland partnered with NHS Forth Valley on breast surgical pathways.
- Complaints Levels had increased slightly and meeting the agreed response times remained challenging but work was underway to achieve improvements.
- Vacancy time to fill and absence metric improvements had been maintained.

During discussion the following points were raised:

- Board Members highlighted the emergency department performance and sought clarity on what the figures would look like for Raigmore Hospital alone. The Chief Officer for Acute advised that Raigmore Hospital's performance varied between 60% to 80% turnaround and acknowledged the hospital continued to face challenges in terms of patient flow through the emergency department due to bed availability but efforts were ongoing to address and improve this.
- Board Members noted an inconsistency in the vaccination figures for Argyll and Bute Health and Social Care Partnership (HSCP) as the report indicated NHS Highland exceeded the national target with 96%, while Argyll and Bute were below. The Director of Public Health confirmed the discrepancy was due to a timing issue with the data.
- Board Members highlighted a decline in Complaints performance for October compared to previous months and sought clarity on the reasons for this and whether the noted mitigations would improve performance significantly.
- The Medical Director confirmed the decline in performance was due to the complexity of the complaints process and service pressures but noted he was confident the mitigations in place would improve performance. The Nurse Director added that there had been a focus on appropriate complaints training for all staff and further training was planned.
- The Chair welcomed the data analysis included in the report and emphasised that the IPQR was a comprehensive and complex report. She acknowledged that system challenges arose from a range of issues rather than a lack of effort on the part of staff. The report itself was nonetheless a valuable tool for assessing performance across key areas.

The Board took **limited assurance** from the report and **noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

5 Finance Assurance Report – Month 8 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 8. It was confirmed that the Board's original plan presented a budget gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements £84.091m were required. NHS Highland's financial position as at end Month 8 reported an overspend of £49.889m with an overspend of £49.697m forecast for the full financial year. The forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position. This forecast is £21.297m worse than the brokerage limit set by Scottish Government and £0.900m better than the target agreed.

The Director of Finance spoke to the circulated report and highlighted slight deterioration in operational positions for the Highland Health and Social Care Partnership (HSCP) and Acute services, while Argyll and Bute's forecast remained stationary

Support services reported an improved position due to the recovery plan in place. She noted the main impacts continued to be supplementary staffing and drug costs. The budget plan was progressing well and there were expectations of recurring savings over the next three years.

A brief outline of the budget setting process for 2025-28 was also provided. Scottish Government expected a clear programme of work to achieve three per cent recurring savings, improved forecast outturn positions for 2025-26 compared with 2024-25, and trajectories for improvement supported by detailed plans. It had been made clear at this stage there would be no brokerage available to boards for 2025-26. Work would continue through to mid-March for the final submission deadline with focus on aligning the finance plan with the ADP, refining Value & Efficiency programmes, and including any new schemes identified through the finance clinics being held between the Chief Executive, Director of Finance and each Executive Director.

The Board was invited to take limited assurance due to the gap from Scottish Government expectations.

During discussion the following points were raised:

- Board Members sought clarity on the forward plan to be submitted to Scottish Government and the iterative process involved. The Director of Finance confirmed that the first draft requirement included an improvement on the current position, the draft being submitted would start with the identified opening gap and focus on the minimum three per cent savings expectation and identifying new pressures. She confirmed the final draft would be submitted to Scottish Government by 17th March, following internal discussions on performance impact.
- Board Members recognised the challenge of achieving the three per cent savings expectation and highlighted the need for effective internal messaging and innovative thinking to achieve efficiencies, potentially addressed through finance workshops and organisational communication.
- The Director of Finance highlighted the difficulty of engaging people to understand the financial position due to the clash between performance and financial realities, stressing accountability at an individual level and making the three per cent savings target more comprehensible.
- The Director of People and Culture suggested the need to engage people in a meaningful way, celebrating success and maintaining scrutiny to address challenges, and highlighted the need to ensure those were communicated through multiple forums.
- The Chief Executive noted the importance of focusing on improvement in the budget and highlighted effective communication with staff and stakeholders was key when trying to convey the plan.

Having **examined** the draft Month 8 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

The Board took a break at 11.06am and the meeting resumed at 11.21am

6 Director of Public Health Annual Report

The Board received a report on behalf of the Director of Public Health that set out information about the health and wellbeing of people in Highland and Argyll and Bute and focused on health inequalities. The report was not a comprehensive review of health inequalities but rather intended to generate action which would tackle this important priority for NHS Highland and its partners. The report included recommendations for action designed to help all agencies work to reduce inequality.

The Board was invited to take substantial assurance that the requirement for the publication of the Board is met noting that other elements of public health reporting will continue to need further work.

The Director of Public Health summarised the key points noted below:

- The NHS was unique in addressing health inequalities by providing free services to everyone at the point of use and the report emphasised the importance of addressing those issues to improve overall health outcomes.
- Health inequalities arose from various factors, including income, access to care, and protected characteristics, however significant improvements had been made with reductions in smoking rates and early cancer deaths.
- There remained challenges in areas such as heart disease and drug-related deaths and it was recommended a strategic approach was adopted to reduce inequalities and improve health outcomes with an emphasis on the need for collaboration with other organisations.
- He noted the importance of addressing social determinants of health, such as income and access to care with a focus on prevention.

During discussion the following points were raised:

- Board Members sought clarity on how the content of the report could be integrated into the new district and community partner planning strategies to ensure public health awareness alongside addressing issues such as frailty, loneliness and eating habits across NHS Highland. The Director of Public Health confirmed that to address these issues it was important all the community partners were working together and taking the approach that public health was a collective responsibility.
- The Chair highlighted many of those community partners were in the meeting and emphasised the importance of focusing on areas where they had influence based upon the recommendations in the report over the coming year.
- Board Members sought clarity on the impact of social prescribing and it's evaluation in terms of outcomes and effectiveness and whether there was a framework in place. The Director of Public Health confirmed there were some evaluation metrics but acknowledged additional work was required to ensure this was more rounded and covered areas such as social prescribing.
- Board Members welcomed the reference to social determinants of health, particularly the challenges faced by the Board to implement them. They suggested the next step would be identifying how to actively implement them in the future.
- The Director of Public Health emphasised the importance of awareness of health inequalities when redesigning services as often improving them can disproportionately benefit those in greatest need.
- The Board Vice Chair suggested the Board should not simply note the recommendations of the report as requested, but also accept the recommendations and ask Executives to bring forward six-monthly and 12-monthly reports through an appropriate governance route to provide assurance on how the Board was implementing the recommendations.

The Board:

- **noted** the 2024 Director of Public Health Annual Report which focused on health inequalities,
- **agreed** to take substantial assurance and;
- **agreed** that biannual progress reports be considered at appropriate governance committees to track and gain assurance on how the Board was implementing the recommendations.

7 Health and Wellbeing Strategy

The Board received a report from the Director of People and Culture detailing the Health and Wellbeing Strategy that was presented to the Board for approval prior to launch. The development of the strategy had involved organisation-wide consultation, with feedback having been considered from various forums and Committees.

The Board was invited to take substantial assurance as full consultation has been completed and feedback considered in the final document, and approve the final strategy.

The Director of People and Culture spoke to the circulated report and highlighted the strategy provided key areas of focus to ensure NHS Highland remained an excellent place to work and the key takeaway was the initiative wasn't starting from scratch as there were a variety of ongoing projects and support systems in place for staff. The focus was on building on and enhancing NHS Highland's current effort.

During discussion the following points were raised:

- The Chair commended the team for their extensive efforts in developing the strategy and asked how NHS Highland planned to continue the level of engagement, recognising this would be an iterative process. She sought clarity on how NHS Highland would ensure the future strategy would reflect the experiences of staff and how staff, managers, and leaders would be enabled to deliver the actions outlined in the plan. The Director of People and Culture explained that engagement would continue through platforms like Engagement HQ and existing processes which would help evolve the strategy and action plan over time. He added there were plans to introduce well-being champions alongside building compassionate leadership practices. It was noted training and protected learning time would be essential.
- Board Members asked if the strategy reflected the cultural diversity of staff and how this would be included in future iterations. The Director of People and Culture confirmed that this would be addressed through the Quality, Diversity and Inclusion Strategy with an update planned for the next Board meeting.
- Board Members highlighted the Equality Impact Assessment (EQIA) was still pending and requested clarification on the proposed timeline for its completion. The Director of People and Culture confirmed this was underway and he would bring an update to the next Board Meeting.

The Board **agreed** to take **substantial** assurance that a full consultation had been undertaken, gathered feedback had been considered and included where appropriate and **approved** the final Strategy.

8 Health and Care (Staffing) Act 2019 Q2 Report 2024-25

The Board received a report from the Director of People and Culture that summarised the implementation of the Health and Care (Staffing) (Scotland) Act 2019 across relevant areas of the workforce. The report included key accomplishments achieved during quarter 2 and a summary of upcoming work for quarters three and four.

The Board was invited to take moderate level of assurance due to gaps in recording, consistency and robust ability to evidence plans and decision making, and to note the requirements placed on the Board by the Act,

The Director of People and Culture spoke to the circulated report and highlighted:

- The Report highlighted an adjustment to the governance cycle to enhance alignment in reporting to the Board and ensuring the annual report is published at the end of each financial year in accordance with legislative requirements.
- Key focus areas included the implementation of standard operating procedures (SOPs) for real-time staffing assessments and appropriate risk escalation.
- The Standard Operating Procedures (SOPs) aimed to ensure consistency and improve NHS Highland's ability to demonstrate compliance with the Act.
- It was noted that only moderate assurance could currently be offered in relation to compliance with the Act. Work was underway to implement the SOPs across all appropriate processes.
- It was noted a programme of work was in place to strengthen NHS Highland's approach which included the rollout of a module named Safe Care as part of the rostering system and he confirmed both the Medical Director and Nurse Director had endorsed the report as required by the Act.

During discussion the following points were raised:

- The Chair asked if NHS Highland would have the opportunity to compare progress with other Boards, particularly in relation to the gathering of data and reporting findings. The Director of People and Culture advised there was variation in how Boards were managing reporting but all annual reports would be public. He added that some Boards had opted for a less detailed summarised report whereas NHS Highland were providing more detailed content to mitigate any unexpected public confusion between the quarterly reports and the subsequent annual report on publication.
- Board Members asked what positive benefits had been evidenced since the Act was launched. The Director of People and Culture highlighted the Act pulled together the practices that should already be in place and made them a legislative requirement. He noted this had been positively received across the organisation. The Nurse Director highlighted it was important to take a holistic approach to balancing the requirements of the Act, particularly around service planning, redesign and workforce requirements both in acute and community settings.

The Board **noted** the requirements placed on the Board by the Act and **agreed** to take **moderate** assurance from the report.

The Board took a lunch break at 12.48pm and the meeting resumed at 1.22pm

9 Draft National Treatment Centre Post Occupancy Evaluation Report

The Board received a report by the Director of Estates, Facilities, and Capital Planning which provided an overview of the National Treatment Centre (NTC-H) Post Occupancy Evaluation Report. The report had been prepared in accordance with the Scottish Capital Investment Manual and evaluated the performance of the NTC-H against the criteria set out in the approved Full Business Case, both in terms of the construction project and service delivery over the first year of operation. The Board was invited to approve the report and take moderate assurance.

The Director of Estates, Facilities, and Capital Planning advised that the report had been reviewed by the Finance, Resources, and Performance Committee in December 2024. Gordon MacLeay, Clinical Advisor, highlighted that training and eHealth resourcing were significant issues in transition planning, particularly for workforce planning and target operating models. The NTC-H Service Manager highlighted the previous challenges faced by the Ophthalmology service during transition where they often had to cancel non-urgent outpatient activity due to emergency and urgent operations in the Raigmore unit. The opening of NTC-H had significantly reduced those cancellations.

As a reflection of the programme the Director of Estates, Facilities and Capital Planning noted that additional time for each stage of the business case would have been beneficial and this would inform future strategies in other areas such as energy and maintenance.

During discussion the following points were raised:

- The Chair and Board members commended the work of those who had contributed to the service delivery throughout the challenging period of the transition to the NTC-H.
- The experiences of opening the NTC-H had created considerable opportunity to harness learning about care pathways that would be shared across the whole organisation.
- The importance of collaborative work and good stakeholder engagement had been essential.
- Board Members sought clarity on why the orthopaedic target was only set to 85%. It was noted that the performance figure had been set to take account of the move to a new building as well as addressing staffing challenges on public holidays. However, with mitigating actions, performance had improved and plans were underway to raise performance targets to 90% and subsequently 95%.
- Board Members asked whether lessons had been learned around workforce challenges and communication methods. It was commented that while the feedback from staff had been positive, there had been difficulties encountered as part of moving a service from one building to another and it was acknowledged there was a need build additional time into future projects to improve engagement and understand the workforce impacts in more detail.
- Board Members suggested the assurance level being offered should be raised to substantial in recognition of the detailed level of work that had been undertaken and the success of the project to date. The Director of Estates, Facilities and Capital Planning mentioned that moderate assurance had been noted as feedback was still required from Scottish Government.
- Following further discussion, the Chair recommended that the Board could take substantial assurance from the report and that any further feedback from Scottish Government would be added to the documentation as appropriate.

After reviewing the report, the Board **approved** the report as part of the formal governance process and **agreed** to take **substantial** assurance.

10 Highland Integrated Care Service – Model of Delivery

The Board received a report from the Director of People and Culture detailing progress to date on the discussions between NHS Highland (NHS) and the Highland Council (THC) in relation to the model of integration for Highland Health and Social Care Partnership (HHSCP). In 2024, discussions between THC and NHS on integrated health and social care services were influenced by amendments to the National Care Service Bill, which replaced existing integration models with National Care Service local boards, eliminating the Lead Agency model.

The Board was asked to note ongoing preparatory work to optimise future care delivery and recommend modifications to the current care and governance model. Additionally, the Board was asked to agree to form a strategic Steering Group with representation from both lead agencies, and a joint communication approach to keep stakeholders informed and involved.

The Director of People and Culture spoke to the circulated report and highlighted:

- NHS Highland and The Highland Council had agreed to collaborate on exploring future integration models in summer 2024. Despite the Scottish Government's recent decision to remove part one of the National Care Service Bill which was an additional driver, this change would not impact progress to review the integration model.
- He confirmed that the Joint Monitoring Committee (JMC) approved the proposal on 13 December 2024 and The Highland Council approved it on 12 December 2024.
- The proposed strategic steering group would oversee the additional work required whilst ensuring there was appropriate representation from both lead agencies including councillor, officer, executive and non-executive directors.
- The Chief Executive added that, with the changes to the National Care Service Bill, the discussions around the change in the integration model had become a local rather than national issue. She highlighted the success in maintaining capacity at Moss Park Care Home through collaborative work with Highland Council, which differed from the current scheme of delegation.

During discussion the following points were raised:

- Board Members noted the change in the integration model would require significant work and sought assurances that resources and focus would not be diverted from other challenges, such as delayed discharges. They also questioned whether this should be added to the risk register and asked for clarification on whether the reporting route would sit with the JMC, NHS Highland, or Highland Council. The Chief Executive confirmed there were ongoing efforts to maintain the status quo, particularly in managing hospital flow and addressing delayed discharges which highlighted the need to address the integration model. She added that the steering group would decide early on whether to add this to the risk register and determine the appropriate reporting route. The Director of People and Culture added that the report highlighted any change would have resource implications yet to be determined. There was recognition from a number of parties, including Scottish Government, that NHS Highland would require resource to enable any agreed change.
- The Chair welcomed the joint communication plan and emphasised that many members of the public and staff would want to understand what the implications of the change in model would mean to them. She highlighted the importance of a robust communication strategy that included clear answers to these questions, ensuring everyone is well-informed about the changes and their impact.
- The Chief Executive confirmed that implementing the Joint Strategic Plan was crucial to improving services to meet NHS Highland's population needs. She explained that communication around the integration model change would highlight its role in supporting the plan's delivery and the key impact on the public and staff would be seen in changes to activities and care practices, rather than the governance model itself.

The Board:

- **Noted** preparatory work would be undertaken to identify the optimal future care delivery in Highland and make recommendations on modifications to the care and governance model currently in place in Highland.
- **Agreed** to create a strategic Steering Group to oversee the required work with representation from both lead agencies, including councillor and officer representation from The Highland Council and executive and non-executive director representation from NHS Highland.
- **Agreed** the approach to joint communications advised in this paper, to ensure that all stakeholders were fully appraised of plans as they evolved and had the chance to shape them.

11 Corporate Risk Register

The Board received a report from the Medical Director which provided an overview of the NHS Highland corporate risk register, which provided awareness of risks that would be considered for closure and additional risks to be added. The Board was invited to examine and consider the evidence provided and make final decisions on those risks and take substantial assurance on compliance with legislation, policy and Board objectives.

The Medical Director spoke to the circulated report and highlighted the following:

- Risk 712: Fire Compartmentation had been closed after review at the Estates, Facilities and Capital Planning Health and Safety Group, Health and Safety Committee and the Finance, Resources and Performance Committee.
- Risk 1182: New Craigs PFI Transfer's risk score had been downgraded from nine to six (moderate – not expected to happen, but potential risk remains) as the mitigations in place were working as expected.

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

12 Blueprint for Good Governance Update

The Board received a report from the Board Secretary, on behalf of the Board Chair which provided a progress update on the delivery of actions from the Board's Blueprint for Good Governance Improvement Plan agreed by the Board in July 2023. The Board was invited to take substantial assurance and note the informal oversight in the delivery of the improvement plan would continue to be undertaken by the Chairs Group, and Governance Committees for outstanding longer-term actions during the May 2025 cycle of meetings. A further report would be submitted to the Board in July 2025.

The Board Secretary spoke to the circulated report and highlighted:

- The original plan had 17 listed actions and the report confirmed 12 actions had been completed with progress noted in appendix one.
- There had been a joint session between the Board and the Area Clinical Forum around Quality of Care and work was underway to introduce a quality framework that would include patient feedback.
- The review of organisational controls across the organisation in relation to risk appetite and risk management were ongoing and would extend beyond the lifetime of the plan.

The Board:

- **Agreed** to take substantial assurance from the report and Appendix A.
- **Noted** informal oversight of progress of delivery of the improvement plan would be undertaken by the Chairs Group and Governance Committees in May 2025, and
- **Noted** a further progress update will be submitted to the Board in July 2025.

13 Committee Memberships Review

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined proposed additional changes to the Board's non-executive membership and further adjustments to Governance Committee memberships. The Board last agreed revised Governance Committee memberships in November 2024. A further report would be presented to the Board in March to finalise all committee membership reviews.

The Board **agreed** to take **substantial** assurance from the report and that changes to Committee Memberships would commence immediately.

14 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 25 March 2025
The meeting closed at 2pm