

<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>NHS Highland na Gàidhealtachd</p>
<p>DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>25 March 2025 – 9.30am</p>

Present

Dr Tim Allison, Director of Public Health & Policy
Alexander Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Sarah Compton-Bishop, Board Chair
Louise Bussell, Nurse Director
Garret Corner, Argyll & Bute Council stakeholder Non-Executive
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Heledd Cooper, Director of Finance
Albert Donald, Non-Executive
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Philip Macrae, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive
Catriona Sinclair, Non-Executive & Chair of ACF
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Dr Heather Bain, University of the Highlands and Islands
Evan Beswick, Chief Officer, Argyll & Bute Health & Social Care Partnership
Jane Buckley, Head of Operations, Acute (Item 5)
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Kristin Gillies, Interim Head of Strategy & Transformation
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Heather Richardson, Head of Operations
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
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 congratulated Ruth Fry on her appointment to the position of Chief Officer for Human Resources and Communications at The Highland Council and thanked her for her hard work. The Chair noted Ruth Fry had served as Head of Communications and Engagement since December 2020, excelling in staff engagement and external communications and noted her contributions were deeply appreciated.

The Chair expressed gratitude to Ruth Daly, Board Secretary who would soon be leaving the Board, acknowledging her dedication since 2016 in establishing governance systems, supporting reforms, and managing emergency governance during the pandemic.

The Chair also paid tribute to Ann Clark, whose term ended on 31 March 2025, highlighting her contributions as Vice Board Chair where she significantly contributed to Board and Committee business, championed health inequalities, and enhanced partnership arrangements in health and social care delivery.

The Chair also took time to highlight the importance to reflect on the challenges and sacrifices faced as part of the covid pandemic, and the impact on individuals, communities, and staff. It was important to honour the work of health and social care teams, and the volunteers who supported each other during tough times.

Apologies for absence were received from Elspeth Caithness, Joanne McCoy and Muriel Cockburn. It was noted Board Member Alexander Anderson would need to leave the meeting for a short time.

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.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, 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 28 January 2025, provided an amendment was made to item six to note the Board agreed the recommendations of the Director of Public Health's 2024 report and requested an update be brought back to the board in 6 months' time.

The Board **noted** the Action Plan, as amended, and **agreed** to close the three actions noted for closure.

1.4 Matters Arising

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on National Reform and Collaboration, and Vaccinations and took the opportunity to congratulate:

- Broadford Hospital for resuming 24/7 maternity services after recruiting two full-time midwives and celebrating the birth of baby Jasper Latton on 11 March 2025.
- Staff at the Wade Centre in Kingussie were praised for their outstanding Care Inspectorate report, which highlighted the Centre's warm atmosphere and excellent care.
- Lochardil Pharmacy for their resilience after a car accident damaged their premises, earning them a nomination for the community pharmacy team of the year award at the Scottish Pharmacist Awards.

During discussion the following points were raised:

- Board Members highlighted their appreciation for starting meetings with good news and encouraged sharing more positive updates at future meetings. The Chief Executive welcomed the comments but acknowledged the need for balance to avoid the impression of glossing over challenges being faced across the organisation.
- Board Members asked about the role and future workload of National Treatment Centres (NTCs) in reducing waiting lists. The Chief Executive confirmed that plans had been submitted to the Scottish Government to address the longest waits and suggested that NTCs and other hospital centres with less unscheduled care demand could provide the necessary additional capacity.

The Board **noted** the update.

3 Health Board Collaboration and Leadership

The Board received a report from the Chief Executive outlining NHS renewal and reform following the First Minister's statement on 27 January 2025. It noted new governance arrangements, including the NHS Scotland Executive Group and initiatives for collaboration across NHS Scotland. Boards were urged to balance local service delivery with the needs of wider populations, especially in planned care.

The Board was asked to take substantial assurance from the report and note the need to refresh the Board performance framework and Executive personal objectives, as referenced in the Director General Caroline Lamb's letter of 7 February.

During discussion the following points were raised:

- The Chair noted that processes for collaborative cross-Board working were already in place; something that NHS Highland was used to working with, for example with residents of Argyll and Bute accessing several services provided by NHS Greater Glasgow and Clyde. The Chair asked how wider collaborative working between boards was being considered regarding potential impact on health inequalities, given NHS Highland's unique remote and rural geography. The Chief Executive acknowledged the difficulty in articulating this and acknowledged it would be an opportunity to proactively identify and mitigate risks by improving access to hubs or specialist centres that NHS Highland do not currently have access to.
- Board Members raised concerns that most of the theatre capacity might be in remote areas. They sought clarity on how this would be managed, especially regarding the communication about travelling to these locations. They also questioned whether patients would have the option to be seen sooner at a remote location or wait longer to be seen at their preferred location. The Chief Executive confirmed travel concerns were being addressed but acknowledged NHS Highland's policies would require adjustment to take account of the expected requirements including the access to care policy to maintain public confidence.
- Board Members asked about the possibility of additional funding to reduce wait times, potentially through faster diagnostics. The Chief Executive confirmed there would be separate funding for Scheduled Care and Unscheduled Care. She added the operational plan included investing in diagnostics, particularly in primary care to support the overall strategy to reduce wait times.

The Board:

- **Noted** the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments
- **Noted** the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.
- **Acknowledged and Endorsed**
 - the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
 - the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.
- **Noted** in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.
- **Agreed** to take **substantial assurance** from the report.

4 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance (FRP) Committee agreed minute of 7 February 2025 and summary of meeting of 14 March 2025

The Chair of FRP highlighted that the committee had received an update on the Business Continuity Investment Plan but noted the content appeared reactive in approach rather than proactive and confirmed the committee would monitor this moving forward.

He also noted that several papers were late for the March meeting so those items had been deferred to the April meeting to allow sufficient time for scrutiny and seek assurance.

b) Staff Governance Committee summary of 4 March 2025

The Chair of Staff Governance Committee highlighted a short life working group would be set up to identify the barriers impacting the appraisal and PDP completion rates. She suggested Board Members take the opportunity to read the staff engagement paper which provided comprehensive data on a variety of engagement sessions held.

It was noted the committee approved the proposal of a funded in-house confidential contact service which would be implemented in due course.

c) Highland Health & Social Care Committee summary of 5 March 2025

The Chair of Highland Health & Social Care Committee noted the committee received an update on community led support, particularly around self-directed support. It was noted that one of the main barriers was the lack of a robust commissioning strategy.

A report on care governance was reviewed but the Chair acknowledged that there was still the perception it was less important than clinical governance. Concerns were also raised around the impact the National Insurance increase would have on the independent and third sector.

He added that the committee's membership currently had no lay members and work was underway to refresh the approach. The Chair of the Board confirmed work was underway to review this process to ensure that public representation was meaningful.

d) Clinical Governance Committee summary of 6 March 2025

The Chair of Clinical Governance Committee noted the committee received updates on the Vascular service where ongoing work was underway to minimise risks. An update was received from the Chair of the Highland Transfusion Committee which noted a focus on continuing the recent improvements.

She added that committee received confirmation that a clinical governance group would be set up to work towards sustained improvements within the Infants, Children and Young People area.

e) Audit Committee summary of 11 March 2025

The Chair of the Audit Committee reported that internal audit updates on fraud risks, devolved procurement processes, and supplementary staffing led to extensive discussions. Audit Scotland also presented their latest NHS in Scotland overview report, which contained no unexpected issues. Many of the recommended actions were directed at the Scottish Government.

It was noted there had been significant progress with outstanding management actions and several had been downgraded. She added that the committee received notification that after some initial setbacks progress had been made with the Children's Services Audit with an update expected in June; the Director of Finance confirmed that all auditors and key stakeholders had agreed a joint plan.

f) Argyll and Bute Integration Joint Board (IJB) Minute 29 January 2025

The Vice Chair of the IJB highlighted ongoing recruitment challenges across the partnership, which were also evident at senior level with an increased number of interim posts. He acknowledged these challenges were not unique to Argyll and Bute but were prevalent across Scotland. He added that efforts were underway to address these issues.

The Board:

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

5. Integrated Performance and Quality Report (IPQR)

The Board 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) continued to make progress in reducing wait times with some recent recruitment assisting in reductions.
- Alcohol Brief Interventions performance had recovered and were now above target.
- Unscheduled Care performance remained challenging with Delayed Discharges impacting overall performance, he noted some improvements had been made and work was underway to ensure they could be sustained.

- Scheduled Care continued to perform well, particularly within outpatient, Treatment Time Guarantee (TTG) and diagnostics and were either on track to meet or exceed the National average.
- Cancer performance had reduced following the festive period and numbers had since recovered; this would be reflected in the next IPQR update.
- Complaints performance had improved and efforts were ongoing to sustain those improvements and achieve further enhancements.
- There had been sustained improvements made in both vacancy time to fill and statutory/mandatory training compliance.

During discussion the following points were raised:

- Board Members suggested the IPQR include narrative on significant transformation areas, particularly the use of the transformation fund in collaboration with Highland Council, focusing on issues like delayed discharges. The Chief Executive confirmed the Council and NHS Highland were collaborating to transform services through the Joint Strategic Plan. She welcomed the Council's specific funding and emphasised the importance of clear governance to avoid confusion through the Joint Strategic Plan.
- The Board Chair asked whether there was any national work taking place to understand the drivers behind declining MMR vaccination rates. The Director of Public Health acknowledged that despite overall improvements in vaccination rates, MMR uptake remained low. He confirmed potential reasons included hesitancy about vaccine effectiveness and efforts were underway to address this decline.
- Board Members sought clarity on when improvements would be seen in delayed discharge numbers. The Chief Officer for Highland Health and Social Care Partnership confirmed that interventions on delayed discharges were actively monitored through regular updates, including fortnightly reports to the Executive Director's Group. They have developed new data sets to better understand patient flow and trialled an Allied Health Professional 'on the door' project to support patients, though these impacts were hard to quantify in the IPQR. The Chief Officer for Argyll and Bute added that focus was on a proactive approach to delayed discharges by collaborating closely with community teams alongside NHS Greater Glasgow and Clyde as most delayed discharges occurred there rather than NHS Highland.
- Board Members sought clarity on NHS Highland's communication strategy for patients awaiting scheduled care. The Head of Operations emphasised the importance of keeping patients informed and explained that a local access policy was in place. She confirmed the policy included proactive management of waiting lists and ongoing discussions with primary care colleagues to ensure effective handling of these lists.
- Board Members highlighted that Tissue Viability metrics were rated red and asked about the implementation of more realistic targets mentioned in previous meetings. The Nurse Director acknowledged ongoing challenges and the need for further investigation to identify root causes but explained the metrics remained red due to Scottish Government's expectation of a 20% reduction in the target.
- Board Members noted that recorded absence reasons had remained unchanged for nearly 12 months and questioned if managers were informed about noting accurate reasons. The Director of People and Culture explained that this had been explored but the task was often delegated, especially for short-term absences where the person taking the call may not feel comfortable asking detailed questions. He added that work was underway to develop clear guidance for staff on what they can and cannot ask during absence calls.

After considering the level of performance across the system, the Board took **limited assurance** from the report and **noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

The Board took a break at 11.18am and the meeting resumed at 11.30am

6 Finance Assurance Report – Month 10 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 10. It was confirmed the Board's original plan presented a budget gap of £112.491m. With a brokerage cap of £28.400m which meant savings of £84.091m were required. The forecast assumed further action could be taken to deliver a breakeven Adult Social Care (ASC) position. The Forecast was £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target agreed with the Board in May 2024.

The Director of Finance noted that despite slight declines in adult social care and acute positions, overall improvements in community, primary care, and mental health, along with significant gains in support services and progress in Argyll and Bute, were expected to enable the delivery of the revised brokerage cap by the year end.

Cost reduction workstreams continued, with an increase in the planned delivery value for the year being reported. The capital position required further spending to meet the full allocation, together with additional capital secured from Scottish Government.

A brief update on the 2025-26 budget position reported an initial deficit, which would reduce after recurrent savings and non-recurrent actions but still leaving a significant gap. Confirmation had been received for partial coverage of directly employed staff's National Insurance contributions, but not currently for independent sector providers.

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 asked whether Scottish Government had provided any feedback relating to the proposed position. The Director of Finance confirmed detailed feedback from Scottish Government regarding the agreed position would be available ahead of the May board meeting.
- Board members questioned how collaborative working across boards might look financially, particularly around SLA charging arrangements in the future and whether there had been any discussions amongst finance directors. The Director of Finance advised this may be discussed at an upcoming Directors of Finance meeting, but it was likely a topic of discussion once a new Scottish Government Director of Public spending was appointed.

While cross-boundary flow and planned care submissions already supported some collaboration, the approach was still evolving, and definitive plans would depend on ongoing feedback and implementation of adjustments.

Having **examined** the draft Month 10 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

7 Argyll and Bute Integrated Joint Board (IJB) Opening Offer

The Board received a report from the Director of Finance detailing the initial budget offer for Argyll & Bute IJB for the 2025/2026 financial year. The Director of Finance had been in dialogue with the IJB's Chief Officer and Chief Finance Officer (CFO) and an offer in principle had been made, subject to Board approval.

The Board was invited to take Moderate Assurance due to risks in relation to funding of pay settlements and potential changes to methodology for uplifting SLAs; the SLA accounts for £82.570 m of the IJB budget. They were also asked to approve the budget offer to Argyll and Bute Integration Joint Board.

The Director of Finance spoke to the circulated report and advised the process followed the same annual procedure, which considered all additional allocations/adjustments. Despite some risks around expected allocations, both teams worked collaboratively throughout the year with the IJB being aware of the estimated value of any opening offer.

During discussion the following points were raised:

- The Chief Officer for Argyll and Bute noted appreciation for the collaborative approach and consistent engagement between teams.
- Board members questioned whether the outstanding in-year allocations would be passed through on a National Resource Allocation (NRAC) basis, following the same pattern. The Director of Finance confirmed that some allocations sat outside NRAC but these were small and discussed between the IJB and NHS Highland first; otherwise, they were passed through NRAC.
- Board Members sought clarity on the relationship between the NRAC share and the scheme of delegation and how that impacted on services provided. The Director of Finance confirmed that all services were delegated to Argyll and Bute so nothing sat outwith the NRAC allocation provided. The Chief Officer for Argyll and Bute added that whilst a complicated area, there was a transfer of funding back to ensure equity in corporate services.

The Board **agreed** to take **moderate assurance** and **approved** the budget offer to Argyll and Bute IJB.

8 Corporate Parenting Update

The Board received a report from the Director of Public Health to raise awareness of the current and planned activity for 2025 relating to NHS Highland Board's corporate parenting responsibilities. The Board was invited

to take moderate assurance due to the requirement of a revised Improvement Plan aligned with the Promise and the UNCRC Act.

The Director of Public Health spoke to the report, noting differences in corporate parenting arrangements between Highland and Argyll and Bute Health and Social Care Partnerships. Despite the lack of a unified plan, both aimed for the same outcomes. He emphasised the importance of addressing the needs of care-experienced individuals and mentioned that a new improvement plan was due by June 2025.

During discussion the following points were raised:

- Board Members asked whether proactive collaboration was taking place between the two partnerships such as sharing resource and best practice. The Director of Public Health advised there was scope to do this, particularly in primary care which would be explored.
- The Child Commissioner added that Argyll and Bute had followed an integrated approach by comparison to North Highland but acknowledged she would be able to apply that learning in the revised improvement plan.
- Board Members sought clarity on how they could maintain visibility of their responsibility as corporate parents without complicating existing governance in place. The Child Commissioner confirmed that training was being planned for Board Members and suggested a future Board Development session focused on the topic.
- Board Members asked about the availability of data to show if actions were improving population health and if health assessments had been redesigned to gather more trauma-aware data. The Child Commissioner acknowledged challenges in obtaining clear data but mentioned various methods were being explored to address this. She noted that health assessment completion was below desired levels but would be part of a new approach with The Highland Council and updates would be provided to the Joint Monitoring Committee (JMC) as the correct route of governance with subsequent updates provided to the Highland Health and Social Care Committee.

The Board **noted** the update and **agreed** to take **moderate assurance** from the report.

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 there were no substantive updates to the risks and no risks were to be considered for closure.

Board Members asked how information from different parts of the system such as internal audit contributed to the completeness of the risk register. The Deputy Chief Executive confirmed that the risks were reviewed collectively on a quarterly basis. The Director of People and Culture added there would be opportunity to refresh the approach to the Boards corporate risk register over the next 12 months.

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

10 Whistleblowing Standards Report – Quarter 3

The Board had received a report from the Director of People and Culture on the Whistleblowing Standards Quarter three activity covering the period 1st October – 31st December 2024. 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 basis of robust process 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:

During discussion, Board members sought clarity on whether the expected timescales were a national challenge or unique to NHS Highland. The Director of People and Culture confirmed other Boards were experiencing similar challenges due to the complexity of some cases.

The Board took **moderate assurance** from the report based upon the robust process in place, and **took confidence** of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

11 Equality, Diversity and Inclusion Workforce Strategy

The Board had received a report from the Director of People and Culture on the Equality, Diversity and Inclusion (EDI) Strategy. The EDI strategy was at the final stage following an organisational wide consultation and the Board was asked to approve the strategy prior to the launch and take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

The Director of People and Culture spoke to the circulated report and highlighted the key purpose of the strategy was to strengthen NHS Highland's obligations under the Equality Act whilst taking a holistic approach to achieve improvements in EDI.

During discussion the following points were highlighted:

- Board Members sought clarity on whether the strategy would assist NHS Highland in supporting safe spaces for all patients and staff. The Director of People and Culture confirmed that national efforts were underway to support the workforce in this area by means of formal guidelines and emphasised the Equality Act was the foundation of the EDI Strategy.
- Board Members appreciated the integrated approach to Equality Impact Assessments (EQIA) and asked how the cultural change would be implemented. The Director of People and Culture explained that work was underway to adopt a simplified EQIA approach from another Board, making the required content clearer.
- Board Members asked about the strategy's impact on training and staff recruitment. The Director of People and Culture explained that while the strategy outlined high-level aspirations, some outcomes would be more tangible than others. The action plan and outcomes would be reviewed by the Staff Governance Committee.
- Board Members highlighted the key performance indicators were predominantly quantitative and sought clarity on whether there would be quantitative data included. The Director of People and Culture confirmed the mainstreaming report would pull together case studies to provide this data.
- The Chair suggested it would be helpful to pull each of the component parts together when considering future reporting so the Board could visualise how each part contributed effectively to the overall strategy. The Director of People and Culture agreed and confirmed a table would be included in future updates to articulate appropriately.

The Board **noted** the content of the report, **agreed** to take **substantial assurance** due to the reach of the consultation, the incorporation of feedback and the governance routes followed and **approved** the strategy document for publication.

The Board took a lunch break at 1.10pm and the meeting resumed at 1.40pm

12 Equal Pay Statement and Pay Gap Report 2025

The Board had received a report from the Director of People and Culture that considered the workforce and payroll data position as of 31st December 2024. The Board was asked to take substantial assurance that the publication of the report demonstrated compliance with the Public Sector Equality Duty.

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

- The publication of the equal pay report was required every four years and the pay gap report bi-annually with both mean and median pay gap data being reported. It was confirmed the reporting framework and template were consistent across NHS Scotland to ensure the principles of equal pay and the term 'equal pay for equal work' considered as part of Agenda for Change job evaluation process were included.
- Occupational segregation was an area that required further development especially around protected characteristics which would form part of the Employability Strategy.
- The average pay gap in NHS Highland was 19.59% and males earned on average £4.99 per hour more than females and whilst the gender pay gap was small for Agenda for Change/Senior Managers, the size of the overall pay gap was driven by a larger disparity in Medical and Dental staff.

During discussion the following points were highlighted:

- The Chair sought explanation on how the pay gap in NHS Highland compared with other Boards and the reason overtime was not included in the report. The Director of People and Culture confirmed there were complexities involved in obtaining accurate overtime figures, noting these factors contributed to its exclusion.
- Board Members expressed concerns about the accuracy of disability data and questioned if it truly reflected the status in NHS Highland. They suggested promoting NHS Highland as an employer that encouraged staff to disclose disabilities or request reasonable adjustments. The Director of People and Culture acknowledged the challenge, noting that many staff may benefit from adjustments but do not identify as disabled. He added that a national policy on reasonable adjustments was being developed.
- Board Members asked if changes to equal pay were influenced by NHS Highland's actions or solely by mechanisms like Agenda for Change. The Director of People and Culture noted that whilst data was published, it often drew limited conclusions, he suggested future workforce monitoring reports could include positive actions taken.
- Board Members noted that higher salaries for dental and consultant staff were affecting overall figures and asked if this data could be separated for a clearer workforce overview. The Director of People and Culture confirmed this was under review and noted that pay was influenced by multiple factors, not just these two workstreams and it was important not to segregate pay statistics too far.

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

13 Equalities Outcomes and Mainstreaming Progress Report 2021-25

The Board had received a report from the Director of People and Culture that provided an update on progress made against the three equality outcomes since 2021 and mainstreaming of equality within NHS Highland. The Board was invited to take moderate assurance due to some actions not being achieved within the 2021-2025 cycle and had been carried forward into the 2025-2029 Equality Outcomes. The Board was also asked to approve the Equalities Outcomes and Mainstreaming report prior to publication.

The Director of People and Culture spoke to the circulated paper, emphasising it was a collaborative effort between the People and Culture and Public Health Directorates. The Director of Public Health added that the report should be viewed in the context of health inequalities and protected characteristics, considering ongoing efforts to positively impact the local population.

During discussion the following points were highlighted:

- Board Members asked if the report included Argyll and Bute, as it only noted areas within Highland. The Director of Public Health confirmed the report should cover all of NHS Highland and would clarify and confirm the inclusion of Argyll and Bute figures.
- Board Members noted the report indicated the perinatal service was unable to provide direct interventions and sought clarity on the plans to measure the impact of these activities and how NHS Highland was addressing health inequalities. The Director of Public Health confirmed he would consult with colleagues and provide an update in due course.

The Board:

- **Noted** the content of the report.
- **Agreed** to take **Moderate Assurance** the content of the report provided confidence of compliance with legislation, policy and Board objectives.
- **Approved** the Equalities Outcomes and Mainstreaming report prior to submission and publication to meet the legal requirement.

14 Equality Outcomes 2025-29

The Board had received a report from the Director of People and Culture outlining the proposed Equality Outcomes for 2025-2029. This report demonstrated that NHS Highland had complied with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012.

The Board was invited to take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed. They were also asked to approve the Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

The Director of People and Culture spoke to the circulated paper and highlighted work was underway to ensure the Equality Outcomes linked appropriately to the Director of Public Health's Annual Report recommendations alongside the people and culture items discussed earlier in the agenda.

The Board:

- **Noted** the content of the report.
- **Agreed** to take **Substantial** Assurance the content of the report provided confidence of compliance with legislation, policy and Board objectives.
- **Approved** the Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

15 Health and Care (Staffing) Act 2019 Q3 Report and Annual Report 2024-25

The Board received a report from the Director of People and Culture on the Health and Care (Staffing) Act implementation. The Annual Report reviewed progress during the Act's first year and outlined priorities for 2025/26. It focused on progress up to the end of Quarter 3, with a Quarter 4 addendum to be submitted in Spring 2025.

The Board was asked to note the requirements placed on the Board by the Act and invited to take moderate assurance due to sound systems of governance, risk management and controls in place. The Director of People and Culture noted it had been shared with the Clinical and Staff Governance Committees. He confirmed that feedback was given to Scottish Government which highlighted the significant quantity of data requested and concerns about minimal changes between quarters.

During discussion the following points were highlighted:

- Board Members noted some potential immediate improvements, especially regarding the Operational Pressures Escalation Levels (OPEL) process. They sought clarity on the status of its full rollout and asked about the agility of our approach to transforming services.
- The Director of People and Culture confirmed that further development of the OPEL process would occur in 2026, aiming to extend its reach comprehensively. He noted that while the legislation itself was not agile, NHS Highland's approach to ensuring safe staffing levels was flexible due to the variety of available tools.
- Board Members noted the Act focused on clinically developed tools and asked how NHS Highland was addressing similar risks in the social care workforce. The Director of People and Culture confirmed that while the Act covered all areas, applying it holistically was challenging. He added that existing frameworks covered Councils, and the Integration Joint Board would seek assurance through those mechanisms.

The Board:

- **Noted** the requirements placed on the Board by the Act.
- **Approved** the Health and Care (Staffing) Act 2019 Q3 Report and Annual Report 2024-25.
- **Agreed** to take **Moderate Assurance** due to sound systems of governance, risk management and controls in place.

16 Employability Strategy

The Board had received a report from the Director of People and Culture on the Employability Strategy, the Board was asked to approve the strategy for publication and take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

The Director of People and Culture highlighted efforts to identify resources and gaps in attracting a diverse workforce. The aim was to enable flexible career progression, considering diverse perspectives like youth employment and career changes. Collaboration with partners was crucial due to the limited local workforce, with the employability lead playing a key role.

During discussion the following points were highlighted:

- Board Members welcomed the strategy and asked how each constituent area such as urban, semi-urban and remote/rural opportunities would be considered at grassroots recruitment level. The Chief Executive noted significant investment in renewable energy industries in remote areas, presenting opportunities for high-quality employment. However, with a small pool of young people and local employers competing for talent, it

would be crucial to leverage these opportunities strategically. She confirmed plans to invite colleagues from Highlands and Islands Enterprise to discuss NHS Highland's approach.

- The Nurse Director added it would be important to work in partnership with the local community to understand the gaps and bring them on the engagement journey.
- Board Members emphasised the importance of addressing challenges, especially the risk of staff moving to other employers. The Director of People and Culture agreed and noted that agility was a key element of the strategy to mitigate those concerns.

The Board **approved** the Employability Strategy for publication and **agreed** to take **substantial assurance** due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

17 Review of Argyll and Bute HSCP Integration Scheme 2025

The Board received a report from the Director of People and Culture about the need to review the Argyll and Bute Health and Social Care Integration Scheme by 23rd March 2026. The proposed steps included forming a working group, with further updates to be provided to Argyll and Bute Council, the IJB, and NHS Highland Board. The Board was asked to take substantial assurance.

The Chair highlighted there was ongoing discussion about public sector reform and the single authority model in Argyll and Bute and while these were separate processes, there could be potential for convergence. The Chief Executive added the single authority model process coincided with the timeline of the scheme delegation review. She noted it was important for Ministers to understand the need for a functional organisation with good governance, without adding complexity.

The Board:

- **Noted** the requirement for a review of the current Argyll and Bute Health and Social Care Partnership Integration Scheme to be carried out by 23rd March 2026.
- **Noted** the steps being proposed by the Argyll and Bute Integration Joint Board in respect of carrying out the review, including the formation of a working group.
- **Noted** that further updates in respect of the review would be prepared for future meetings of Argyll and Bute Council, IJB and NHS Highland Board.
- **Agreed** to take **Substantial Assurance** from the report.

18 Annual Code of Corporate Governance Review

The Board received a report from the Board Secretary to take account of developments and changes that require to be reflected in the Code of Corporate Governance.

The Board Secretary spoke to the circulated report and highlighted it was considered and endorsed by the Audit Committee on 11 March 2025. The full suite of control documents would be revised and uploaded to the web once approved by the Board.

The Board:

- **Approved** and **Agreed** to take **Substantial Assurance** from the recommendation of the Audit Committee in agreeing revisions to the Code of Corporate Governance.
- **Noted** that the full suite of control documents would be revised and re-uploaded to the web once approved by the Board

19 Annual Board and Committee Workplans 2025-26

The Board received a report from the Board Chair to seek the Board's endorsement of Board and Governance Committee Workplans for the 2025-26 financial year.

The Board **agreed** to take **substantial assurance** and **approved** the Board and Committee workplans for 2025-26

20 Governance Committee Memberships

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined further changes to Governance Committee memberships to consider changes in Non-Executive Board membership. The Board last agreed revised Governance Committee memberships in January 2025.

The Chair highlighted there remained a vacancy on Audit Committee and confirmed work was underway to recruit an additional Non-Executive Director. It was noted that Dr Tim Allison appeared twice on the Joint Monitoring Committee Membership where it should be Dr Paul Treon.

The Board **agreed** to take **substantial assurance** from the report and that changes to Committee Memberships would commence from 1 April 2025.

21 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 27 May 2025
The meeting closed at 2.31pm