

Present

Dr Tim Allison, Director of Public Health
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Philip MacRae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Gaener Rodger, 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
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Simon Steer, Director of Adult Social Care
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 paid tribute to Gaener Rodger, whose term ends on 30 September 2024, highlighting her significant contributions since 2016, including roles as Chair of Audit and Clinical Governance Committees.

Congratulations were extended to Lorraine Cowie, Head of Strategy and Transformation on her new role with Scottish Government and to Evan Beswick on his appointment as Chief Officer for Argyll and Bute Health & Social Care Partnership (HSCP) noting his extensive contribution as Head of Primary Care prior.

Apologies for absence were received from Board Members Albert Donald and Emily Austin and Catriona Sinclair.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this were not 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 were not 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 30 July 2024 and **approved** the updates to the Action Plan noting:

- Action 26 related to the Board's assurance from the Integrated Performance and Quality Report (IPQR) through its Governance Committees and noted a Board Development Session would cover this topic in October 2024.
- Closure of Action 24 as the alignment of trajectories would now be incorporated into the IPQR on a rolling basis.
- Closure of Action 25 as an update on Alcohol Brief Interventions in Argyll and Bute Health and Social Care Partnership had been issued to Board.
- Closure of Action 27 as six-monthly Annual Delivery Plan (ADP) updates had been added to the Board Workplan.

1.4 Matters Arising

There were no matters arising.

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

- System Capacity and efficiency
- Inclusive Care
- Visits and forthcoming events
- Values in Practice staff awards
- NHS Highland Speak-Up Week

The Chief Executive took the opportunity to remind attendees that the NHS Highland Annual Review would take place on 19 November 2024 which staff and members of the public could attend either in-person or online.

During discussion the following points were raised:

- The Chair highlighted the value of accompanying the Chief Executive on visits as it had provided staff the opportunity to provide helpful feedback and equally provided the opportunity for valuable learning on how staff were feeling.
- The Chair noted discussions around digital innovation and the use of Artificial Intelligence (AI) at a recent National Chairs meeting which encouraged their uptake in the near future to enable staff to use their skills on more meaningful, high-quality tasks.
- The Vice Chair suggested it may be worthwhile for the Chief Executive to meet with colleagues at the University of Highlands and Islands (UHI) to discuss innovation opportunities available. The Chief Executive agreed and highlighted she had opened NHS Highland's innovation conference recently which were a great demonstrator of some of the innovation taking place.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee 9 August and 6 September 2024

The Committee Chair highlighted ongoing financial challenges, particularly in forecasting potential savings, but improvements were expected in the second quarter. Discussions with Scottish Government were ongoing to secure additional funding for backlog maintenance. The committee reviewed the IPQR, recognising the difficulty applying a RAG status to a complex report. The Chair suggested considering this in the upcoming Board Development Session in October

b) Staff Governance Committee of 3 September 2024

The Committee Chair highlighted receiving revised staff governance metrics, included in the upcoming IPQR item. Further refinement would be discussed in October's development session. Whistleblowing cases were reviewed, focusing on service provision and public interest tests. Moderate assurance was given on the Health and Care Staffing Act Quarter One report, with a phased implementation expected. Several initiatives, including the intranet site development were paused due to national challenges and the Head of eHealth was exploring solutions.

c) Highland Health and Social Care Committee of 4 September 2024

The Committee Chair highlighted the partnership's financial challenges, focusing on savings and operational budgets, and requested more details on learning disability and care at home spending for a future meeting. A positive update on the primary care improvement plan highlighted the success of Community Link Workers, and the need for a primary care strategy was emphasised.

The Highland Drug and Alcohol Recovery Service annual report was received, with the team commended for achieving green status in all MAT standards. He noted the vaccination transformation plan was discussed, with a detailed update to follow at the next meeting. The revised IPQR and internal audit reports on adult social care and complex care packages were well-received, and the Highland Health and Social Care Partnership annual report was highly praised.

The Director of Public Health also highlighted vaccination challenges, particularly in presenting information to the Highland Health and Social Care Committee however adult vaccination rates were reasonable with children's rates showing only slight improvement. A vaccination improvement group was working on detailed actions, with progress to be reported at the next meeting.

Board Members sought clarity on the winter plan publication. The Chief Officer for HHSCP stated that the 90-day improvement plan addressed winter pressures, with adjustments based on past experiences. Scottish Government's winter planning requirements would be reviewed and integrated into the plan, concluding at the end of October.

d) Clinical Governance Committee of 5 September 2024

The Committee Chair noted that vaccination and the research development and innovation annual report were covered. The Neurodevelopmental Assessment Service (NDAS) situation was discussed, with an action plan in place and issues escalated appropriately. Acute services and patient flow pressures were examined, with delayed discharges to be discussed later on the Board agenda. He also highlighted the positive outcomes from the organ and tissue donation committee despite donation challenges.

e) Audit Committee of 10 September 2024

The Committee Chair highlighted that two audit reports on patient transport and external accommodation were presented, while the devolved procurement process report was deferred to December. Four audits were expected in December and were on track. No qualifying property transactions were identified this year, and internal audit actions were progressing well. The committee accepted moderate assurance on adult social care advance payments and received a six-monthly update from the Information Assurance Group.

f) Area Clinical Forum of 29 August 2024

There were no additional comments.

The Board **confirmed** adequate assurance had been provided from Board governance committees and **noted** the Minutes of the Area Clinical Forum.

4 Integrated Performance and Quality Report (IPQR)

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system. The Board were asked to take moderate assurance due to improved performance on annual delivery plan targets and / or national target and consider the level of performance across the system and direct any action through the appropriate governance committee.

The Deputy Chief Executive spoke to the circulated report which compared results to the Annual Delivery Plan (ADP) targets or national targets where ADP targets were absent. The report included metrics for Acute, Highland Health & Social Care Partnership, and the Argyll & Bute Integrated Joint Board, and was updated with data on vaccinations, specifically for children.

During discussion the following points were raised:

- Board Members were concerned that the Executive Summary marked targets as 'green' for meeting ADP targets but not national ones. The Deputy Chief Executive explained that ADP targets, which are agreed with Scottish Government, were used as reasonable comparisons, with national targets detailed in the full report. Further discussion was planned for the October development session.
- Board Members emphasised the need to understand the organisation's system position and prioritise appraisals for training, succession planning, and staff well-being. The Director of People and Culture acknowledged the low benchmarking rank and noted that an improvement plan had been launched.
- Board members questioned if flat line trajectories reflected accurate projections or were algorithm-influenced. The Head of Strategy and Transformation explained that seasonal variations caused fluctuations in operations, resulting in flat line displays.
- Board members emphasised the need for visible ADP and national targets for accountability particularly to address performance variation, inequalities, COVID's impact, and changing demographics. They noted that unexpected NDAS service data patterns raised concerns about unmet needs in disadvantaged areas, especially with the upcoming service redesign.
- The Director of Public Health emphasised that the next Population Health Programme Board meeting would focus on reporting inequalities. The upcoming public health report would recommend broader use of inequalities data, crucial for effectively reaching deprived areas. He added that mainstreaming inequalities in reporting and planning is essential to improve service delivery.
- Board Members noted NTC's superior appraisal completion results. The Chief Officer for Acute mentioned NTC's role in ensuring workforce capacity for training and development but acknowledged current acute performance should be higher. The acute senior leadership team is investigating discrepancies, considering what constraints were a factor.
- Board Members noted low completion rates for violence and aggression training compared to high rates for medical training including hand hygiene. The Director of People and Culture highlighted challenges in balancing patient care with training, emphasising the need to understand barriers and make training more engaging and relevant and noted having an online and face-to-face module impacted completion figures.
- Board Members suggested discussing the IPQR data layout at the October Development session, deciding which elements to present to the Board or Committees. They emphasised measuring performance against commitments and targets, ensuring data consistency and using appropriate language in narrative.

Following discussion, the Chair highlighted the proposed assurance level was moderate and suggested it be marked as limited due to the areas of challenge. However, it was agreed that applying a single assurance level to the complex suite of performance metrics within the IPQR was challenging and could not appropriately reflect the wide range of services and activity of the organisation. It was agreed that a different approach would be developed.

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 11.15am and the meeting resumed at 11.25am

5 Finance Assurance Report – Month 4 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 4. It was confirmed that the Board's original plan presented a budget gap of £112.491m which resulted in required reductions / improvements of £84.091m to deliver to the brokerage cap of £28.400m. NHS Highland's share of national monies to protect planned care performance amounted to £3.3m. For the period to end July 2024 (Month 4) an overspend of £31.499m were reported with the forecast to increase to £49.697m by the end of the financial year. The forecast was £21.296m worse than the brokerage limit set by Scottish Government.

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

The Director of Finance spoke to the circulated report and provided the following update:

- Scottish Government had requested NHS Highland to improve its deficit position by the end of the financial year, maintaining the brokerage cap at £28.4m. She explained the organisation was behind on its value and efficiency programme, some of which was due to challenges in capturing the financial impacts.
- Discussions with Highland Council resulted in an agreed quantum for Adult Social Care and a detailed forecast will be conducted at the end of Quarter 2 to assess risks and potentially reset the year-end forecast. She added that major risks included reliance on supplementary staffing, increased medicine costs, and inflationary pressures but NHS Highland is actively engaging with the Scottish Government initiatives to reduce cost.
- It was noted that Capital allocation was fully committed and tightly monitored alongside regular reports on backlog maintenance being submitted to Scottish Government, with additional funding for Belford maintenance confirmed for a later allocation.
- The Director of Finance noted assumptions had been made at the beginning of the year around areas of expected increases in drug usage and cost increases. Control measures were in place for Acute Services and savings were starting to be seen. Similar work was underway in Primary Care to address areas where savings could be made.
- The Medical Director added that rising drug costs were a concern and focus was on cost-effective prescribing, he also noted Primary Care spend had been affected by the economics of drug companies reducing production of cheaper medicines which resulted in price rises.
- The Director of Finance explained that the process for accessing the £20 million available for Adult Social Care transformation work involved assessing requests based on mini-business cases. Representatives from both Highland Council and NHS Highland would then review these requests, but she added NHS Highland would not take the full amount from Highland Council until transformation plans were fully formed and social care redesign staff were ready to implement the changes.

During discussion the following points were raised:

- Board Members sought clarity around the Highland Council fund of £20 million. The Director of Finance explained that the process for accessing the transformation funding involved assessing requests based on mini-business cases. Representatives from both Highland Council and NHS Highland would then review these requests, but she added NHS Highland would not take the full amount from Highland Council until transformation plans were fully formed and social care redesign staff were ready to implement the changes.
- The Chief Executive acknowledged the need to address staffing challenges to facilitate planning for change, rather than relying on staff who are busy with daily operations.
- Board Members sought clarity on supplementary staffing costs and the proposed reductions. The Director of People and Culture reported progress in prioritising bank staff over agency staff for nursing, with improvements in Acute Services and Mental Health. The next focus would be on supplementary staffing for delayed discharges in the Acute system but acknowledged locum reductions were a significant challenge.

- The Nurse Director added that by end of October, nursing agency staff should only be used in exceptional cases. NHS Highland relied more on agency nursing in care homes due to its geographical nature but negotiations with Scottish Government were ongoing to address recruitment challenges.
- Board Members asked for clarification around the draw down process in relation to the noted transformation funding. The Director of Finance explained that funding requests aimed to boost capacity, cut costs/enhance quality but the scoring process was yet to be finalised. The Chief Executive added that projects which aligned with the Joint Strategic Plan would be considered for funding.
- The Chair noted that the Joint Monitoring Committee (JMC) will address issues regarding the funding process and clarify the JMC's role in decision-making

Having **examined** the draft Month 4 financial position for 2024/2025 and **considered** the implications, the Board **agreed** to take **limited assurance** from the report.

6 Urgent and Unscheduled Care Plan (Delayed Discharge Mission)

The Board received a report from the Chief Officer, Highland Health and Social Care Partnership (HHSCP) and Chief Officer, Acute that provided a briefing in response to The First Minister's National Mission. The mission aimed to reduce delayed discharges in hospital ahead of winter and to articulate activity and progress in relation to Urgent and Unscheduled Care, with a particular focus on rapid improvement, and the 90-day improvement plan.

The Board were invited to take limited assurance due to the significant impact of people in delay across our system and the limited capacity with which to create flow – underpinned by significant workforce challenges.

The Chief Officer for HHSCP spoke to the circulated report and provided the following update:

- The briefing outlined weekly oversight meetings took place which involved a deep dive into delay numbers across Scotland. She confirmed the goal was to achieve a maximum of 34.6 people per 100,000 population by the end of October 2024. Despite challenges, a 30% reduction is targeted with the urgent and unscheduled care programme being refreshed to accommodate.
- The Chief Officer for HHSCP noted system reporting and dashboards had been aligned and the governance in place includes urgent and unscheduled care, addressing interface work like frailty. Progress was reviewed fortnightly with updates to the Executive Directors group.
- A group led by the Chief Officer for Acute was examining system capacity and despite challenges, there was an aim to understand baseline data for care homes. It was noted that complex needs and staffing requirements made capacity assessment difficult, but work was underway to optimize community hospital occupancy whilst transitioning patients to care homes which should lead to the closure of acute beds and improved quality of care.

During discussion the following points were raised:

- Board Members highlighted the positive steps taken around 'Good Governance', but highlighted the report indicated approximately 400 people await care package assessments coupled with unmet need for 2,500 care at home hours and a key focus would require making care work an attractive career by offering competitive salaries, higher by comparison to other roles.
- The Chief Executive agreed explaining no stone is unturned in addressing the delays faced in NHS Highland. She noted that acute staff feel the pressure, and work was underway to meet the needs of both the community and workforce. She drew attention the recent announcement from HC One regarding the closure of Moss Park Care Home, which highlighted the challenges faced in sustainable care provision.
- The Vice Chair raised a point regarding NHS Highland's expression of the proposed reduction, which differed from Scottish Government's format which made direct comparison challenging and asked for clarity on how this reduction would translate into clear numerical figures. Additionally, she sought information on the financial risk associated with generating additional capacity for the Board.
- The Chief Officer for HHSCP confirmed the percentage corresponds to 65 people and focus was on opening capacity within the existing care home sector. She added that a detailed discussion took place with the Cabinet Secretary which covered additional staffing requirements to open up beds which included the associated financial risk.

- Board Members asked whether the plan covered Highland and Argyll & Bute but if not, would the IJB move forward with similar work. The Chief Officer for HHSCP confirmed both partnerships were taking part in the programme however today's report referred more specifically to the Highland Partnership area.
- The Chief Officer for Argyll & Bute Health and Social Care Partnership confirmed a similar plan was in place with associated funding and would provide additional information in due course out with the meeting.

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

7 National Care Service Bill Response

The Board received a report from the Director of People and Culture that outlined the Boards final written response to the National Care Service (NCS) Bill. The report detailed commentary on the amendments made since the National Care Service amendment were presented to the last meeting, highlighted a range of matters and drew attention to the significant changes in Highland as it moves away from the Lead Agency Model.

The Director of People and Culture spoke to the circulated report and highlighted there had been two development sessions with the board around the stage two bill amendments. He confirmed the summary was provided to inform board that our response had now been submitted to Scottish Government.

He added there had been a combined response from NHS Chairs and Chief Executives, which aligned with NHS Highlands response but acknowledged that understandably NHS Highlands focused on the lead agency model, being the only organisation with that model in place. The Director of People and Culture noted there were ongoing discussions taking place between COSLA and the Scottish Government, alongside other stakeholder forums.

The Chair commended the extensive development work and advised that NHS Highlands approach had been recognised as good practice for gathering views amongst other Board Chairs. She noted the challenges faced collecting feedback, largely due to the lack of specific detail currently available and the consultation's format, with options like "strongly agree" or "disagree," compounded the difficulty. Board Members suggested an assurance level could have been proposed given the comprehensive level of feedback provided. The Director of People and Culture confirmed this could be considered for future updates.

The Board **noted** the content of the response submitted on behalf of the Board to the Stage 2 Consultation on the NCS Bill and **noted** that further updates would come to future Board meetings.

The Board took a lunch break at 12.30pm and the meeting resumed at 1pm

8 Whistleblowing Standards Quarter One Report 2024-25

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter four activity covering the period 1st April – 30th June 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. The Board were invited to take moderate assurance on the basis of commitment to the principles of the standards and completing robust investigations while acknowledging the challenge to achieving this within the stipulated 20 working days due to the complexity of cases.

The Director of People and Culture spoke to the circulated report and highlighted one new concern had been raised but had not progressed under the standards. He confirmed that one monitor referral had been closed and there were four open cases; three investigations had concluded, and one remains ongoing.

The Director of People and Culture added clarification had been provided in Staff Governance Committee around the wording of the report, particularly in relation to the definition of public interest; he confirmed that the concern raised did not relate to whether the issues were in the public interest, but rather acknowledged the challenges faced allocating resources for further investigations.

During discussion the following points were raised:

- The Chair sought clarification on how learning was derived from whistleblowing cases and whether there were mechanisms in place to ensure that appropriate insights are applied, even in instances where a complainant withdraws their concern or contact is lost.
- The Director of People and Culture noted that the circumstances surrounding each case can hinder further investigation, similar to challenges faced with anonymous concerns. He highlighted Boards were not mandated to pursue investigations under the standards; however, they can opt to investigate for learning purposes.
- The Chair inquired about alternative routes for staff to raise concerns that may not meet whistleblowing criteria, emphasising the need for assurance that these concerns would still be investigated in alignment with the broader speak-up initiative.
- The Director of People and Culture confirmed there were multiple avenues for staff to raise concerns, including the Guardian service. There was a commitment to engage with the Board whistleblowing champion to direct individuals to alternative reporting routes. He acknowledged that whilst the whistleblowing standards were important, they represent just one way to address concerns.
- Board Members asked whether other Boards used the Guardian service as a learning tool around any issues of bullying. The Director of People and Culture advised that NHS Highland was the only Board using the Guardian Service and noted other Boards have adopted different methods for managing confidential contacts and implementing identified learning.

The Board:

- Took **moderate assurance** based on the content and format of the Quarter One whistleblowing report which demonstrates compliance with our reporting requirements under the standards.
- **Noted** the challenges with timescales due to the complexity of cases and investigations.

9 Health and Care (Staffing) Act 2019 Quarter One 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 across relevant areas of the workforce. The Board are invited to moderate level of assurance due to gaps in recording, consistency and robust ability to provide. The Board were asked to review and scrutinise the report, that highlighted actions taken to address gaps and improve the level of evidence available to demonstrate compliance. The first year of enactment will be an iterative journey as we move forward towards improved compliance.

The Director of People and Culture spoke to the circulated report and highlighted feedback had been sought from Staff Governance Committee and Clinical Governance Committee. The report included background information on compliance duties and a summary of NHS Highlands progress in strengthening processes and procedures. He also confirmed the Health and Care Staffing Act was being implemented gradually, with a self-assessment process being used to identify required improvements.

During discussion the following points were raised:

- Board Members found the report informative and appreciated the breadth of the ongoing work but sought clarity around how they can derive assurance from future reports that the appropriate systems and processes are well-defined across all areas, not just nursing and midwifery, they also highlighted the report did not appear to include an assurance statement from the Board Medical Director or Nurse Director.
- The Director of People and Culture explained the report was based on a template trialed during the pre-implementation phase which ensures the level of detail is similar across the system. He noted the Medical and Nurse director were involved in the process, but the requirements also extend to Social Care and other areas, therefore consideration needs to be made as to how best to articulate this so all requirements are met comprehensively
- The Director of People and Culture explained that the report used the Scottish Government pre-implementation template to maintain consistent detail across the system. He noted that the Medical and Nurse directors were involved however the requirements also extend to Social Care and other workstreams, necessitating careful consideration articulating we've met all requirements comprehensively.

- Board Members expressed concerns regarding the level of assurance for each forthcoming report, noting the complexity due to various components within the act. They enquired about the measures that would be implemented to appropriately address these challenges.
- The Director of People and Culture clarified that Boards had collectively struggled with reporting and assurance levels due to the act's broad scope and determining compliance was challenging however he noted that Scottish Government had indicated NHS Highland were performing better than expected. He noted that Healthcare Improvement Scotland now oversee the project, but he'd raised concerns no feedback on submitted reports would be provided which could impact Boards effectiveness.

The Board:

- **Reviewed** and **Scrutinised** the Health and Care (Staffing) Act 2019 Quarter One Report 2024-25
- Took **moderate assurance** from the report.

10 Corporate Risk Register

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

The Medical Director reported that Risk 715 (Impact of COVID on health outcomes) would be moved from the corporate risk register to the public health directorate's risk register, as approved by the Clinical Governance Committee, due to its reduced strategic risk.

The Director of Estates, Facilities and Capital Planning added that risk 712 (Fire Compartmentation) would be revised to confirm funding allocation aligns appropriately in line with guidance provided by the Chief Fire Officer.

The Board:

- Took **substantial assurance** from the report and **noted** the content of the report provided confidence of compliance with legislation, policy and Board Objectives and;
- **Approved** the downgrade of Risk 715 (impact of COVID on health outcomes) from the Board risk register to the public health directorate risk register.

11 British Sign Language plan

The Board received a report on behalf of the Director of Public Health asking the Board to review and endorse the proposed British Sign Language (BSL) plan. The British Sign Language plan had been produced jointly in partnership with Highland Council to deliver accessible services. The report identified key actions to improve access to services and recognised if the plan were fully delivered then outcomes for deaf and deafblind BSL users would be improved and the worst effects of health inequalities on this community would be mitigated. The Board were invited to take moderate assurance from the report.

The Health Improvement Specialist spoke to the circulated report and highlighted:

- There were similarities to people being on holiday in a country where they don't speak the language. You might catch a few words but overall, you feel lost and isolated. This is similar to the daily experience of many deaf and deafblind BSL users where English is often a second/third language which often resulted in challenging situations, especially in healthcare settings.
- Research shows that while deaf people may have similar health behaviours to the general population, their health outcomes are often worse. In NHS Highland, the lack of interpreters sometimes forced family members to interpret, compromising patient privacy and autonomy. Additionally, the frequent lack of accessible information made it harder for them to receive safe and appropriate care.
- Many deaf individuals faced serious health complications due to difficulties understanding medical information. In 2015, Scotland legally protected BSL, public bodies are required to create six-year

plans for services. Achievements included deaf awareness e-learning modules, a popular in-house BSL program, and comprehensive BSL information on the NHS Highland website.

During discussion the following points were raised:

- The Chair noted the positive uptake of BSL classes and suggested it would be useful to know the number of people on the waiting list and how many NHS Highland could support in the future. She also queried how the organisation could utilise the skills of those who had completed training.
- The Nurse Director asked if training was strategically targeted to high-need areas like the Emergency Department to ensure availability of skilled interpreters. It was also asked whether this facility was available to non-native speakers.
- The Health Improvement Specialist mentioned she could find out the exact numbers for the BSL class waiting list and completions. Deaf Services were increasing introductory BSL classes which offered a qualification, but becoming a fully qualified interpreter took about six years. She acknowledged there was a shortage of interpreters in Highland and it's challenging to encourage trained individuals to return. A training matrix existed to identify appropriate training levels for staff, and expanding this to more patient-facing staff would be beneficial. She also confirmed that there were no non-native interpreters available at this time.
- Board Members asked about providing BSL at public Board meetings. The Health Improvement Specialist confirmed ongoing discussions, noting the need for multiple interpreters due to meeting length, and mentioned she was also exploring other accessibility options.

The Board **Reviewed** and **Endorsed** the proposed British Sign Language plan and take moderate assurance and took **moderate assurance** from the report.

12 Highland Charter for Climate, Nature and Health

The Board received a report from the Director of Estates, Facilities and Capital Planning to detail the Highland Charter for Climate, Nature and Health; and to gain endorsement for NHS Highland to become a formal signatory of this Charter. The Board were invited to take moderate assurance from the report with the anticipation that this assurance will move to Substantial when the Charter is signed, and the action plan is developed and under implementation.

The Health Promotion Specialist spoke to the circulated report and highlighted:

- Signing the pledge commits NHS Highland to engaging with other organisations in transitioning to net zero and supporting Climate Ready Scotland which would emphasise the responsibility to protect natural environments, recognising their value for health and well-being.
- He noted that signatories pledged to take one action to maintain Highland's health and report on progress. NHS Highland were already part of NHS Scotland's climate strategy and play a key role in the Highland Green Health Partnership.
- He added that NHS Highland was committed to sustainability through various initiatives led by the Director of Estates, Facilities and Capital Planning. Anecdotal feedback identified that staff were motivated by their passion for the environment, and the board's commitment would validate those efforts without additional financial commitments.

During Discussion the following points were raised:

- Board Members welcomed the proposal noting challenges like electrifying the vehicle fleet, but also mentioned creative uses of green space as alternative contributions to the charter.
- The Chief Officer for Argyll and Bute HSCP noted the council were not part of the green health partnership and suggested a discussion take place out with the meeting to discuss those finer details.
- The Chair suggested it would be worthwhile to consider how best to acknowledge the ongoing work within future reports and across the organisation. The Director of Estates, Facilities, and Capital Planning reported that the environmental and sustainability team has been strengthened with subgroups, whose chairs are now part of the Environmental and Sustainability Committee. These subgroups provided annual reports and efforts were being formalised, reflecting strong enthusiasm for the agenda.

The Board **endorsed** the signing by NHS Highland of the Highland Charter for Climate Nature and Health, along with the expressed pledge to fulfil and report on obligations as set out in the NHS Scotland climate emergency and sustainability strategy and took **moderate assurance** from the report.

13 Revisions to Committee Terms of Reference

The Board received a report from the Board Secretary, on behalf of Director of People and Culture which outlined changes made to Governance Committees; Finance, Resource, and Performance; Staff Governance; and Audit Committee, Terms of Reference. The Board were invited to take substantial assurance and agree changes to the Audit Committee and FRP Committee Terms of Reference to realign the governance route of the Resilience Committee and correct a typographical error on the Staff Governance ToR.

The Board **Agreed** changes to the Audit Committee and FRP Committee Terms of Reference to realign the governance route of the Resilience Committee and correct a typographical error on the Staff Governance ToR and took **substantial assurance** from the report.

14 Board and Committee Meetings timetable 2025-27

The Board received a report from the Board Secretary, on behalf of Chair, that outlined the Board and Committee meetings timetables for 2025-27. It was proposed that this format should change to cover a financial year to enable better oversight of full-year performance reporting. The proposed dates for 2025-27 had been agreed with Governance Committees.

The Board were invited to take substantial assurance and agree the Board and Committee meetings timetables for 2025-27.

The Board Secretary noted that the Integrated Joint Board (IJB) dates would be finalised in November 2024, with minimal changes expected from previous years. The complete schedule of meetings would be shared out with the meeting after the IJB's dates were confirmed.

The Board took **substantial assurance** from the report and **Agreed** the Board and Committee meetings timetables for 2025-26 and 2026-27.

15 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 26 November 2024

The meeting closed at 2.58pm