

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/  na Gàidhealtachd
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	30 July 2024 – 9.30am

Present

Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elsbeth 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
Albert Donald, Non-Executive, Whistleblowing Champion
Karen Leach, Non-Executive
Philip MacRae, Non-Executive (from 9.46am)
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Evan Beswick, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership
Gaye Boyd, Deputy Director of People
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
Nicola Schinaia, Public Health Consultant
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.

Apologies for absence were received from Gaener Rodger and Dr Tim Allison with Nicola Schinaia deputising. It was noted that Philip MacRae would be late joining the meeting.

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 was 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 28 May 2024.

The Board **approved** the updates to the Action Plan noting the closure of Action 17 – Update to the Executive Summary in the Integrated Performance and Quality Report (IPQR) confirming all health, care and prevention outcomes are now included; and Action 19 – Update confirming the pre/post mitigation figures would be incorporated into the Corporate Risk Register.

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:

- Changes to the Lead Agency Model
- Delayed Discharge
- Vaccination
- Urgent Care in North Skye
- Chief Executive Board Visits
- Pam Dudek, previous Chief Executive, had been awarded an OBE for her services to NHS Scotland.
- Value in Practice Awards

During discussion the following points were raised:

- Board Members extended their condolences to the family of the late John Wilson whose long commitment and support for the Mull Helipad campaign had been recognised at the recent opening ceremony.
- Board Members noted the update relating to delayed discharges and asked what other challenges were being faced locally and nationally. The Chief Executive confirmed the availability of workforce to provide the necessary care presented significant challenges, coupled with compliance with the recently introduced safe staffing legislation. This was felt acutely in remote and rural areas and led to an increase in financial pressures due to the need to use supplementary staffing. Board members welcomed a future progress update on workforce challenges.
- The Chair recognised the external issues impacting on delayed discharges, such as independent care home closures, and asked what conversations had been taking place with partners and others nationally to consider patient experience and length of stay. The Chief Executive explained that patients in community hospitals not in delay had reduced to an average hospital stay of seven days. It was important to work with all partners to deliver services and improve the discharge process considering NHS Highland is only one part of a family of services that meet people's needs.
- The Chair welcomed the Chief Executive's commitment to visit many different sites across NHS Highland's challenging geographical area.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Audit Committee 18 June and 28 June 2024

The Vice Chair of Audit Committee noted the External Audit unmodified opinion on the Board accounts which demonstrated an improvement on NHS Highland's performance in the previous year.

b) Finance, Resources and Performance Committee 14 June and 5 July 2024

The Committee Chair highlighted the £29.5million brokerage cap received from Scottish Government and acknowledged that this was an improvement on projections earlier in the year. He also noted that concern was raised around the financial risk associated from Adult Social Care and Delegated Services, the committee agreed to add a Board risk to the Committee's risk register to articulate the concerns NHS Highland may not meet financial balance in this area given an opening deficit of £16million.

He added the financial pressures being faced were a challenge and it was confirmed in the 5 July meeting that there was an overspend of £17million which was expected to rise to £50million at year end.

c) Staff Governance Committee of 9 July 2024

The Committee Chair highlighted that only moderate assurance had been taken from the statutory/mandatory training report due to challenges enabling face-to-face training courses. The Committee had also noted that improvements to NHS Highlands vacancy recruitment timescales would take longer than anticipated and may require a change in approach.

The Committee took substantial assurance from the Workforce and Equalities Monitoring Annual Report and the Annual Whistleblowing Report which were on the Board agenda for this meeting. The Committee had also approved the revised Communications and Engagement Strategy.

d) Highland Health and Social Care Committee of 10 July 2024

The Committee Chair highlighted that the Committee had reviewed the Board's finance and transformation workstreams as well as having reviewed the draft financial position for 2024-25. He noted there were significant challenges surrounding the Board's financial situation and a significant portion of the meeting had been devoted to ensuring committee members were fully informed of this complex situation.

It was clear that delivery against operational budgets would remain a challenge and the Committee would monitor the high-level savings and transformation plans throughout the year. The Committee Chair commended the learning disability and primary care reports and acknowledged there had been no reduction in service demands facing adult protection which continued to add pressure to social work staff.

The Chair confirmed a substantive report on Vaccinations would be sought for the next meeting to identify progress made as part of the winter vaccination programme.

e) Clinical Governance Committee of 11 July 2024

The Vice Chair of Clinical Governance Committee spoke to the circulated minutes and drew attention to the in-depth discussions around NDAS and the Vaccination Service. She noted the Committee had been provided with limited assurance on both these workstreams, however work was underway to make improvements and a further report on progress would go to the next meeting.

f) Area Clinical Forum 4 July 2024

The Chair of the Area Clinical Forum noted they had discussed the joint Board Development session held in April which covered the quality framework, reflecting that this was well received by the group.

She added that the new Director of Psychology provided an update on the service and work that was underway to modernise Psychological Services, also noted that the Forum planned to cover the Annual Delivery Plan at the next Forum meeting.

g) Argyll and Bute Integrated Joint Board (IJB) 29 May 2024

The Vice Chair of the Argyll and Bute IJB highlighted that Argyll and Bute Council had appointed Dougie McFadzean as the new IJB Chair.

The IJB meeting in May had included discussion about slower recruitment times in NHS Highland compared to the Council and the frustration which this creates locally.

It was expected the IJB would produce a balanced budget this year, but he acknowledged this was in part due to the challenges recruiting the staff needed to fill existing vacancies. The IJB also discussed an

ongoing challenge whereby NHS Greater Glasgow and Clyde delivered a large portion of the Health and Social Care Partnership's services, and work was underway to open dialogue to identify how the IJB can be more involved.

He noted that governance was discussed, particularly around primary care services within Argyll and Bute with a further update to return to a future IJB meeting. The Chair of the Board added that primary care governance was complex due to the mixed landscape of directly managed and contracted services.

The Chief Executive confirmed that executive level discussions had been held to address service issues and a national planning group was established to focus on some of those issues. The Chief Executive for NHS Greater Glasgow and Clyde had announced her retirement and this presented an urgent opportunity to address the concerns already raised. The Nurse Director noted it was important to bear in mind there were alternative pathways into NHS Highland, and these were being actively explored.

The Board:

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

4 Finance Assurance Report – Month 2 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 2. It was confirmed that the Board's original plan presented a budget gap of £112.491m which resulted in reductions / improvements of £84.091m based on a 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 May 2024 (Month 2) an overspend of £17.364m was reported which was forecasted to increase to £50.682m by the end of the financial year. The current forecast assumed that cost reductions/ improvements identified through value and efficiency workstreams would be achieved and that support would be made to balance the Adult Social Care position at the end of the financial year. This forecast was £22.282m worse than the brokerage limit set by Scottish Government but in line with the opening plan.

The Board was invited to take limited assurance which reflected the current overspend and brokerage position.

The Director of Finance spoke to the circulated report and confirmed that the audited position for 2023-24 remained unchanged from the position reported at the Board meeting in July 2024 and it was positive to note that no changes were required.

During discussion the following points were raised:

- Board Members queried how realistic it was to expect a full year impact on savings at this stage in the financial year, particularly since alternative savings plans had not yet been implemented. The Director of Finance accepted that there would be limited effect during the current financial year. She confirmed that the additional savings would begin to contribute to the three per cent efficiency target in the current year and to longer term sustainability planning. The supplementary staffing targets were ambitious however there were several work streams focusing associated with achieving this target with some positive changes being evidenced already. This work would take time to make a significant impact and would consider other measures implemented by Scottish Government.
- The Chair asked what pathways were for prescribing new drugs and how the Board could be assured their use aligned with the Board's Strategy. The Director of Finance confirmed that the Area Drugs and Therapeutics Committee, on which both she and the Medical Director sat, had oversight of the discussions around new drugs and confirmed that appropriate business cases were required to introduce their use with existing services. She added that the Director of Pharmacy was reviewing the governance processes for new drugs. Significant work would be required nationally around prescribing and access into the market, and consideration should be made in relation to preventative measures to ensure value-based efficient prescribing was relevant to the patient.
- Board Members raised the question of continued affordability of free prescriptions and whether this impacted NHS Highland's financial position. The Medical Director noted that decisions around free prescriptions fell to Scottish Government and the Board was duty-bound to carry out government rulings. Free prescriptions for drugs such as paracetamol had minimal impact on the financial position

and much of the larger cost burden was due to the limited possibilities within the UK for drug manufacture resulting in a reliance on supply from Europe and other parts of the world.

- The Vice Chair raised concerns around the Adult Social Care position and sought clarity on whether NHS Highland would be clear on the required improvements needed halfway through the year. The Director of Finance confirmed a finance meeting between NHS Highland and the Highland Council was planned for 1 August 2024 to finalise the position and it was hoped that an improvement of between £2million to £3million could be achieved. Once this discussion had taken place, NHS Highland would formally write to Highland Council and clarify the Children's Services position.
- Board Members sought clarity around the budget for backlog maintenance and whether additional funding was expected. The Director of Estates, Facilities and Capital Planning confirmed that Scottish Government would provide funding to address backlog maintenance, however the timing and exact amounts had yet to be confirmed.
- Board Members queried the overall approach to future Scottish Government allocations as some recruitment challenges were caused by the funding position being unclear. The Director of finance advised that around 80% of allocations were received at the end of Quarter 1, however assumptions had been made to reduce development and recruitment in many other areas until allocations were confirmed given the level of risk involved as some of those roles or outcomes would not be sustainable without the funding from Scottish Government being confirmed.

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

The Board took a break at 10.45am and the meeting resumed at 11am

5 Integrated Performance and Quality Report (IPQR)

The Board received a report from the Deputy Chief Executive that detailed current Board performance and quality across the health and social care system. The Board was asked to take limited assurance due to current pressures faced by NHS Highland in Acute and Community care delivery, and to consider the level of performance across the system. As well as the usual reporting metrics, this month's report provided a spotlight on patient experience of Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental Assessment Service (NDAS).

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

- NHS Highland was escalated on the Scottish Government Performance Management Framework for vaccinations and CAMHS. He confirmed that the Public Health Scotland peer review had been completed in May 2024 and the options appraisal work was well underway to identify potential improvements in vaccinations. He also noted that CAMHS waiting list performance had made sustained improvements.
- Treatment Time Guarantee (TTG) performance remained red however this was based on previously forecasted models where funding had not yet been received.
- Cancer performance at Day 31 and Day 62 remained stable although Day 62 performance was volatile and was the most difficult metric to meet.

During discussion the following points were raised:

- Board Members highlighted that appraisal completion rates were low at 28 percent and sought clarity around why this was the case. The Deputy Chief Executive advised that the focus this year was to ensure senior managers were complying with the appraisal process and subsequently rolled out to all staff. Inclusion of a subset of the reported figures would be considered for future iterations of the IPQR and it was noted that this matter was closely monitored at Staff Governance Committee.
- Board Members expressed concerns that incidences of falls were higher in Raigmore and Caithness General Hospitals in comparison to others. The Nurse Director confirmed work was underway to implement a consistent approach to fall prevention with learning being taken from Belford Hospital where incidences of falls were low.
- The Board Whistleblowing Champion asked what factors were impacting on complaints performance and investigation quality, and whether this contributed to delayed responses. The Medical Director advised that the sign-off process sought to highlight emerging trends and training points. It was typically the complexity of some of the complaints that directly impacted on response times.

- Board Members highlighted that Alcohol Brief Interventions (ABIs) performance in Argyll and Bute had not improved during quarter four and asked what steps were proposed to improve performance. The Deputy Director of Public Health confirmed there had been some issues with capturing the relevant data however a new Chair of the Alcohol and Drugs Partnership was in post and this matter would be attended to as a priority.
- Board Members asked for further information on CAMHS engagement appointments and what the process was for children who did not qualify for assistance under CAMHS. The Chief Officer for Acute confirmed the CAMHS team try to ensure resources were used effectively and the right services across the partnership were signposted early in the process should CAMHS not be the correct route; this helped minimise the impact on both the service and a patient's time. A recruitment drive was underway for NDAS, as well as a review of the delivery model which involved national benchmarking and working closely with the clinical leadership team and Highland Council.
- The Chair asked for the timescales associated with the vaccination options appraisal and the Board's readiness for winter. The Chief Officer for Highland Health and Social Care Partnership advised there were 28 improvement actions to be completed by the end of October 2024. The vaccine improvement group held weekly meetings and there had been a 90% response rate to a questionnaire issued to GP practices. Analysis of the responses would take place over the next four weeks.
- Board Members asked if data had been collated around NDAS patients who had not completed the assessment process prior to reaching the age of 18 and highlighted the time lag in NDAS data included in the IPQR. The Deputy Chief Executive acknowledged the data appeared historic but that was due in part to the reporting cycle and confirmed that operational teams would have access to up-to-date information. The Chief Officer for Acute commented that work was underway, in conjunction with the Strategy and Transformation team, to review the NDAS waiting list and confirmed that the 'Getting It Right for Every Child' (GIRFEC) approach was core to the approach being taken.
- Board Members queried the Argyll and Bute acute pathways to NHS Greater Glasgow and Clyde and how assurance was taken on related performance data. The Chief Executive confirmed that assurance was provided where the treatment takes place and there was currently no system available to share that data. A national planning and delivery board had been established and was aware of these challenges. The Interim Chief Officer for Argyll and Bute confirmed he would raise this with NHS Greater Glasgow and Clyde.
- Board Members suggested development of the IPQR to incorporate the impact of performance levels with realistic and measurable timeframes of when trajectories would move closer to targets. The Deputy Chief Executive suggested aligning the trajectories with the Annual Delivery Plan (ADP) outcomes and considering how to demonstrate improvement trajectories.
- The Vice Chair welcomed the suggested developments to the IPQR. She also highlighted the need to be mindful of frugal governance in how the Board considered the IPQR, the contents of which were considered at the previous cycle of governance committees. She suggested a different approach might be helpful with more use being made of the Committee updates at the start of the Board meeting. This would allow the Board the opportunity to focus on areas of escalation or where difficult decisions needed to be made. She supported the suggestion that this be discussed in more detail in a Board Development session. The Chair agreed and added it was important the Board remained strategic in its overview and allow the governance structure to work as intended and acknowledged a discussion should take place to identify how the Board could consider its IPQR through the lens of the frugal governance approach.

Having considered 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.

6 Annual Delivery Plan

The Board received a report from the Deputy Chief Executive which confirmed that the Board's Annual Delivery Plan (ADP) for 2024-25 and Medium-Term Plan (MTP) 2026-27 had been submitted to Scottish Government in March 2024. The report summarised the main points of feedback received from Scottish Government which had been incorporated in the final version of the ADP. Plans for the monitoring, reporting and assurance of the ADP deliverables were also set out.

The Board was invited to take limited assurance due to the challenging financial situation and organisational capacity to meet the level of change required. It was also asked to approve the Annual

Delivery Plan for 2024/25 as detailed in the Code for Corporate Governance, and to note that governance of the ADP would sit with the FRP Committee with six monthly progress reports being brought to the Board from September 2024.

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

- The ADP and MTP detailed the high-level actions for 2024-2025 and covered both Highland and Argyll and Bute. The Plans were both aligned to the ten NHS Scotland Recovery Drivers and to the guidance produced by Scottish Government in January 2024 alongside the NHS Highland financial plan.
- The Interim Chief Officer for Argyll and Bute Health and Social Care Partnership noted the Argyll and Bute annual delivery plan actions were due to be reviewed as the current Joint Strategic plan was due to come to an end in 2025. Work had begun on the next iteration that was planned to cover the next five years. Once approved, the ADP would be used to ensure the required deliverables and trajectories in the IPQR were appropriately represented and aligned with the Board's strategic direction.

During discussion the following points were raised:

- Board Members queried the next steps for actions which had already missed the first quarter target. The Head of Strategy and Transformation confirmed that a tracker was in place and a report was due to be submitted to the Executive Directors Group (EDG) in the next few weeks to analyse the progress made.
- The Chair acknowledged the individual progress updates and asked how the Board would be assured of whole system progress. The Head of Strategy and Transformation agreed that, while individual components were reviewed by each respective area, it would be important a holistic review of all sections took place internally.
- The Vice Chair asked whether there had been any change in direction or reprioritisation of resources because of the feedback from Scottish Government. The Head of Strategy and Transformation confirmed there were some minor adjustments to areas such as cancer waiting times and the Women's Health Plan, however this did not alter the overall strategic intent.
- Board Members queried what targets NHS Highland was setting for itself, what the trajectories would be and where progress would be overseen. The Head of Strategy and Transformation acknowledged the IPQR currently focused on national targets and that NHS Highland needed to develop a collaborative approach to achieve the targets set out in the ADP for discussion in more detail through the Governance Committees.
- Board Members asked if there had been consideration made to an appropriate communication plan to keep staff up to date on progress. The Head of Strategy and Transformation confirmed that work was underway to develop a communication plan. The Deputy Chief Executive added that it was important to consider how best to disseminate such a complex document across the organisation as not all elements were of relevance to all colleagues.
- Board Members suggested the inclusion of Key Performance Indicators would be helpful, particularly noting a 'realistic' target and a 'stretch' target so demonstrate movement towards national targets. The Head of Strategy and Transformation confirmed that a more detailed progress tracker had been developed and further detail would be provided to the September Finance, Resources and Performance Committee meeting as part of the ADP update.
- The Chair suggested offline consideration be given to local choices and what the impact would be for local communities. She also queried how the Board would receive assurances on regional delivery. The Chief Executive noted that assurance on regional delivery was difficult and something she could raise with Scottish Government who had specifically asked Boards to follow existing guidance and focus on local service change. She added that delivery groups had been established to address local service delivery. Regional delivery would require to be coordinated appropriately with the right level of innovation and pathway redesign considered.

The Board:

- Took **limited assurance** from the report.
- **Approved** the Annual Delivery Plan for 2024/25.
- **Noted** that oversight of delivery of the Annual Delivery Plan would take place through the Finance, Resources and Performance Committee and that the Board would receive six monthly progress reports from September 2024.

The Board took a lunch break at 12.24pm and the meeting resumed at 12.55pm

7 National Care Service Bill Amendments

The Board received a report from the Director of People and Culture on amendments to the National Care Service Bill published by Scottish Government on 24th June 2024.

Speaking to the report, the Chief Executive confirmed that the Bill's amendments would remove the existing choice of integration models and replace them with National Care Service Local Boards. This would lead to a reform of existing Integration Joint Boards and removal of the Lead Agency model. The legislation affected Highland as it was the only local authority using the Lead Agency integration model. A report had been considered by The Highland Council on the Bill amendments prior to its summer recess, and further reports would be submitted to both the Council and the NHS Board as further details became clearer.

During discussion the following points were raised:

- Board Members queried why the report had no level of assurance. While the report was principally for information, Board members were content to take assurance that the Board's response to the consultation was in hand. The Chief Executive added that the report did not cover the full set of stage two amendments and that Children's Services would require to be revised through further amendments to the Bill.
- Board Members sought clarity on the feedback process and the Chief Executive confirmed she was one of the lead negotiators between COSLA, the NHS and Scottish Government and advised she would bring feedback as appropriate. The Chair added the Board's response to the consultation should include comment from both the lead agency and Integration Joint Board perspectives. The Chief Executive confirmed that a draft consultation response could be shared with Board members and discussed at the next development session.
- The Vice Chair, in her capacity as Chair of Staff Governance Committee, highlighted this was a worrying time for staff especially given the timeframes involved and what the potential implications on employment situation. Assurance on this matter had been added to the Staff Governance Committee Workplan and to ensure there would be appropriate staff engagement and transparency on the consequential impacts. The Chief Executive supported these comments
- Board Members asked why the Lead Agency model was chosen initially given all other Boards had chosen the alternative model. The Medical Director confirmed that NHS Highland was a pilot Board and chose the Lead Agency model as at the time it seemed it would provide a single organisation approach and simplify processes whilst allowing greater integration of service delivery.

The Board took assurance from the report and **Noted**:

- the Stage 2 amendments to the National Care Service Bill set out in Appendix 1 which would result in the introduction of a single model of integration and the consequent removal of the Lead Agency Model and;
- that further updates providing clarity on the legal, financial and governance implications would come forward to future meetings of the Board.

8 Corporate Risk Register

The Board received a report from the Board Medical Director with an overview of the NHS Highland Board risk register which provided awareness of risks that were being considered for closure and/or additional risks to be added. The Board was invited to take substantial assurance that the risks currently held were being actively managed through the appropriate Executive Leads and governance structures.

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

- The Finance, Resources and Performance Committee were in the process of reviewing some of the highlighted risks as they appeared to align more closely to level two risks rather than level one corporate risks and an update would be provided through the regular Board Corporate Risk Register item.

- The Clinical Governance Committee have added an additional risk which will be presented at the September committee meeting and subsequently added to the Board register in September.
- Risk 1255 Annual Delivery Plan 24-25 Delivery and Risk 1279 Financial Risk of delivering Adult Social Care services were added to the register both of which were impacted by the ongoing financial challenges facing NHS Highland.

Board Members asked if any further work was underway in relation to the cybersecurity risk given the recent major incident that had occurred in NHS Dumfries and Galloway.

The Deputy Chief Executive confirmed that he and the Head of eHealth were part of a discovery group that were reviewing the learning outcomes after the major incident and reassured Board Members that a similar attack would not penetrate the defences NHS Highland had in place, but it was marked as an active risk to minimise complacency given potential attackers often have large resources to support their attacks.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the report provided confidence of compliance with legislation, policy and Board objectives; and
- **Examined** and **Considered** the evidence provided and agreed final decisions on the risks recommended to be closed and/or added.

9 Whistleblowing Annual Report

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

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

- There were a small number of formal cases raised over the course of the year, however there were 200 contacts received through the Guardian Service which may have supported lower case numbers.
- The Independent National Whistleblowing Officer (INWO) did not uphold any of the complaints raised however did identify improvements to NHS Highland's processes which were progressing through the whistleblowing and speaking up action plan. The Deputy Director of People also noted that following Board approval, the report would be submitted to INWO.
- It was noted that many of the cases were complex and meeting the 20-working day completion target as detailed in the whistleblowing standards remained a challenge; however, additional administration support for senior managers was planned for the autumn.

The Board Whistleblowing Champion acknowledged the case numbers remained low and reiterated the whistleblowing process was a journey to improvement that would continue for some time; however, he noted the overarching message was to raise awareness of the whistleblowing standards.

The Chair raised awareness of the other workstreams in place to help support staff such as the Speak Up programme and regular visits the Board Whistleblowing Champion undertakes.

The Board:

- **Approved** the Whistleblowing Annual Report.
- Took **substantial assurance** based on the content and format of the annual whistleblowing report which demonstrated compliance with our reporting requirements under the standards.

10 Workforce and Equalities Monitoring Annual Report

The Board received the Workforce and Equalities Monitoring Annual Report from the Director of People and Culture. The report was published to demonstrate NHS Highland had met the requirement as set out in the Public Sector Equality Duty to gather, use, and publish employee information. The information within the report considered the workforce position as of 31 December 2023 for the period 1 January – 31 December 2023. The Board was invited to take substantial assurance that the report demonstrated compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

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

- The data would be used to consider how best to improve and promote equality throughout NHS Highland which would be incorporated into the appropriate workplans with actions being developed over the course of the year.
- The overall substantive headcount within NHS Highland increased by 354 staff, whilst a total of 2811 people joined the organisation in 2023.
- It was noted that using the data held in the 2022 census, NHS Highland employs a greater number of people from a variety of ethnic backgrounds compared to the region's population demographic.
- Work is underway to encourage staff to complete their ethnicity data to enable greater accuracy of reporting in future years, but it was highlighted a larger number of staff were selecting the prefer not to say option.

During discussion the following points were raised:

- Board Members sought clarity on how the data would be used to drive improvements, particularly where staff had chosen to select 'prefer not to say'. The Deputy Director of People acknowledged it was a challenge however an oversight group had been established to consider equality, diversity and inclusion across NHS Highland.
- Board Members highlighted the increase in staff aged over 65 and asked how NHS Highland would ensure those people were adequately supported alongside minimising the loss of experience-based talent as there was a move towards longer working lives. The Deputy Director of People confirmed there was work underway nationally around how older staff were supported including partial retirement and the 'retire and return' policy to facilitate a flexible approach to work.
- The Chief Executive added that it was important to note the challenges faced in workforce availability and the acute impact this had as depopulation was a much broader strategic threat for NHS Highland, and it would be essential to work with other partnership organisations to attract young people into health and social care careers.

The Board:

- Took **substantial assurance** from the report.
- **Noted** the content of the report which provided confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

11 Board Blueprint for Good Governance Improvement Plan - 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 November 2024 cycle of meetings. A further report would be submitted to the Board in January 2025.

The Board Secretary spoke to the circulated report and noted:

- There were nine actions proposed for closure with the remaining eight identified as longer-term, organisation wide actions that would take longer to complete, however progress had been made and was noted in the appendix.

- Organisationally some work was still required around risk and providing the appropriate training in line with the Board risk appetite.
- Work was underway to address the culture action as the Culture Oversight Group had pursued a wide range of actions including the delivery of the leadership and culture framework alongside a leadership and development programme.
- It was noted the Quality Framework would extend beyond the lifetime of the improvement plan however a joint development session had taken place with the Area Clinical Forum to assist with this action.
- It was expected that all Boards would be asked to review themselves against the Blueprint around May 2025 and Scottish Government were considering how Boards would be reviewed externally.

The Chair added that whilst Scottish Government were considering how Boards would be externally reviewed it was important to note NHS Highland was a pathfinder for the process and discussions continued nationally with other Boards around the learning achieved as part of the process.

The Board:

- Took **substantial assurance** from the report.
- **Noted** that informal oversight of delivery of the improvement plan would continue to be undertaken by the Chairs Group and Governance Committees for outstanding and longer-term actions during the November 2024 cycle of meetings.
- **Noted** that a further progress update would be submitted to the Board in January 2025.

12 Governance Committees memberships

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined proposed changes to the Governance Committee memberships. The intention was to direct existing and emerging skills effectively across governance committees. The report outlined a two staged approach to the sequencing of the proposed changes. The Board was invited to agree changes to Committee Non-Executive memberships in preparation for vacancies that would occur during 2024 and 2025. The report also asked the Board to take substantial assurance from the information contained.

The Board:

- Took **substantial assurance** from the report.
- **Agreed** the changes to Committee memberships designed to take effect from 1 August and 1 October 2024.
- **Agreed** to appoint Gerry O'Brien as the Board's Environment and Sustainability Champion from 1 October 2024.
- **Agreed** to appoint Heledd Cooper as the Board's Counter Fraud Champion from 1 October 2024 for an interim period until a longer-term Audit Committee Chair is in place.
- **Agreed** that Sarah Compton Bishop replace Ann Clark on the Highland Community Planning Partnership Board with immediate effect.

13 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 24 September 2024

The meeting closed at 1.55pm