

<p>NHS HIGHLAND BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/</p> 
<p>DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>26 November 2024 – 9.30am</p>

Present

Dr Tim Allison, Director of Public Health & Policy
Emily Austin, Non-Executive
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elsbeth Caithness, Employee Director
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Albert Donald
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive (From 11.17am)
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll & Bute Social Care Partnership
Kristin Gillies, Interim Head of Strategy & Transformation
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Bryan McKellar, Whole System Transformation Manager (Item 6)
David Park, Deputy Chief Executive
Cathy Steer, Head of Health Improvement (Item 7)
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Katherine Sutton, Chief Officer, Acute
Lynda Thomson, Senior Health Improvement Specialist (Item 7)
Nathan Ware, Governance & Corporate Records Manager
Evelyn McPhail, NHS Healthcare Improvement Scotland (Aspiring Chair observer)

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 Susan Ringwood, whose term ends on 31 December 2024, highlighting her significant contribution to the Board since January 2021 including Chair of NHS Highland Audit Committee and Vice Chair of the Audit Committee in the Argyll and Bute Integrated Joint Board. She also extended congratulations to Kristin Gillies on her appointment as interim Head of Strategy and Transformation.

The Chair noted that interviews had taken place for upcoming Non-Executive Director vacancies and highlighted the quality of each applicant, she confirmed further updates would be provided in due course.

Apologies for absence were received from Philip MacRae.

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 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 24 September 2024 and **approved** the updates to the Action Plan noting the due date for Action 26 – Consideration on how best to gain assurance from the Integrated Performance and Quality Report would be updated to an appropriate alternative.

1.4 Matters Arising

1.4.1 Board and Committee meetings timetable 2025-26 and 2026-27

The Board Secretary confirmed that there were no foreseeable issues with the proposed Board and Committee meeting dates for 2025-2027.

The Board **noted** the position.

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

- NHS Highland Annual Review
- Social Care
- Sustainable Services
- Congratulations to Endoscopy Team on their Joint Advisory Group (JAG) accreditation.

The Chief Executive took the opportunity to pay tribute to the contribution Betty Roddick and Ross Cowie had made to NHS Highland and their local communities who sadly passed away recently.

During discussion the following points were raised:

- The Chair highlighted her recent visit to the Endoscopy unit and acknowledged the accreditation was testament to their hard work.
- Board Members echoed the positive sentiments around the Annual Review taking place in Argyll & Bute and highlighted the value of being able to attend a number of visits in the local area.
- Board Members sought clarity on the progress being made around the vaccination challenges and whether utilising GP Surgeries was an option. The Chief Executive confirmed she was working with GPs through a short-term working group to draft a proposal for Scottish Government. She noted broad support from partner organisations and staff had been received to identify the biggest practical challenges.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee (FRP) of 11 October 2024 and of 1 November 2024

The Chair of FRP committee confirmed in the October meeting they discussed the financial position at month five, forecasting a £50 million overspend by March 2025. They also reviewed planned care trajectories, noting an increase in referrals with the activity plan having been agreed with Scottish Government.

He added that in the November meeting, the financial position at month six indicated an increased overspend to around £52 million, mainly due to reduced allocation from Scottish Government. He added that Committee received a presentation on the progress of Meridian support, with further updates to be provided at future meetings. The Integrated Performance and Quality Report (IPQR) was discussed and highlighted performance

against the Annual Delivery Plan deliverables. He also noted the annual procurement report gave substantial assurance of compliance with legislation, policy, and board objectives.

The Director of Estates presented the National Treatment Centre post-occupancy evaluation report although committee acknowledged they needed more time to study the report and confirmed it was submitted to the Scottish Government without approval, with this noted in the submission. He confirmed that the report would come back to FRP in December for further scrutiny.

b) Staff Governance Committee of 5 November 2024

The Chair of Staff Governance committee celebrated the team's success in improving the time-to-fill vacancy metric noting these were helped by focusing on the challenges experienced to identify specific improvement areas which has enabled improvements in this metric. She noted that the key point was to ensure the improvements were sustained alongside addressing a few outlier vacancies.

She confirmed that committee approved the final version of the Health and Well-being Strategy and covered the Quarter two Whistleblowing report where committee discussed enhancing these reports to ensure effective sharing of key learning points to ensure the right people were informed. It was noted that the report now included a wider breadth of whistleblowing assessment measures which would be monitored to appropriately assess their effectiveness.

c) Highland Health & Social Care Committee of 6 November 2024

There were no additional comments.

d) Clinical Governance Committee of 7 November 2024

The Chair of Clinical Governance Committee confirmed the Committee had considered the integrated performance and quality report alongside assurance reports from the Highland Health and Social Care Partnership and Acute Services. Committee also received moderate assurance on health and safety actions being taken as part of the Health and Safety Committees six monthly update.

He added that other key items included discussions around two new risk register items that related to access to services and recruitment challenges. He confirmed that committee reviewed progress on their blueprint for good governance self-assessment.

e) Area Clinical Forum of 31 October 2024

The Chair of Area Clinical Forum confirmed the meeting wasn't quorate but continued as planned. She highlighted the Forum received an update on the Wait-Time Dashboard which generated significant discussion and highlighted technical challenges due to varied systems.

The Forum also received updates on the multidisciplinary COVID study and noted there was a desire to integrate this into existing specialities to ensure its continuity with evidence indicating that vaccination offers protection against long COVID. She added that an update on the quality framework, discussed in a joint event earlier this year, was well-received which prompted questions on managing it effectively for staff and making it standard practice.

f) Argyll and Bute Integration Joint Board 25 September 2024

The Vice Chair of the Argyll and Bute Integration Joint Board advised they conducted an in-depth review of the annual performance report which was well-received as it highlighted the extensive range of services delivered and the significant effort implemented to maintain them. He acknowledged the new format of the report was helpful in allowing them to explore all the board's activities comprehensively.

He added that the ongoing financial and staffing challenges were discussed which were significantly impacting on the ability to deliver services and they were planning to address those in more depth at the next meeting.

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

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 was asked to take limited assurance due to the pressures faced by the Highland Health and Social Care Partnership (HHSCP) in Acute and Community care delivery. The system required redesign to maximise efficiency opportunities and to enable service changes that would bolster resilience and utilise resources that were cost-effective for the Board and would maximise value for our population

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

- Child and Adolescent Mental Health Services (CAMHS) remained a focus, with some improvement in waiting times.
- Challenges persisted in screening and vaccination uptake, however there was focus on analysing causes for inequalities in delivery. He added that vaccination rates remained slightly below the national average, in part due to the delivery model.
- Delayed discharges remained a significant challenge, the key cause continued to be care home capacity.
- The improvements made against Scheduled Care for outpatients and Treatment Time Guarantee (TTG) performance had been maintained and met ADP targets.
- Cancer performance remained a key area of continued focus and review, with some improvements made.
- Psychological Therapies continued to show sustained improvement in waiting times.
- He added that Patient feedback this month focused on maternity, midwifery, and neonatal services.

During discussion the following points were raised:

- Board Members highlighted concerns that there was no national target for childhood vaccinations and performance had been measured in terms of the national average yet the international target set by the World Health Organisation (WHO) was 95%. The Director of Public Health confirmed that some areas of the Board met the WHO target but overall performance had been lower due to the rural nature of NHS Highland.
- Board Members sought clarity on whether Argyll and Bute IJB information was included in all metrics. The Deputy Chief Executive confirmed that future iterations of the IPQR would be clearer where information was incorporated for Argyll and Bute IJB.
- Board Members raised concern at the appraisal completion rates. The Director of People and Culture noted that an improvement plan was in place for completion by the end of December and discussion would take place among the Executive team to provide additional focus to this area. He added that an audit had been carried out which found some appraisals had not been properly signed off on TURAS resulting in a lower completion rate.
- Board Members noted the progress made in achieving carbon net zero in some locations and asked what work had been completed to achieve this. The Director of Estates, Facilities and Capital Planning confirmed the Isla and Dunbar hospitals were small but used oil and he was confident at least one can be moved over to a renewable solution in the coming months once funding is approved.
- Board Members sought clarity around staff turnover rates and asked if NHS Highland had met the 10% target. The Director of People and Culture confirmed turnover sat at 8.66% in the current month and noted a recent Staff Governance Committee development session had discussed the appropriate target level. He added that consideration had been given to carrying out an audit to gain a better understanding with a view to finding solutions however exit interviews were difficult to carry meaning direct feedback from staff leaving was lacking in depth.

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

5 Finance Assurance Report – Month 6 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 6. 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 financial position as at end Month 6, Year-to-Date (YTD) Revenue over spend amounted to £42.418m, with the forecast overspend set to increase to £51.98m as at 31 March 2025 assuming those cost reductions/improvements identified through

value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care. This forecast was £23.580m 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 highlighted a deterioration in month 6 noting the forecast deficit increased to £51.98m due to changes in Multi-Disciplinary Team funding allocation.

She added that operational spend continued as expected, with a year-to-date position of £42.4m and a recovery plan was in place. The Argyll and Bute Adult Social Care forecast was £16.1m and was expected to balance by year-end. The Director of Finance noted that efforts focused on a sustainable plan with Highland Council and optimal use of the £20m transformation fund.

Key risks remained increased supplementary staffing, high prescribing costs, and independent sector fragility in Adult Social Care although she highlighted reductions in supplementary staffing expenditure and committed capital spend were improving.

The financial planning timetable was discussed, with more information expected after the Scottish budget announcement on December 4th. Monthly catch-up meetings and a formal quarterly review with the Scottish Government finance team were ongoing with a key focus on improving Adult Social Care and Delayed Discharge pressures.

During discussion the following points were raised:

- Board Members sought clarity around the anticipated risk around the Adult Social Care break-even position and asked what actions were being taken to mitigate this. The Director of Finance advised she was in regular contact with the Head of Finance at Highland Council and she was exploring all opportunities to balance the budget. She added that work was underway to establish trajectories but a formalised commitment was yet to be agreed.
- The Director of Finance noted Scottish Government were also keen to work on a more detailed approach to resolving the Adult Social Care challenges.
- Board Members felt the risk level should be given further consideration by the Board and suggested the Finance, Resources and Performance Committee considered the transformation work on behalf of the Board.
- Board Members requested an investigation into necessary transformation work to address challenges and resource gaps. The Chief Executive confirm she'd discuss with the Executive team how to update the Board, focusing on additional project management support and skill requirements for redesign, while avoiding worsening existing inequalities.

Having **examined** the draft Month 6 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 11.02am and the meeting resumed at 11.17am

6 Annual Delivery Plan (ADP) Six Monthly Progress Update

The Board received a report on behalf of the Deputy Chief Executive that provided assurance on the progress of the Quarter One and Quarter Two 2024/25 ADP deliverables to 30 September 2024. The report captured high-level deliverables in each "Well" theme of the Together We Care strategy. The Argyll & Bute Joint Strategic Plan was incorporated into the NHS Highland ADP 2024-25 tracker. The Board were invited to take moderate assurance due to mitigations and actions being in place for deliverables not currently achieved.

The Deputy Chief Executive spoke to the circulated report and highlighted many commitments had remained ongoing and were being monitored by various executive groups within Scottish Government. It was noted that the update had been reviewed recently at the Finance, Resource, and Performance Committee. The report emphasised 75 percent of the tasks were on track, complete, or in progress. However, he added that some items were delayed but they were still expected to be delivered noting that certain tasks were dependant on guidance from Scottish Government.

The Deputy Chief Executive confirmed a further review would take place to ensure the data presented would provide sufficient assurance and help distinguish between minor and major tasks.

During discussion the following points were raised:

- Board Members noted future updates on progress against the ADP would address prioritisation of tasks and their interconnections and sought clarity around the impact of those at-risk or delayed would have. The Deputy Chief Executive confirmed tasks would be graded to identify the impact their delay may have overall.
- Board Members suggested it would be beneficial to capture and review any shifts in focus prompted by Scottish Government when reporting to the Board on the year's ADP delivery to provide further context.
- The Whole System Transformation manager confirmed that when developing programmes, measures of success were included in the IPQR. He added that they aimed to capture additional performance measures linked to programme deliverables as soon as possible.
- Board Members highlighted the abundance of indicators could be overwhelming and emphasised proactive indicators should be the key focus to achieve better outcomes. The Director of Public Health felt having numerous indicators proved challenging and explained the importance of selecting the right indicator, acknowledging that while not everything can be covered, focusing on inequalities is crucial.
- Board Members recognised the challenge of linking individual elements to see the bigger picture and emphasised the need for a clear annual plan. They suggested that focus areas should reflect service users' experiences, using user forums for feedback. The Deputy Chief Executive highlighted the "Together with Care" strategy, which was developed through extensive engagement with patients and local groups.
- The Board Chair highlighted the need to focus efforts effectively, considering system-wide impacts and patient/community priorities. They suggested considering equality impact assessments and risk management frameworks in future discussions.
- The Whole System Transformation Manager advised Scottish Government had provided general feedback on the format of returns to all boards and he expected further communication from them following the six-monthly update.

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

7 Highland Child Poverty Action Plan 2023 - 2024

The Board received a report from the Director of Public Health which would be required to be submitted to the Scottish Government annually. The report provided an update to Board members on, data gathered from the Health Intelligence Team in Public Health to support development of the report and priorities for action; progress made, and outcomes achieved in tackling child poverty in 2023/24; and agreed actions to be taken in 2024/25 in line with the key themes identified within the Highland's Integrated Children's Service Plan. The report covered the Highland area only.

The Board were invited to approve the Highland Poverty Action Plan 2023-24 ahead of the submission to Scottish Government.

The Director of Public Health spoke to the circulated report and highlighted:

- The 2017 Child Poverty Scotland Act mandated Scottish Government, local authorities, and health boards to address and report on child poverty with the Argyll and Bute report for 2023-24 being reviewed by the Integration Joint Board but the Highland report faced delays due to COVID-19, efforts were underway to report on 2023-24 activities and future plans.
- He added that the report included epidemiological data comparing local child poverty levels with the rest of Scotland but despite some improvements during COVID-19 due to additional funding, child poverty levels had increased.
- Within Highland, many child health services were provided by Highland Council, but NHS Highland retained accountability for areas such as paediatrics, CAMHS, and primary care.
- The Director of Public Health noted that actions in 2023-24 focused on specific supports like welfare benefits but moving forward it would move to more general support to tackle child, family, and community poverty highlighting the need for special attention to children in isolated rural and island areas.

During discussion the following points were raised:

- Board Members sought clarity around how they could get an overview of the whole community poverty action and receive assurance the efforts are coordinated and addressing the issues. The Director of Public Health confirmed that it was important to focus on the Board's work as an anchor institution, considering what could be done in terms of employment and support for isolated communities alongside impact assessments to evaluate the effects of actions on poorer people.
- The Senior Health Improvement Specialist added that work was underway with the People and Culture directorate to develop an employment strategy which would include vulnerable groups alongside running initiatives such as 'Money Counts' to benefit families and the wider population.
- Board Members emphasised that addressing child poverty required tackling family and community poverty and its underlying causes. Poverty persisted due to insufficient collaboration between anchor institutions, the third sector, and the voluntary sector. Effective poverty reduction needed more grassroots engagement and coordinated efforts from all relevant organisations, and they suggested a radical review and summit with major players could help break the cycle and bring meaningful change.

The Board **approved** the Highland Child Poverty Action Plan 2023-24 for submission to Scottish Government and took **moderate assurance**.

8 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports

8(a) Highland Health and Social Care Partnership

The Board received the Annual Performance report for the Highland Health and Social Care Partnership (HSCP) from the Chief Officer of the Highland HSCP detailing the progress in meeting priorities and actions as required, which is submitted annually to Scottish Government.

The Board were invited to take substantial assurance and note the content of the HSCP Annual Performance Report 2023-24.

The Chief Officer for Highland HSCP highlighted the report, approved by the Health and Social Care Committee and the Joint Monitoring Committee, indicated strong performance; notably 84.8% of the partnerships care services were rated as good or better by the Care Inspectorate.

She noted that despite challenges such as increasing costs and demand, the report provided a balanced view of achievements against national health and well-being targets and covered progress in integrated children's services, adult social care, care homes, primary care, mental health, and community services.

The Chief Officer confirmed that the Integrated Children's Services Plan was launched in August 2023, and the joint strategic plan published at the end of 2024 outlined the partnerships goals for the next three years.

Board Members sought clarity on the level of assurance being provided. The Chief Officer for Highland HSCP confirmed that substantial assurance was proposed as the report indicated the partnership had met the requirements set out in integration legislation. She added that the assurance covered both the structure of the report and the information it provided to the Health and Social Care Committee and the Joint Monitoring Committee regarding integration arrangements.

The Board took **substantial** assurance and **noted** the HSCP Annual Performance Report 2023-24 agreed by the Highland Health and Social Care Committee and the Joint Monitoring Committee in September 2024.

8(b) Argyll & Bute Health & Social Care Partnership

The Chief Officer of the Argyll and Bute HSCP spoke to the publicised report and highlighted the partnership was required report annually on their performance and the report goes to the Integrated Joint Board alongside other partner organisations to ensure proper communication with the communities served.

He noted that it covered key performance indicators, financial performance, and engagement approach alongside updates on the joint strategic plan progress. He added that whilst the report reflected data from 2023-2024 it nonetheless provided valuable insights for future focus. Key successes included increasing the number of children placed near their homes, more Telecare users with digital devices, and a slight increase in Near Me consultations. A&E attendances were just below the 95% national target.

The Chief Officer referenced the ongoing challenges of staff recruitment and retention, delayed discharges and bed days, which were areas of ongoing focus. He confirmed that the partnership ended 2023-2024 with a financial surplus due to vacancies, use of reserves, and an 83% delivery on their savings target. He added that the report also provided a year two update on the joint strategic plan and noted the current iteration was due to end in March 2025, with preparations underway for the next phase.

The Board **took assurance** and **noted** the Argyll & Bute Health and Social Care Partnership Annual Performance Report 2023-24 was agreed by the Integrated Joint Board in September 2024.

9 Corporate Risk Register

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

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

- Risk 715 would be moved from the Board Risk Register to the Public Health Directorate Risk Register (impact of COVID on health outcomes).
- Risk 712 Fire Compartmentation was pending approval from the Health and Safety Committee to be removed from the Board Risk Register but was included to comply with risk de-escalation governance processes.
- Risk 1279 which covered the financial risk for adult social care has had executive leadership amended from the Director of Finance to the Chief Officer of Highland HSCP.

During discussion the following points were raised:

- Board Members suggested risk 1279 required additional review considering the current financial challenges being faced and indicated the risk level may need to be adjusted based upon the scoring of other risks held on the register.
- The Director of People and Culture clarified that the fire compartmentation risk was a Board Risk, so the Board were required to approve its de-escalation rather than the Health and Safety Committee.
- Board Members highlighted the narrative of risk 712 should be updated to acknowledge the Board was willing to de-escalate it provided the Chief Fire Officer had approved.

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

10 Q2 Whistleblowing Report

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter one activity covering the period 1st July – 30th September 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 based on 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:

- There were no new whistleblowing cases raised during this period and one previously open case where there were concerns around its duration had now been closed.
- There was one ongoing case that involved complex circumstances, but active support and communication were being maintained.
- He added that an anonymised table had been added which included actions and recommendations provided by investigations with particular focus on quality and patient safety.

During discussion the following points were raised:

- Board Members asked why no concerns had been raised and whether this could be due to a lack of knowledge on the process. The Director of People and Culture highlighted that any concerns raised via the

Guardian Service were not currently reflected in the Whistleblowing report which may have impacted the data alongside the confidential nature of that service where it may not be appropriate to report.

- The Board Whistleblowing Champion added that any concern suitable for inclusion in the report would have needed to meet the whistleblowing standards however there may have been concerns raised through other channels such as line managers where the concern was not identified as a whistleblowing issue and is dealt with through normal procedures.

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

11 Appointment of Board Vice Chair

The Board received a report from the Board Chair detailing the rationale for appointing a new Vice Chair to the Board from 1 April 2025 and outlined the process undertaken to recruit to the position. The Board were invited to take substantial assurance from the report content and agree to the appointment of Gerry O'Brien to the position of Board Vice Chair, with effect from 1 April 2025 until 31 December 2028.

The Board took **substantial** assurance and **agreed** the appointment of Gerry O'Brien to the position of Board Vice Chair, with effect from 1 April 2025 until 31 December 2028.

12 Changes to Committee Chair Positions

The Board received a report from the Board Chair noting planned changes to the Board's non-executive membership and changes to Governance Committee chair positions. At the Board meeting in July 2024, agreement was given to a series of revised Committee memberships. The Board was invited to agree to appoint Emily Austin as Audit Committee Chair and Counter Fraud Champion with effect from 1 January 2025 and Karen Leach as Clinical Governance Chair with effect from 10 January 2025. The Board were also asked to take substantial assurance from the reports content.

The Board took **substantial** assurance and **agreed** to appoint:

- Emily Austin as Audit Committee Chair and Counter Fraud Champion with effect from 1 January 2025.
- Karen Leach as Clinical Governance Chair with effect from 10 January 2025.

13 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 28 January 2025

The meeting closed at 12.53pm