


<b>NHS HIGHLAND BOARD</b>	<div> Assynt House  Beechwood Park  Inverness IV2 3BW  Tel: 01463 717123  Fax: 01463 235189  <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a> </div> <div>    <b>NHS Highland</b>   na Gàidhealtachd </div>
<b>MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>25<sup>th</sup> November – 9.30am</b>

## Present

Alexander Anderson, Non-Executive  
Emily Austin, Non-Executive  
Graham Bell, Non-Executive  
Sarah Compton-Bishop, Board Chair  
Louise Bussell, Nurse Director  
Garret Corner, Argyll & Bute Council stakeholder Non-Executive  
Alasdair Christie, Non-Executive  
Muriel Cockburn, Highland Council stakeholder Non-Executive  
Heledd Cooper, Director of Finance  
Jennifer Davies, Director of Public Health  
Fiona Davies, Chief Executive  
Albert Donald, Non-Executive  
Karen Leach, Non-Executive  
Gerard O'Brien, Non-Executive  
Dr Boyd Peters, Medical Director  
Janice Preston, Non-Executive  
Gavin Smith, Employee Director  
Steve Walsh, Non-Executive (Until 2.15pm)  
Dr Neil Wright, Non-Executive

## In Attendance

Gareth Adkins, Director of People and Culture  
Evan Beswick, Chief Officer, Argyll & Bute Health and Social Care Partnership (A&B HSCP) (Item 5)  
Bryan McKellar, Whole System Transformation Manager  
Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership (HHSCP)  
Richard MacDonald, Director of Estates, Facilities and Capital Planning  
David Park, Deputy Chief Executive  
Nicki Sturzaker, Head of Communications and Engagement  
Katherine Sutton, Chief Officer, Acute  
Nathan Ware, Governance & Corporate Records Manager  
Dominic Watson, Head of Corporate Governance

### 1.1 Welcome and Apologies for absence

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

The Chair expressed gratitude to Alasdair Christie, whose term as a Non-Executive Director had ended. She highlighted the outstanding contribution over many years through his work with the Board which involved Chairing Clinical Governance and Audit Committees strengthening governance and ensuring an exceptional level of scrutiny which were central to decision-making.

The Chair welcomed two new Non-Executive Directors Graham Illsley and Brian Steven. She highlighted that Brian brought a wealth of experience having previously worked as a Director of Finance, Deputy Chief Executive and Director of Performance and Strategy in the NHS both in Scotland and England.

She noted Graham brought experience from across frontline medicine, clinical research, and the charity sector and had worked across hospital and community settings within NHS Tayside.

Apologies for absence were received from Allyson Turnbull-Jukes, Philip MacRae and Joanne McCoy.

## 1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as a Highland Council Councillor, but felt this wasn't necessary after completing the Objective Test.

## 1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30<sup>th</sup> September 2025.

The Board **noted** the Action Plan and **agreed** to close action 44 and amend the date of Action 47 to 31<sup>st</sup> March 2026 when the Nurse Director would provide an update on progress; it was noted that Actions 35 and 51 would remain open to ensure appropriate oversight and future assurance for the Board.

The Board **agreed** to adjust all other outstanding action due dates to March 2026 to monitor progress and requested the associated leads provide updates.

## 1.4 Matters Arising

None

## 2 Chief Executive's Report

The Chief Executive provided an update on her visits over the Autumn months and strategic process updates including the Sir Lewis Ritchie Delivery Group, Musculoskeletal (MSK) Community Appointment Day, the Highland Care Conference alongside the Partnering for Progress Recruitment Event in Fort William and the NHS Highland Annual Review which took place in Aviemore.

She also highlighted her visit to Helensburgh and Lomond where she met frontline teams across multiple disciplines and was pleased with the continued deep commitment of staff to integrated working.

The Chief Executive emphasised the importance of cross-boundary working, particularly in remote and rural localities which enabled both positive feedback and constructive challenge.

During discussion, the following points were raised:

- Board Members asked whether the MSK day model was being considered for other areas. The Nurse Director confirmed the model was planned for rollout in other locations, but evaluation was underway to ensure it met user needs and improved outcomes.
- The Chair of the Board asked how user experience and outcomes were being captured beyond waiting list reductions. The Chief Officer for HHSCP confirmed that formal evaluation was being conducted with a focus on quantitative and qualitative data.
- Board Members sought clarity on whether the success of the recent one-day recruitment events could be an approach that is expanded. The Director of People and Culture confirmed they had been trialed for social care roles and were effective in reducing recruitment barriers but noted digital tools could also present barriers, but work was underway in working to balance both approaches.

The Board **Noted** the update.

## 3 Sub-National Planning Arrangements Update

The Chief Executive presented an update on the sub-national planning arrangements following recent legal directions issued from Scottish Government. NHS Highland would join the Scotland West setup with the North region ceasing as a planning entity. The Chief Executive emphasised the need for collaboration across Boards whilst maintaining local accountability and ensuring rural and island voices were not lost. She highlighted ongoing recruitment for sub-national directors from across the territorial boards and the importance of integrating board oversight within the new structures.

During discussion the following points were raised:

- Board Members questioned the lack of clarity on national oversight, non-executive involvement and how Board assurance would be maintained. The Chief Executive confirmed Board accountability and executive

accountability remained unchanged and formal touchpoints for oversight would be developed that would include committee integration.

- Board Members sought clarity around the impact on the North Cancer Alliance (NCA) and rural/island representation. The Medical Director assured that clinical pathways and the NCA would continue alongside remote/rural/island advocacy being central to NHS Highland.
- Board members raised concerns that rural and island inequalities could be overlooked in statistical analysis and broader planning at a sub-national level, particularly where financial models misinterpret rural costs and favour urban-centric approaches. The Chief Executive agreed, emphasising the need for local data, a strong Board voice and proactive recommendations to the sub-national committee.
- The Employee Director highlighted the absence of partnership working in development of the model and potential staff impacts, particularly the potential centralisation of back-office services. The Chief Executive committed to maintaining staff governance standards and ongoing dialogue with staffside.
- Board Members sought clarity on communication risks, potential misinformation and GP representation alongside social care integration plans and the requirement for whole-system approaches. The Chief Executive confirmed local control of communication would be needed, including close monitoring of any care service reforms and would clarify GP links as details emerged.

**The Board Noted:**

- Further detailed legal directions on the development of sub-national planning arrangements contained within the Director's Letter (DL2025) and the board briefing pack
- That Board collaboration would be required to meet the following specific objectives:
  - Delivering High Quality and Safe Orthopaedic Elective Care Services and meeting Treatment Time Guarantee for all patients across Scotland.
  - Delivery of digital front door through MyCare.scot service.
  - Development of optimal flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.
  - Develop a consolidated financial plan for Scotland East and West for 2026-27, supported by the NHS Scotland Finance Delivery Unit with the aim of supporting financial balance and sustainability with expected deficit reductions by 2028-29.
- That recruitment processes were underway to appoint directors from territorial boards to support the Sub-National Planning and Delivery Committees.

#### **4 Highland Health and Social Care Partnership – Model of Integration Review Update**

The Director of People and Culture provided an update on the joint review with Highland Council around the proposed changes to the current lead agency model, he outlined the options appraisal process, engagement with staffside and senior officers alongside the timeline for recommendations in January 2026 and a decision in March 2026. The review aimed to consider alternative models for integration and ensure robust partnership working.

During discussion the following points were raised:

- The Employee Director highlighted concerns about late staffside involvement, short timescales and questioned whether staff could meaningfully contribute before decisions were made. The Director of People and Culture acknowledged the challenge and explained the need for management to develop options before staff input but committed to ongoing engagement and transparency.
- The Chair of the Board noted the challenges that surrounded staff involvement but highlighted the process had been constructive and collaborative with a clear focus on thoughtful sequencing and partnership working, commended the relationships built during the review and welcomed the commitment further engagement would take place.
- The Director of People and Culture added that the complexities involved in the process required consideration around the impacts on staff from two different organisations and reiterated a commitment to parallel engagement in aligning decision-making.

**The Board Noted:**

- Progress with developing and agreeing the options appraisal process for the Highland Health and Social Care Partnership Model of Integration
- The revised timeline for recommendations to the Models of Integration steering group on a preferred option in January 2026 and a decision by the Board and Council on a preferred option in March 2026

## 5 Single Authority Model Update

The Director of People and Culture presented a detailed report on the Single Authority Model (SAM) work in Argyll and Bute, noting two options remained under consideration. He highlighted the work was rooted in the Local Government review with NHS Highland involved since early 2025. He confirmed the need for alignment with Board and Council Governance, ongoing engagement with Scottish Government and the importance of considering health outcomes not just structural change.

During discussion the following points were raised:

- Board Members expressed concern around the tight timelines and the impact of that, including insufficient co-production, and highlighted the risk of missing broader opportunities for locality-based planning. The Director of People and Culture agreed that more time and detail would be required and noted the joint short-life working group would address those issues.
- Board Members sought clarity around how the Board would be able to make an informed decision based on the population health benefits rather than purely structural change. The Chief Executive acknowledged the challenge and emphasised the need for evidence, alignment with population health priorities and outcomes focus.
- Board Members suggested engaging with NHS Greater Glasgow and Clyde given current service interdependencies. The Chief Executive agreed and noted the importance of strategic alignment whilst maintaining NHS Highland Board influence.
- Concern was raised around potential workforce changes. The Employee Director assured Board that no changes to employment arrangements were proposed as part of the process but staffside involvement would continue.

The Board **Noted**:

- Work completed to date to agree with Argyll and Bute Council two options for a SAM for consideration:
  1. Further empowered local Board based on the Integrated Joint Board Model.
  2. A Strategic Authority Partnership based on the Lead Agency Model of Integration.
- The continued work with Argyll and Bute Council to develop an options appraisal with timelines aligned with Board and Council Governance with a further update to the Board in January 2026.
- Further discussions continued with Scottish Government colleagues to update them on proposed timelines to align decision making with Board and Council Governance.

**The Board took a break at 11.43am and the meeting resumed at 11.58am**

## 6 Governance and other Committee Assurance Reports

### **a) Finance, Resources and Performance (FRP) Committee agreed minutes of 12<sup>th</sup> September and 3<sup>rd</sup> October 2025 and summary of meeting of 14<sup>th</sup> November 2025**

The Chair of FRP Committee noted the Committee had met twice since the last Board meeting and reported NHS Highland remained on track for the £40 million target with risks unchanged. He highlighted Scottish Government support would be received this year and next and confirmed Audit Scotland would review environmental sustainability with the Chair of Highland Health and Social Committee involved as sustainability champion

### **b) Staff Governance Committee agreed minute of 2<sup>nd</sup> September 2025 and summary of meeting of 3<sup>rd</sup> November 2025**

The Vice Chair of Staff Governance Committee noted there were discussions on the Supreme Court ruling regarding single sex spaces. The committee also discussed the new PVG process which had affected recruitment timelines and welcomed the new equality, diversity, and inclusion strategy.

### **c) Highland Health & Social Care Committee (HHSCC) agreed minute of 3<sup>rd</sup> September 2025 and summary of meeting of 5<sup>th</sup> November 2025**

The Chair of HHSCC noted the Chief Officer presented inspection results for care at home and care homes and emphasised the importance of combining inspection outcomes with daily operational intelligence. The Care Inspectorate concluded its improvement notice at Sutherland Care at Home and committee received a positive update on mental health staff training, with over 40% completion in key areas.

**d) Clinical Governance Committee (CGC) agreed minute of 4<sup>th</sup> September 2025 and summary of meeting of 6<sup>th</sup> November 2025**

The Chair for CGC noted updates were received around neurodevelopmental assessment services alongside mental health services that indicated limited assurance but ongoing improvements. The infants, children, and young people clinical governance group was adopting a collective approach to support improvement and there were plans for a development session in early quarter two. She highlighted that the Medical Director and Nurse Director provided a verbal update on the Scottish Maternity and Neonatal Task Force.

**e) Area Clinical Forum agreed minutes of 9<sup>th</sup> September 2025 and summary of meeting of 6<sup>th</sup> November 2025**

There were no additional comments.

**f) Population Health & Planning Committee summary of meeting of 2<sup>nd</sup> October 2025**

The Chair for Population Health & Planning Committee confirmed they approved the framework and timeline for a new strategy and the decision to defer the November meeting for further preparation.

**g) Argyll and Bute Integration Joint Board (IJB) Minute 17<sup>th</sup> September 2025**

The Chair of the IJB reported noted the IJB focused on budgetary pressures and the adoption of the threshold of care proposal to balance the budget.

**h) Pharmacy Practices Committee from 21<sup>st</sup> October 2025**

The Chair reported that the Pharmacy Practices Committee approved an application for a new pharmacy in Auburn, with no other applications in progress.

The Board:

- **Confirmed** adequate assurance had been provided from Board Governance Committees, Area Clinical Forum, and Pharmacy Practices Committee.
- **Noted** the Minutes and any agreed actions from the Argyll and Bute Integration Joint Board.

**7 Integrated Performance and Quality Report (IPQR)**

The Deputy Chief Executive provided an overview of the IPQR and highlighted that the report had undergone detailed scrutiny through relevant Governance Committees. He emphasised the combination of positive progress and ongoing challenges across key performance areas. The Board were asked to take **substantial assurance** and **consider** the level of performance across the system.

The Deputy Chief Executive highlighted:

- The report was presented for moderate assurance rather than substantial.
- Child and Adolescent Mental Health Services (CAMHS) performance continued to improve across Highland and Argyll & Bute but acknowledged challenges remained.
- Screening and Vaccination performance saw slight improvements with continued work underway to improve further.
- Psychological Therapies experienced a slight reduction in improvements, but NHS Highland remained the third highest performing Board in Scotland.
- Treatment Time Guarantee (TTG) numbers continued to improve but emergency department (ED) performance remained challenging and noted Scottish Government were moving focus to Unscheduled Care.
- Improvements have been made in both staff e-learning and practical training course attendance.
- Cancer Performance had improved for both 31-day and 62-day targets but remained challenging.

During discussion the following points were raised:

- Board Members sought clarity around the delays in stage two complaints and SAER's. The Medical Director confirmed delays were due to the complexity around complaints cases and the requirement of accurate clinical input over speed of resolution. He added that there were ongoing efforts to review and close outstanding SAER

recommendations and noted some were no longer applicable. The Nurse Director added a new clinical care governance and quality group would oversee both sets of data.

- The Chair asked what broader actions were in place to address delayed discharge. The Chief Officer for HHSCP confirmed work with independent sector partners was underway to increase care home and care at home capacity alongside sourcing Scottish Government funding to expand care home beds coupled with work to standardise discharge pathways and develop new models of care.
- Board Members queried whether ED performance was assessed at aggregate Board level or by individual sites and suggested increased public communication around the appropriate use of emergency services. The Deputy Chief Executive confirmed it was an aggregated position, but individual site performance was also monitored; he added that public communication and engagement were ongoing.
- Board Members sought clarity around the improvements in cancer waiting times and the NDAS service. The Chief Officer for Acute confirmed a new model for breast cancer services supported by NHS Forth Valley had contributed to the improved performance and collaboration with Highland Council to support school-based assessments had helped reduce unnecessary referrals.
- Board Members highlighted concerns around continued low staff appraisal rates. The Director of People and Culture clarified some data issues from system usage had impacted performance rather than the system itself but noted target efforts were underway to improve engagement and reporting. Board Members suggested linking appraisal completion to pay progression. The Director of People and Culture noted incentive-based approaches would need robust discussion through Staff Governance standards.

The Board:

- Took **Moderate Assurance**.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.
- **Considered** the level of performance across the system.

**The Board took a lunch break at 1.17pm and the meeting resumed at 1.46pm**

## **8 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, 2025/2026. The Board were invited to take limited assurance as the board has aligned with the Scottish Government expected position but still presented a position which is significantly adrift from financial balance.

It was noted the Board's original plan presented a budget gap of £115.596m, when cost reductions/ improvements were factored in the net position was a gap of £55.723m. Following feedback on the draft Financial Plan, a revised plan was submitted in line with this request in June 2025 and the revised plan had been accepted by Scottish Government. The Board continued to be escalated at Level 3 of the NHS Scotland Escalation Framework.

The Director of Finance spoke to the circulated report and highlighted:

- For the period to end September 2025 (Month 6) an overspend of £34.584m was reported with this forecast to increase to £40.005m by the end of the financial year.
- She noted the forecast position was on the assumption that further work will enable delivery of a breakeven position within Adult Social Care by 31<sup>st</sup> March 2026 which presented a risk of £20,001m to the Board.
- Delivery of value and efficiency savings was on track with £11m delivered to date and a trajectory for over £20m by year-end. However, the adult social care gap was not yet reflected in the savings plan.
- A new costing model from NHS Greater Glasgow and Clyde increased the SLA by £15.5m with a proposed invoice for half the amount in the current year. She added that this risk was not yet reflected in the position and was under ongoing negotiation.
- Capital spend remained on trajectory with assurance from the Capital Asset Management Group planned expenditure would be delivered by year-end.

During discussion the following points were raised:

- The Chair of the Board asked how sub-national financial planning may change SLA arrangements. The Director of Finance confirmed discussions were ongoing, but no immediate change was expected for the current year.

- Board Members sought clarity around the social care savings gap and at what point it would be highlighted as undeliverable. The Director of Finance confirmed if no solution was found by quarter three then it would be declared in the position to Board immediately after that.
- Board Members highlighted the additional £3.9m care home costs and whether additional funding was being sought. It was noted that all opportunities were being pursued but uplifts had only been received for new activity, not current pressures.

The Chair reminded Board Members of the monthly FRP Committee where they could obtain more granular financial detail and encouraged attendance or review of the minutes.

Having **examined** the Month 6 financial position for 2025/26, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

## 9 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports: Highland Health and Social Care Partnership

The Board received an annual performance report from the Chief Officer for HHSCP which highlighted the demographic challenges, health and well-being trends, the role of unpaid carers and key achievements.

The Chief Officer for HHSCP summarised the unique demographic challenges in Highland, including an ageing population alongside increased complexity of long-term conditions as well as ongoing concerns about drug and alcohol-related harm, despite a reduction in drug-related deaths from 26 to 21.

She noted the growing importance of unpaid carers in delivering health and social care, with rising support needs and increased demand on carers across the partnership. The Chief Officer commended achievements such as improvements in MSK physiotherapy, digital development and community mental health team initiatives which demonstrated progress despite significant challenges.

During discussion the following points were raised:

- Board Members sought clarity around the methodologies for extracting relevant data for district plans. The Chief Officer explained that discussions were ongoing at the Strategic Planning Group with workshops planned to address the complexity of aligning district-level and strategic data.
- Board Members highlighted the challenge of achieving consistency across a diverse number of districts and sought clarity on how this was approached. The Chief Officer acknowledged the need for a place-based approach within a consistent strategic framework that addressed the district diversity and confirmed further work was planned to address those issues.

The Board **Noted** the content of the report and took **Substantial Assurance** of the HSCP Annual Performance Report 2024-25 agreed by the Highland Health & Social Care Committee and the Joint Monitoring Committee in September 2025.

## 10 Annual Delivery Plan (ADP) 6-Month Progress Update

The Whole System Transformation Manager presented the ADP update which outlined the status of key deliverables, highlighted areas of positive progress and noted actions taken to address any risks or delays. The report emphasised ongoing monitoring and alignment with Operational Improvement Plan (OIP) priorities to ensure effective delivery across NHS Highland.

The Board were invited to **note** the content of the report and take **substantial assurance** on the progress of the ADP and links to the OIP.

The Whole System Transformation Manager highlighted:

- At the end of quarter two, 50% of the 47 deliverables were completed or on track.
- Four deliverables were at red status: CAMHS financial action, endoscopy team recruitment delays, urgent and unscheduled care actions delayed by the OIP and the cancer performance improvement trajectory.
- He noted that the CAMHS action was no longer required due to continued improvement across NHS Highland and the recent cancer performance improvement trajectory had since been addressed.

During discussion the following points were raised:

- Board Members suggested future reports should include a revised expected completion date where they were currently at amber to provide greater confidence in progress. The Whole System Transformation Manager agreed to incorporate that data in future updates.
- Board Members sought clarity around the green status for digital support of the vaccination programme noting past challenges. The Deputy Chief Executive confirmed that whilst the system was more sophisticated and functional than before it is not yet as efficient as required but highlighted the status reflected delivery against stated objectives rather than ongoing improvements.

The Board **Noted** the content of the report and took **Substantial Assurance** regarding the progress of the ADP and its links to the Operational Improvement Plan and IPQR reporting metrics to the end of Quarter 2 (30<sup>th</sup> September 2025).

## 11 Quarter 2 Whistleblowing Report

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter Two activity covering the period 1<sup>st</sup> July – 30<sup>th</sup> September 2025. 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 robust process in place but noting the challenge of meeting the 20 working days within the standards due to the complexity of cases.

The Director of People and Culture spoke to the circulated report and confirmed it had been scrutinised by Staff Governance Committee in their November meeting and noted that whilst there had been an increase in whistleblowing activity for the quarter, numbers remained low.

The Board **Noted** the content of the report and took **Moderate Assurance** on the robust process in place noting the challenge of meeting the 20 working days within the standards due to the complexity of cases.

## 12 Quarter 1 Health & Care Staffing Act Report

The Board had received a report from the Director of People and Culture detailing the Quarter One period of 1<sup>st</sup> April – 30<sup>th</sup> June 2025 and had provided an overview of developments and assurance activity during that period

The Board were asked to take **moderate assurance** in relation to its delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for Quarter One 2025. This position had been consistent with the assurance rating applied across previous Quarters and was consistent with the closing assurance position for 2024/25.

The Director of People and Culture spoke to the circulated report and noted ongoing work was underway to roll out processes to demonstrate compliance with further reports planned for Staff Governance Committee.

Board Members sought clarity around the terms non-rostered community services and third part commissioned services. The Director of People and Culture advised it would be added to the Board Action Plan with an update provided in due course.

The Board **Noted** the content of the report and took **Moderate Assurance** in relation to the delivery of its statutory duties set out in the Health and Care (Staffing) (Scotland) Act for the period 1<sup>st</sup> April – 30<sup>th</sup> June 2025.

## 13 (a) Corporate Risk Register & (b) Risk Appetite Statement Update

The Board received a report from the Deputy Chief Executive which provided an overview of the NHS Highland corporate risk register and an update on NHS Highland's Risk Appetite. The Board was invited to note the updates to the appropriate actions and take **Substantial Assurance** that the content of the reports provides confidence of compliance with legislation, policy and Board objectives.

The Deputy Chief Executive spoke to the circulated report and highlighted the noted risks had been reviewed in greater detail by their constituent Governance Committees. He added that the format had been refreshed to improve readability and included commentary on mitigation actions and movements and noted several risks were due to be reviewed before the next Board Meeting.



He provided an update on the risk appetite statement and confirmed that whilst it provided adequate clarity for staff in relation to risk, it had not been widely disseminated which resulted in staff being more risk averse than necessary.

The Deputy Chief Executive recommended the Board continued with the current risk appetite statement until the new strategy was developed, at which point a full review would take place.

During discussion the following points were raised:

- Board Members highlighted concerns around the moderate assurance levels given the noted resourcing challenges mentioned in the report alongside the delay in the rollout of In-Phase. The Deputy Chief Executive highlighted that work was underway around resourcing and the challenges relating to In-Phase were under review by eHealth which was reflected in the assurance level provided.
- Board Members suggested the addition of a summary section to highlight changes in risk scores alongside the future risk management approach considering sub-national planning changes. The Deputy Chief Executive confirmed that improvements to risk monitoring was under review and sub-national progress would be reflected in those improvements. The Chief Executive added that whilst it was important to take cognisance of sub-national planning, it was not conducive to formally record speculative risks.
- The Director of People and Culture suggested a Board Development Session to refresh strategic risk and emphasised the requirement to reassess ratings and narrative as some context would have changed.

The Board **Noted** the content of the reports and took **Substantial Assurance** on compliance with legislation, policy and Board objectives.

#### **14 Board & Committee Meeting Dates 2026/27**

The Board **Noted** the update.

#### **15 Any Other Competent Business**

None

**Date of next meeting – 27<sup>th</sup> January 2026**

The meeting closed at 2.36pm