

NHS 24

Approved Minutes of the Meeting of the NHS 24 Planning and Performance Committee held on 04 August 2025 at 10.00am via Teams

PRESENT

Mr David Howe (in the Chair)

Mrs Anne Gibson
Dr Martin Cheyne
Mr Alan Webb
Ms Carol Gillie

IN ATTENDANCE

Ms Steph Phillips
Ms Anne-Marie Gallacher
Mr Jim Miller
Mr Joseph Markey
Dr Ron Cook
Dr Jacqui Hepburn
Ms Jacqueline Adam (representing Ms Lynne Kane)
Ms Linda Robertson
Ms Jo Edwards
Mr John Gebbie
Ms Tracy McMillan (Minute) (T)

1.0 WELCOME, APOLOGIES, AND INTRODUCTIONS

The Chair welcomed members to the 04 August 2025 meeting of the NHS 24 Planning and Performance Committee. Apologies were noted from Ms Lynne Kane.

The Chair asked members if the meeting could be recorded via Teams. Members were in agreement to the request.

NOTED

2.0 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests regarding the items being discussed. There were no declarations made.

NOTED

3.0 MINUTE OF PREVIOUS MEETING: 11 NOVEMBER 2024

The Committee considered the minute of the previous meeting held on 12 May 2025 [Paper No. Item 3.0]. The following amendments were noted:

Item 5.2 – wording will be amended to accurately reflect the departure of NHS 24 from Lumina.

Item 6.5 a) and b) – reporting from Resilience Planning Group this will be recorded as an action against both items.

Item 6.9 – the word “report” was spelt incorrectly and will be amended.

The minute was then accepted and approved as a correct record.

APPROVED

4.0 MATTERS ARISING

Nil.

4.B ACTION LOG

It was agreed to defer the timescale for the relevant action of No 400. The revised timeline will be the February 2026 meeting of PPC. The action log will be updated.

Regarding No 408, it was agreed that an update would be provided at a future meeting of the PPC once the Sustainability and Values Group had met and discussed this matter. The proposed completion date will be updated accordingly.

The Committee confirmed it was content to approve the remaining actions as outlined.

Action: TMcM

APPROVED

5.0 ITEMS FOR APPROVAL

5.1 COMMUNICATIONS DELIVERY PLAN

Ms Aspley presented the Communications Delivery Plan [Paper No Item 5.1] for approval, marking its first submission to the Planning and Performance Committee. Previously approved by the Board, the plan and its first quarterly update were approved by the Executive Management Team earlier this year. Key highlights include the success of the "Powered by People" campaign, which significantly enhanced staff engagement and external recognition despite budget constraints preventing television advertising.

Significant efforts have been made to support the Digital Transformation Programme (DTP) through internal communications. An evaluation revealed that "Team Talk" and the intranet are primary information sources for staff. An evaluation paper detailing communication activity methods and challenges was also provided.

Ms Gillie enquired about the Easter campaign evaluation and the rationale behind the 60% target for "Team Talk" engagement. Ms Aspley explained that the "Powered by People" campaign runs continuously throughout the year, with measures being established as it is a new campaign. The 60% target for "Team Talk" is part of a continuous improvement journey, with recent surveys showing high engagement levels. Quantitative measures for collaboration will be considered.

Mr Webb raised questions about the dynamic nature of the communication response, particularly in targeting specific demographics and regions. Ms Aspley highlighted collaboration with Public Health Scotland and insights from third-sector partners to target specific audiences. A pilot campaign with Strathclyde University aims to test messages for broader rollout.

Regarding collaboration with the third sector, Ms Aspley emphasised ongoing relationship development and the use of digital content to reach various audiences.

The Communications Delivery Plan was approved, recognising that it is already one quarter into its implementation.

APPROVED

5.2 NHS 24 PROCUREMENT STRATEGY

Mr Snedden referred members to the above paper [Paper No Item 5.2] and advised that the Procurement Strategy was present at the meeting for approval. It was noted the document is intended for final approval by the Board and will be published on the website to replace the current procurement strategy. The annual procurement report, will also be published.

Context on the procurement strategy and its alignment with the Scottish Government (SG) guidance was provided. The collaboration with the Scottish Ambulance Service (SAS) and National Procurement was noted which maximised value and ensured compliance with SG guidelines.

Mr Snedden highlighted the successful collaboration with National Procurement in the CC/CRM award and the ongoing efforts to engage with national procurement for ICT infrastructure and business systems replacement.

Dr Cheyne inquired about the evaluation of the collaboration with SAS and whether it is still considered the most appropriate partnership. Mr Snedden acknowledged that while formal evaluations have not been conducted, discussions are ongoing to assess the effectiveness of the collaboration.

Ms Gillie raised concerns about the lack of quantitative measures in the strategy and the need for a comprehensive evaluation of the collaboration's success. She also suggested proofreading the document before submission to the Board. Ms Gibson emphasised the importance of measuring success in tackling inequalities and ensuring that the strategy includes specific metrics for evaluation.

Mr Gebbie noted the challenges in demonstrating local benefits due to the nature of NHS 24's procurement spend, which primarily involves large IT contracts and core charges.

The Committee approved the Procurement Strategy, with a commitment to embed key performance indicators (KPIs) and ensure a comprehensive evaluation of the collaboration with SAS and National Procurement.

Action: DS

APPROVED

5.3 DTP FOR APPROVAL TO “GO LIVE”

Dr Hepburn referred members to the above paper [Paper No Item 5.3] and advised the stage gate criteria for the Phase Three Go-Live were presented for approval. It was noted that these criteria, set out in ten broad areas, have been tested in the Phase One pilot and have proven to be effective. Dr Hepburn went on to say that the approach used is a ‘stage-reached’ approach, with colleagues from various departments, including medical, nursing, and service delivery, participating in the stage gate process.

Mr Howe acknowledged the successful Phase One Go-Live and expressed gratitude to the team for their hard work and leadership.

Ms Gillie sought clarification on the delegation of decision-making to the Programme Steering Group. Dr Hepburn explained that the Programme Steering Group, comprising Mr John Gebbie, Ms Ann-Marie Gallacher, Mr Tony Cronin, and herself, has steered the programme from the beginning. The group ensures that all criteria are met before seeking final approval through programme governance and EMT.

Dr Cheyne raised concerns about the delegation of authority and emphasised the importance of governance decisions. To this point Mr Miller clarified that the decision-making process involves the majority of the Executive Management Team (EMT) and that the technical subgroup of EMT would make the final decision. Dr Hepburn reiterated that the stage gate approval process involves the majority of EMT members and that the criteria used for Phase One Go-Live are tested and reliable.

A “round-robin” approach to keep the Board informed of progress was suggested by Ms Gillie and Dr Hepburn agreed this could be useful and again emphasised the importance of clear communication and governance.

The timing and public communication of the criteria was discussed, taking into consideration the political and media sensitivities. It was agreed that the criteria should be included in the monthly update to the Board as an annex, ensuring transparency while managing public communication appropriately.

The Committee approved the stage gate criteria for Phase Three Go-Live, with a commitment to clear communication and governance. The criteria will be included in the monthly update to the Board, ensuring that all stakeholders are informed of progress.

Action: JH

APPROVED

6.0 ITEMS FOR ASSURANCE

6.1 CORPORATE DELIVERY PLAN 2025/26 UPDATE

Ms Phillips presented the first quarter update [Paper No Item 6.1], noting its comprehensive nature compared to standard monthly reports. This update serves as the primary mechanism for the Scottish Government to monitor NHS 24's progress against the corporate delivery plan. Significant milestones were achieved in the Digital Transformation Programme (DTP) and the acceleration of Service Transformation Programme (STP) efforts, which are now fully established within a structured programme of work. Ms Phillips highlighted the ongoing challenge of balancing capacity during the second year of the three-year plan, with substantial progress being made towards set objectives. Strategic corporate planning for the next year is underway, aligned with the upcoming strategy refresh.

Ms Gillie raised questions about the scalability of successful collaboration efforts, particularly with NHS Lanarkshire, which resulted in a 35% diversion of patients from emergency departments. She also inquired about the outcomes of the SAS workforce collaboration initiative. Dr Cook affirmed the increasing success of the collaboration model and the interest from other boards such as NHS Grampian, NHS Lothian, and NHS Greater Glasgow and Clyde. He noted the importance of Board engagement and the need for senior decision-makers to support the expanded model, while acknowledging the impact on call handling times.

Mr Howe supported the notion that longer call handling times are acceptable given the broader system benefits. He also emphasised the need for centralised encouragement for territorial boards to adopt the collaboration model. Dr Cheyne informed the group about discussions with Mr John Connaghan, the new chair of the Board Chairs Group, who is exploring universal collaboration across boards and has initiated contact with Claire Gilroy from the Scottish Government to expedite progress.

Ms Gibson requested updates on the mental health review and data collection challenges. Ms Phillips acknowledged the difficulties in gathering individual demographic data beyond SIMD, age, and gender, and highlighted efforts to collaborate with partners like Police Scotland and PHS to better understand service demand. Ms Edwards elaborated on the mental health review, detailing the leadership structure and initial operational changes, including the alignment of teams under a unified managerial framework and ongoing process mapping of mental health pathways. She noted that while progress has been slower than anticipated, the review remains a priority with planned deliverables aimed at improving patient pathways.

The Committee thanked Ms Phillips for a very informative update and confirmed its assurance.

ASSURED

6.2 CLIMATE EMERGENCY AND SUSTAINABILITY UPDATE

Dr Cook presented the update paper [Paper No Item 6.3], highlighting several key developments. Due to a data discrepancy, the team could not produce a coordinated overall energy report after relocating from Lumina, but a collated report is expected at the next meeting. The programme continues to meet its travel reduction targets with a 40% reduction achieved so far, and there's potential to increase this target to 50%, which will be considered by the Sustainability and Values Group.

The Climate Change, Sustainability and Realistic Medicine Network has been established and held its first meeting, showing strong engagement. The home growing initiative received an award, and the winning poster will

be shared. Mr Gebbie clarified that Cardonald's additional energy usage is due to powering extra PCs, and all site data will be included in future reports with discrepancies clearly identified.

Ms Gillie emphasised the importance of establishing and reporting clear KPIs for the year, particularly for the Realistic Medicine Action Plan and travel targets. Dr Cook confirmed that the Realistic Medicine Action Plan had been submitted to the Scottish Government and will be updated regularly. He agreed to raise the travel target proposal with the Sustainability and Values Group.

Mr Gebbie added that increased travel costs for staff training in Aberdeen will be addressed through the training programme. Early staff relocation from Lumina in April 2025 resulted in additional energy savings, which will be tracked against the work plan to monitor progress.

The Committee thanked Dr Cook for the informative presentation and confirmed the update was noted for assurance.

Action: RC

ASSURED

6.3 SERVICE TRANSFORMATION PROGRAMME UPDATE

Dr Cook presented the above paper [Paper No Item 6.3], highlighting the establishment of workstreams and a governance structure for the Service Transformation Programme (STP). Senior Responsible Owners (SROs) have been identified for each workstream, and interdependencies have been acknowledged.

Dr. Cook reflected that, understandably, resources have been directed towards the Digital Transformation Programme (DTP), and to creating a stable initial environment. With the technological handover of DTP anticipated over the coming months, detailed work plans are being developed.

The service user design approach has been effective, particularly in developing service blueprints and the "tube map" model, which were valuable for the initial unscheduled care workshop. Workshops are being conducted to engage experts and inform work planning, with mental health now a focus area.

Five key themes have been identified from the initial workshop, and a prioritisation exercise is underway to guide project allocation.

Mr Howe appreciated the workshop's engagement and suggested presenting the tube map at a future Board workshop. Ms Gillie encouraged regular updates and raised concerns about integrating new technology into process improvements. Dr Cook affirmed that the Digital Clinical Implementation Group (DCIG) ensures technologies introduced via DTP are clinically safe, meet needs, and are scalable.

The Committee noted the update for assurance.

ASSURED

6.4 PLANNING AND PERFORMANCE RISK MANAGEMENT UPDATE

Ms Robertson presented the above paper [Paper No Item 6.4], highlighting two key updates: an enhanced reporting structure with new infographics for clearer risk ownership and improved risk score tracking. This new format clarifies underlying activity by showing examples of risk score movements. Two PPC risks were cited as having fluctuated during the reporting period.

Annually, the Committee reviews all risks under its remit, which includes 28 risks due to the broad scope of PPC. Mr Howe welcomed the renaming of the corporate risk register to the operational risk register for greater clarity. Ms Gibson and Ms Gillie commended the improvements in clarity, visibility, and assurance.

Ms Gillie raised queries about two specific risks:

- **Risk 4625:** Related to a telephone number issue, which has not recurred and cannot be replicated. Additional monitoring is in place until the new system is implemented.
- **Risk 24356:** Related to building dilapidations. Despite strong maintenance records and funding, an unexpected claim regarding air conditioning by the landlord increased the risk level. The team is actively challenging this and expects the risk to reduce before the next Audit and Risk Committee meeting.

Mr Howe thanked Ms Robertson for the comprehensive update and the committee for their contributions.

The Committee noted the update for assurance.

ASSURED

6.5 CYBER RISK REGISTER

Ms Gallacher provided an update on the cyber risk register [Paper No Item 6.5], noting 13 recorded risks: one targeted for elimination, four for reduction, and eight for ongoing monitoring. The risk proposed for elimination involves email vulnerabilities, with full security integration from NSS contingent on adopting a standardised email naming convention. Completion is targeted for March 2027.

For reduced risks:

- Unpatched software: strengthened monitoring is expected to reduce the risk score from 9 to 6.
- Cyber Incident Response: introduction of playbooks should reduce the risk from 8 to 4.
- Advanced Persistent Threats and Malware: mitigation may involve additional costs, potentially reducing the risk from 8 to 4.
- Laptop Usage Across Networks: collaboration with NSS to establish a security baseline using Intune will help reduce this risk.

The remaining eight risks will be retained with continuous monitoring. Mr Howe queried the impact of the standardised email format on users, and Ms Gallacher confirmed a seamless transition. Ms Gillie asked about changes in the overall cyber risk level, and Ms Gallacher noted it remains broadly the same but is expected to decrease with the new DTP system's full implementation and the end of the BT managed service contract by October. Phase 3 of DTP will further enhance security, with a notable reduction in the cyber risk register anticipated by Q3.

The Committee thanked Ms Gallacher for the update and noted the assurance.

ASSURED

6.6 ORGANISATIONAL RESILIENCE

Ms Phillips presented the above paper [Paper No Item 6.6], highlighting recent developments in cybersecurity and organisational resilience. A recent tabletop exercise, including a simulated deepfake scenario, was successful and provided valuable engagement and assurance.

Ms Gillie inquired about the Resilience Planning Group, which reviews incidents, including all Priority 1 (P1) IT-related events. It was noted the group met last week to examine these incidents for learning opportunities. A comprehensive training plan is in place, ensuring rigorous processes and continuous learning.

The Committee discussed the balance between detail and assurance. Ms Gillie emphasised the need for high-level information and KPIs. Ms Phillips agreed to provide future summaries with quantification and thematic analysis.

Mr Howe suggested visualising resilience planning using a heatmap-style approach to identify strengths and vulnerabilities. This could be part of the new Resilience Manager's role.

The Committee noted the positive progress and welcomed the continued focus on organisational resilience. The update was noted for assurance.

Action: SP

ASSURED

6.7 CORPORATE PERFORMANCE REPORT

Ms Phillips referred members to the above report [Paper No Item 6.7] and highlighted several key developments. There continues to be a positive trend in meeting access targets since the beginning of the year, with sustained momentum observed across the reporting period.

She went on to say there had been improvements in both journey times and average handling times, alongside enhanced access target performance. The report also reflects an upward trend in secondary care outcomes, attributed to the ongoing focus on the Flow Navigation Centre (FNC) model. Wider public messaging has encouraged increased use of the service, resulting in a seasonal uplift in A&E-related activity. This pattern aligns with historical data but will continue to be monitored to ensure no adverse changes in call nature.

A significant reduction in traffic through the NHS inform platform was also discussed. Ms Phillips highlighted external factors such as changes in Google's search functionality and cookie settings, which have impacted page views - a metric already considered limited in its usefulness. The Committee acknowledged the need to reassess how demand is measured, given the rapid evolution in how users access information online. The emergence of AI-generated snippets in search results has reduced the need for users to navigate websites directly, a factor that is informing the strategic review of NHS inform.

Ms Aspley added that similar challenges are being experienced in the social media space. Engagement strategies are being adapted, such as placing links in comments rather than posts to avoid algorithmic penalties. Despite budget constraints, the organisation has seen growth in its YouTube channel, which is being used to target specific demographics and hard-to-reach audiences. This content development is closely aligned with the NHS inform review.

Mr Howe raised a query regarding the visibility of NHS 24 content within Google snippets and whether usage metrics could be tracked. Ms Phillips confirmed this is under consideration.

Further discussion addressed the proportional increase in secondary care outcomes. While there has been a slight decrease in FNC outcomes recently, the overall trend remains positive. The Committee was assured that this shift reflects seasonal demand patterns rather than a reduction in service effectiveness. A minor decline in self-care outcomes was noted, potentially linked to the nature of current demand.

Mr Markey commented on public trust in NHS 24 and the empathetic nature of its service, suggesting this may explain continued high call volumes despite the availability of digital alternatives. He also raised broader considerations about long-term health impacts following the pandemic.

Ms Gibson queried app usage levels and promotional efforts. Ms Gallacher confirmed that the app is well-used during periods of need and forms part of NHS 24's digital asset ecosystem. It is recognised as a reliable and proven tool, and its role will be considered within the broader service transformation programme.

Mr Howe concluded by acknowledging the absence of red indicators in the performance framework for two consecutive months, attributing this to collective efforts in recruitment, attendance, and overall performance improvement.

The Committee thanked Ms Phillips for an informative update and assurance was noted.

ASSURED

6.8 FINANCIAL PERFORMANCE REPORT

Mr Gebbie presented the Finance Report [Paper No Item 6.8] covering the first three months of the financial year. The report highlighted a £5,000 underspend, which is a positive outcome. Notably, £1,000,000 in mental health funding, previously withdrawn last year, has been reinstated. Additionally, an extra £500,000 has been allocated to Breathing Space. The sponsor team was commended for recognising the value of the work in mental health and Breathing Space and advocating for the restoration of these funds.

It was noted that funding to cover the differential between the 3% and 4.25% pay uplift has been secured. However, it was noted that National Insurance funding is £300,000 below the required level. Confirmation was received from the government that no additional funding will be provided, and all boards across Scotland are facing similar shortfalls. Mr Gebbie is currently exploring options to address this gap, including the potential to increase the savings target to signal the financial pressure to government stakeholders.

In terms of pay and non-pay expenditure, the underspend is attributed to vacancies and the conclusion of certain IT contracts under the DTP.

Overall, savings plans are progressing well. Two major areas—DTP and Estates—are on track. The outstanding savings target stands at £3.69 million, with only £0.5 million phased in during the first quarter. This discrepancy is due to the back-loaded nature of DTP and Estates savings, which are expected to take effect from September. Some funds remain in reserves and will be phased in from month four.

Mr Gebbie noted that the finance team's capacity was impacted by annual leave following the year-end accounts period, but full reconciliation will be reflected in the month four report.

Members thanked Mr Gebbie for an informative update and acknowledged the efforts of the finance team.

ASSURED

6.9 FINANCIAL PLAN UPDATE

Mr Gebbie presented an additional finance paper [Paper No Item 6.9] to the Committee to provide assurance following year-end changes to the DTP accounting treatment. It outlined key financial impacts and the organisation's position.

A £1 million non-recurring gain was realised in-year due to a revised approach to one-off implementation costs. However, this is offset by a new requirement to capitalise certain costs over seven years, resulting in a recurring annual charge of £300,000. This cost was not included in the current year's financial plan but is expected to begin later this year and continue into 2025/26, for which provision has been made in the investment section.

The £1 million gain offers a buffer against potential DTP programme delays. Additionally, previously banked Scottish Government funding is being used to support current training costs, helping mitigate performance risks. The Committee was informed of a further pressure: a National Insurance cost increase linked to the £300,000 gain. Although full funding was initially expected, only around 60% is covered, with the remainder partially offset by sustainability funding. This results in a real-term annual cost pressure of £300,000.

Despite these pressures, the Committee acknowledged the robustness of the financial plan and agreed there is no need to reopen the 2024/25 plan. Assurance was given that the Executive Team is monitoring future challenges and exploring mitigations, including closing the Lumina ground floor and ending the DTP programme team—each expected to deliver £500,000 in savings.

The Committee was satisfied with the update and agreed no escalation to the Board is required at this stage.

ASSURED

6.10 ESTATES AND FACILITIES REPORT

Mr Gebbie presented the above paper [Paper No Item 6.10], highlighting key updates which included the following.

Dundee Site - air conditioning issues have been resolved, and a new maintenance contract is in place. Legal sign-off is pending for 15 additional parking spaces agreed with the landlord in June, delayed due to slow legal processes. Staff have been advised these spaces may be reclaimed, as they originate from other parts of the building.

A lease break is scheduled next year. Discussions with NHS Tayside on shared space options are ongoing. Site visits to alternative (mostly private) locations are underway but may not meet appraisal criteria. Engagement with Dundee City Council has been limited, with repeated requests unanswered. Options with Dundee College and NHS Tayside are being explored, including a joint bid subject to suitability.

Cardonald Site - approval has been granted for a replacement generator via a joint submission with SAS, with installation planned later this year. A UPS test in July caused a 38-minute outage; new procedures have been implemented to prevent recurrence. Surplus PCs have been removed and desks relocated. Spare desks have been offered to NHS Greater Glasgow and Clyde, who are exiting the shared space, and this offer was well received.

Plans are currently being finalised for site reconfiguration, including a new Board Room and meeting rooms. A working group with staff from Cardonald, Lumina, and corporate areas is assessing needs. Feedback indicates a need for more meeting and breakout spaces.

Following a query on reporting measurable benefits and estate quality improvements, Mr Gebbie confirmed that an annual report is produced, covering accessibility, ABC energy ratings, and other metrics.

Members thanked Mr Gebbie for the informative update and noted the assurance provided.

ASSURED

6.11 INFORMATION GOVERNANCE AND SECURITY REPORT

Ms Gallacher referred members to the report [Paper No Item 6.11] and shared key updates on information governance and cybersecurity for Q1. She advised Data Subject Access Requests (DSARs) remain high. In contrast, Freedom of Information (FOI) requests have declined due to measures introduced over the past six months. This downward trend is expected to continue.

An externally facilitated cyber security event was successfully held, focusing on supply chain challenges. With regard to training, participation rates are strong, especially in information handling—an important metric for the Information Commissioner. In the event of an incident, this metric would be a key consideration.

Three reportable incidents occurred during the quarter, all causing service outages (noted below). All incidents were outside NHS 24's control but were managed effectively:

- Two were national outages due to Vodafone system upgrades.
- One was caused by a technical misalignment between BT and Openreach.

It was noted significant progress was made on the Network and Information Systems (NIS) Regulations audit. All required documentation will be submitted by 14 August 2025. A management discussion with auditors is scheduled for 20 August 2025, followed by a full review with executive and non-executive directors on 02 September 2025.

In response to Mr Howe's query about further inspection under the current audit plan, Ms Gallacher confirmed she would follow up with Mr Gebbie regarding internal audit planning and its alignment with ongoing activities.

The Committee thanked Ms Gallacher and confirmed assurance.

ASSURED

7.0 ITEMS FOR AWARENESS

7.1 HEALTH AND SOCIAL CARE PLANNING LANDSCAPE

Ms Phillips highlighted three key Scottish Government policy developments: the Operational Improvement Plan, Population Health Framework, *and* Service Renewal Framework. While the first is short-term, the latter two mark a strategic shift towards national, population-based planning—signalling a significant change in direction.

She noted these frameworks present both opportunities and challenges for NHS 24, especially ahead of an election year. Further preparatory work is underway for the September Board session, where a detailed analysis will cover strategic alignment, risks, and opportunities.

Mr Howe referenced the Care in the Digital Age paper as potentially part of these broader frameworks. He suggested NHS 24 could lead on the “digital front door” concept, given limited innovation in that space, positioning itself as a key partner in digital NHS access.

Ms Phillips agreed, stressing the need to clearly articulate NHS 24’s value. She noted that while territorial boards face immediate pressures, the long-term shift to population-level planning may present an opportunity for NHS 24, notably in preventative care and primary-secondary care integration.

The committee agreed to revisit the topic at the September Board meeting.

AWARE

8.0 COMMITTEE BUSINESS

8.1 COMMITTEE WORKPLAN

The Committee considered the paper “Planning and Performance Committee Workplan [Paper No Item 9.1] and confirmed its assurance.

ASSURED

8.2 COMMITTEE HIGHLIGHTS FOR THE BOARD

Mr Howe advised he would summarise the main points from the meeting today and produce the above report for the Board meeting on 28 August 2025.

Action: DH

APPROVED

8.3 INTEGRATED GOVERNANCE (key points arising)

It was noted that the Committee self-assessment process is currently under review. Members considered the review to be timely and necessary, with a focus on adapting the format and content to better support committee development and continuous improvement.

Members are encouraged to raise any additional points they feel should be considered as part of this process. These will be taken forward to the Integrated Governance Committee as appropriate.

8.4 ANY OTHER BUSINESS

No further items were raised under Any Other Business.

The Chair expressed appreciation for the Committee’s flexibility in adapting to the Teams format.

DATE AND TIME OF NEXT MEETING - Monday 10 November 2025 at 10.00 am to 12 noon in via Teams.