

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	28 November 2023 – 9:30 am	

Present

Sarah Compton-Bishop, Board Chair
 Alex Anderson, Non-Executive
 Graham Bell, Non-Executive
 Louise Bussell, Nurse Director
 Elspeth Caithness, Employee Director
 Ann Clark, Board Vice Chair, Non-Executive
 Muriel Cockburn, The Highland Council Stakeholder member (until 1.41pm)
 Heledd Cooper, Director of Finance
 Garrett Corner, Argyll & Bute Council Stakeholder member
 Alasdair Christie, Non-Executive
 Albert Donald, Non-Executive, Whistleblowing Champion
 Pamela Dudek, Chief Executive
 Philip Macrae, Non-Executive
 Joanne McCoy, Non-Executive
 Gerry O'Brien, Non-Executive
 Dr Boyd Peters, Medical Director
 Susan Ringwood, Non-Executive
 Gaener Rodger, Non-Executive (from 10.26am)

In Attendance

Gareth Adkins, Director of People & Culture
 Natalie Booth, Board Governance Assistant
 Stephen Chase, Committee Administrator
 Lorraine Cowie, Head of Strategy & Transformation
 Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
 Ruth Daly, Board Secretary
 Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership
 Mike Hayward, Deputy Chief Officer, Acute
 Ruth Fry, Head of Communications and Engagement
 David Park, Deputy Chief Executive
 Cathy Steer, Head of Health Improvement
 Katherine Sutton, Chief Officer, Acute
 Nathan Ware, Governance & Corporate Records Manager

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and confirmed that three new Non-Executive Directors; Steve Walsh, Karen Leach and Emily Woolard would start on 1 December 2023. She also advised that the Director of Estates, Facilities and Capital Planning would be moving to NHS Grampian and extended well wishes from the Board.

The Chair also confirmed that the NHS Highland Gaelic Language Plan had been launched which included the new dual NHS Highland logo. The Gaelic Plan was available on the Board's website detailing how Gaelic would be promoted through our services.

Apologies were recorded from Tim Allison with Cathy Steer deputising, and Catriona Sinclair.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 26 September 2023. The Board **noted** the action plan and **agreed** to close the five actions noted for closure.

1.4 Matters Arising

There were no matters arising.

2 Chief Executive's Report – Verbal Update of Emerging Issues

The Chief Executive provided the following updates:

- Fiona Cruickshank won the Nurse award at the Scottish Health awards, Brian Corr and his team won the Royal College of Nursing's Chief Nursing award for outstanding work in nursing pathways for Urology; there were also several mental health teams nominated for awards alongside receiving a gold award as an employer from the Ministry of Defense.
- Chief Executive, the Chair and Chief Officer for the Highland Health and Social Care Partnership met with Caithness Health Action Team (CHAT) to discuss services provided by NHS Highland and the firsthand experience of communities which had resulted in positive discussions. Regular meetings with CHAT were now in place with operational teams and the Chief Executive had committed to a follow-up meeting in the new year and a handover with the new Chief Executive to continue the engagement.
- The Annual Review feedback had now been received which was very positive. Scottish Government recognised the challenges facing NHS Highland in providing remote and rural health care.

The Board **noted** the update.

PERFORMANCE AND ASSURANCE

3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance across the health and social care system with a recommendation that the Board take moderate assurance.

During discussion:

- Board Members welcomed the report's format and suggested additional trajectories and forward projections that could be included in the report. The Chair of the Clinical Governance Committee confirmed further scrutiny was being undertaken by the Committee of the neurodevelopmental assessment service (NDAS) and the Child and Adolescent Mental Health Services (CAMHS) performance. The Head of Strategy and Transformation advised that trajectories had been added where they were available around planned care and mentioned the ADP guidance was due from Government which would provide guidance and targets that would be included in the January 2024 IPQR.
- The Chief Officer of the Highland Health & Social Care Partnership added that the senior leadership team were meeting to enable a whole system approach to delayed discharges across the partnership. An operating model had been agreed for urgent and unscheduled care which has been incorporated within the winter planning work. She also confirmed that some additional beds had been made available to relieve pressure. An app had been developed for discharge that enabled closer communication between different teams coupled with managing care at home with partner organisations.
- The Deputy Chief Executive added that the resourcing challenges were also being experienced within partner organisations and the reduction in available care homes had impacted delayed discharges.

- Board Members sought clarity around any potential stretch targets and whether they would be included within the Executive Summary. The Head of Strategy and Transformation confirmed stretch targets would evolve in line with Scottish Government expectations.
- Board Members queried the reduction in CAMHS performance in June 2023. The Chief Officer for Acute advised that there had been a change in the service model and noted some staff had left the team. She confirmed she would provide a full response outwith the meeting.
- Board Members sought clarity on progress against the Drug and Alcohol improvement plan, and queried whether improvements could be replicated throughout the whole of the Board area. The Head of Health Improvement advised there had been additional recruitment and a change in the delivery model that contributed to the identified improvements. She confirmed that a fuller response would be provided outwith the meeting. The Chief Officer Argyll and Bute HSCP expressed challenges in delivering drug and alcohol services in Argyll and Bute and confirmed that, as part of the partnership agreement, the service was scrutinised through the Integrated Joint Board (IJB) rather than the NHS Highland Board.
- The Chief Officer of the Highland Health and Social Care Partnership advised a plan was being devised to ensure better alignment across districts for vaccination rollout. Improvements had been made since the start of the programme as 81% of patients had less than 10 miles to travel for their vaccination and 6000 additional appointments had been made for the autumn/winter programme.
- Board Members suggested future revisions of the IPQR could incorporate some of the Boards other aspirations such as Sustainability and Research/Innovation.
- The Chair queried what factors had contributed to the decline in smoking cessation rates since the last update. The Head of Health Improvement advised that several members of staff were redeployed during the COVID-19 pandemic; recovery of the service post-covid had been slow due to recruitment challenges. New smoking cessation officers must complete four months mandatory training issued by Scottish Government before they can support patients.
- The Chief Officer for Acute advised that use of NearMe was being examined through the outpatients scheduled care delivery programme. NearMe appointments did not reduce clinical time commitment but did improve accessibility to services for some patients. Other patients preferred to use the telephone appointment service due to IT challenges.

The Head of Strategy and Transformation confirmed patient stories and experience were planned to be included within the IPQR to ensure the Board receive a more rounded update that doesn't focus solely on performance metrics. She expected this to be ready for the March 2024 Board meeting.

The Board **Noted**:

- the content of the report and took **moderate assurance**,
- the continued and sustained pressures facing both NHS and commissioned care services, and
- The level of performance across the system.

4 Finance Assurance Report – Month 6 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 6 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Board were invited to discuss the NHS Highland financial position and take limited assurance due to current progress on savings delivery and the ongoing utilisation of locums and agency staff.

The Director of Finance noted that the month seven position would be reported to the next meeting of the FRP Committee which was now meeting monthly.

The Director of Finance confirmed the net deficit of £66.672 million would be reduced to £55.8 million on receipt of additional allocations from Scottish Government. There had been no significant change to the key risks but delivery of the full savings plan was now extremely challenging; NHS Highland was now reporting slippage against the original plan. A recovery plan was in place to try to mitigate against slippage. The recovery plan looked at non-recurrent actions to try to maintain the forecast of £55.8 million. Scottish Government had made it clear that this amount was the top position expected of the Board. Benchmarking information across health boards and the four nations had been provided by Scottish Government. Discussions were underway to consider opportunities and learning to be shared.

A correction to the final sentence to point 2.3 of the report was noted which stated that the forecast assumed full delivery of the savings plan, however the report had forecast the likely savings projections by the recovery plan.

During discussion, the table showing actual versus planned financial performance (p.49) was clarified further and noted that the red tabs showed planned expenditure in line the original forecasting and the blue bars tracked actual expenditure. It was confirmed that this could be incorporated into future reporting. The following points were raised:

- Work was underway to ensure that staff were deployed to their fullest potential, however it was recognised that it was not sustainable in the longer-term to use agency and overtime.
- Support for clinicians to reduce the volume of returning patient activity was underway and to find more efficient ways of working and challenge historical ways of delivering services. One such example was to look at opportunities to share staff and to have more generically skilled staff to change the design of the workforce to meet population needs.
- Regarding capital programmes, it was noted that the impact on the workforce was built into business cases so that clinical service and workforce models work together. Therefore, mitigation against recruitment risks was an essential consideration.
- The need to consider longer term planning for 2024/25 was raised in areas of significant deterioration. A development meeting had been held with Highland Council colleagues to make scenario plans around potential costs into the next financial year in addition to inflationary costs. An initial three-year plan had been made based on non-recurrent spending.
- The challenges of the Board's remote and rural geography and the related impact of having smaller services working across the region was noted.
- Board Members discussed how best to articulate confidence in the ability to deliver on plans and mitigating actions. It was suggested that the FRP Committee could consider this issue in detail and that RAG rating could be added to the tracker.
- The Chair noted that the plans to address the spending challenges ahead sat with all areas of the service and not just the Finance team.

The Board:

- **Noted** the update and **discussed** the content of the report and,
- took **limited assurance** from the report.

The Board took a short break at 10.50am and the meeting resumed at 11.05am

5 Whistleblowing Quarterly Update Q2

The Board had received a written report by the Director of People and Culture which detailed the Whistleblowing Standards report for Quarter 2 covers the period July - October 2023. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. Executive Leadership had been transferred to the Director of People and Culture. The Board were invited to take moderate assurance due to further work needed to improve processes and timescales for completing investigations.

During discussion it was noted:

- The Director of People and Culture advised the first point of contact is normally through the Guardian Service where the employee will initially be directed to early resolution options prior to moving through the formal Whistleblowing Standards process. He also noted that assurance is provided by the Guardian service that they retain adequate records of each case and work was underway to reaffirm those records are being documented accurately. He believed there was not a widespread issue in relation to Whistleblowing within NHS Highland but acknowledged a wider Quality Assurance piece of work was required to assure the Board more fully.
- The Nurse Director confirmed it was important to have the right people involved at the right time given the nature of how an individual may feel prior to raising a whistleblowing concern as they will naturally be apprehensive.

- Board Members acknowledged the Whistleblowing Service and the progress that had been made and stressed the importance of early resolution. Staff should be confident that the whistleblowing route would be their last resort if they felt their concerns were not being taken seriously.
- Board Members asked if there were any plans to publish an NHS Scotland-wide position around Whistleblowing Standards. The Director of People and Culture advised he was not aware of any current plans for this, but it may be something that might happen in the future.
- The Director of People and Culture mentioned that part of the learning over the past two years had been the complex nature of several cases leading to an increased investigation time, and work was underway to improve this as noted in the report.

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

6 Whistleblowing Action Plan

The Board had received a report by the Director of People and Culture which detailed an action plan including timescales and owners that had been agreed by the Executive Director's Group (EDG). The action plan was created after the EDG completed a 'pause and reflect' session on 24th August 2023 to review progress to date with implementation of the Whistleblowing Standards. This 'pause and reflect' also took into consideration feedback from the wider board membership. The Board were invited to take moderate assurance due to the improvements to be progressed.

During discussion:

- The Chair highlighted that Whistleblowing was only one element of NHS Highland's overall approach to speaking up.
- The Chair referred to the importance of reviewing overall feedback from Staff speaking up to identify any potential themes that could be addressed quickly. The Director of People and Culture noted the importance of addressing any themes, staff confidentiality must be maintained. Future updates would include reference to any issues and confirm how they were being addressed.
- The Director of People and Culture confirmed that the Whistleblowing process timescales were scrutinised and regularly reviewed at the Staff Governance Committee and confirmed positive progress was being made towards them.
- Board Members sought clarity on the training and development of staff to facilitate meetings as part of the whistleblowing process. The Director of People and Culture assured the Board that, whilst the level of whistleblowing or grievance cases were low and presented a training challenge, processes had commonality with existing People Services procedures.

The Board **Noted** the content of the report and took **moderate assurance** that the action plan will strengthen the approach to whistleblowing standards and speaking up.

7 Statutory and Mandatory Training Improvement Plan

The Board had received a report by the Director of People and Culture which detailed improvements for compliance with Statutory and Mandatory training which had remained a concern and challenge. The Board were invited to engage in discussion and take limited assurance from the report.

Speaking to the report, the Director of People and Culture confirmed that the action plan incorporated actions arising from an external audit, previously presented to Staff Governance Committee in 2022. A short life oversight group and project team had been established and had been meeting. The focus of the groups had been to address the barriers to compliance and address compliance through organisational performance management and governance structures, including regular reporting to staff governance. A RAG rated compliance report would be developed and circulated for line managers to receive updates on performance. Data presentation would be key when driving compliance in the correct direction.

During discussion the following points were raised:

- It was recognised that the only statutory training applying for all staff was fire safety. However, the Charter did not include an explanation of what training was classed as mandatory and Board members questioned why a system was not in place nationally to determine training as mandatory. The Director of People and Culture advised that NHS Scotland issued national guidance on what is determined

mandatory training and that there a local process existed to identify what is deemed to fall into this category and this local process would be reviewed.

- Leaders and line managers were key in communicating the importance of compliance with Statutory and Mandatory training. The Director of People and Culture explained that all staff had a responsibility for completing the training and leaders should take a zero-tolerance approach to non-compliance.
- The Deputy Chief Executive noted that making the information relatable on a personal level could increase engagement with the training. He noted that Cyber security information had been circulated in the 'Weekly Update' with an engaging video on tips to keeping safe online in the run up to Christmas.
- Fire Safety had a compliance rating of 60 per cent. Board Members noted that this should be a key focus for compliance given that this was a statutory training requirement.
- It was queried whether there was a resource implication arising from the more frequent scrutiny of compliance rates. The Director of People and Culture advised this was not the case and that work was progressing to implement a reporting framework to feed into governance structures.
- Further information was sought on NHS Scotland work on developing Training Passports to enable training compliance portable across organisations. The Director of People and Culture noted there was an established 'Moving and Handling' training passport with a 'Management of Violence and Aggression' training passport in development. The Chief Executive explained there had been plans pre-pandemic to implement National Training Passports which had been paused. This project had been re-started with ambition for all Scottish Health Boards to be consistent in their approach to training with a 'Once for Scotland' approach.
- Board members questioned if it was appropriate to identify the risk impact as moderate in relation to a possible failure to identify child protection and vulnerable adult issues. The Director of People and Culture took on board this concern and undertook to review this risk.
- it was noted that new staff members often experienced IT access issues when beginning their employment and this would impact their access to TURAS. The Director of People and Culture commented that IT access should be provided before the start-date for new entrants to the organisation. There were processes in place to transfer training data from TURAS between organisations.
- The Nurse Director noted compliance data that was visible and easily accessible had increased the completion of training in other Health Boards.

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

8 Risk Appetite

The Board had received a written report by the Medical Director provide the Board with an overview of the NHS Highland (NHS) risk appetite statement, which was a requirement NHS Scotland boards must fulfil as part of implementing the Blueprint for Good Governance. The Board were invited to take substantial assurance from the report and have confidence of compliance with legislation, policy, and Board objectives.

Speaking to the report, the Medical Director highlighted that the appetite statement is an enabler for the organisation to move forward in its provision of services to ensure future sustainability. Identified risks would require preventative actions to mitigate against them occurring. It was noted that NHS Highland had an effective risk management system in place and the Risk Appetite statement provided an innovative, flexible, and enabling organisation response to challenges.

During discussion it was noted:

- Board Members noted the definition of risk as meaning an area of uncertainty that required preventative actions to manage the identified risk and did not mean there was a lack of safety.
- The Board Chair highlighted the effort taken by the Board to determine how the risk appetite would support future work and change the shape of services, to make them more sustainable.
- Board Members advised the layout of the appetite statement was easy to understand but it would be useful if future updates could contain details on how it supports our workforce to do things differently and how best the risk appetite is implemented. The Medical Director advised the appetite statement was not a directive order but rather a set of guidelines for the organisation's use.
- Board members questioned how the use of the Risk Appetite would be documented and it was confirmed that further consideration was needed to address this.

- The Board Chair noted that, as a standard, there should be an annual review to identify any improvements and asked for the Board to receive a further update in due course.

The Board:

- **Noted** the content of the report, and
- Took **substantial assurance** that the risk appetite statement aligned with the Together we Care Strategy and the Blueprint for Good Governance.

9 Corporate Risk Register

The Board received a report by the Medical Director that provided an overview from the NHS Highland Board risk register, awareness of risks that were being considered for closure or additional risks to be added. The Board were invited to take substantial assurance from the report.

During discussion the Medical Director confirmed that work continued to embed the risk register with the Together we Care strategy and significant progress had been made. Board Members sought clarity on whether there was need to escalate the Health & Safety governance; the Director of People and Culture mentioned there was a workshop planned for the following week to address any concerns and was confident there was no need to escalate at this stage.

The Board:

- Took **substantial assurance** from the report, and
- **Examined** and **considered** the evidence provided and **agreed** to the noted updates on each risk including any for addition, closure or that required next steps.

The Board took a lunch break at 12.40pm and the meeting resumed at 1.15pm

10 Anchors Strategic Plan

The Board had received a written report from the Deputy Chief Executive which detailed updated progress on development of the Anchors Strategic Plan as part of the NHS Scotland Delivery Plan guidance. The plan, which the board had seen previously, set out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community. The report was submitted to the Board for awareness and recommended substantial assurance to be taken.

The Head of Strategy and Transformation spoke to the report and noted a further iteration of the plan would come to Board in March 2024 for approval. The report included further guidance so the Board could see the expectations around the plan and the timeline for submission in the appendix.

During discussion, noting that the Anchor Strategic Plan would be aligned with the ADP, the following comments were made:

- It was noted that while the definitions and KPIs had been devised by Scottish Government the first point of reference would be based on local community priorities. Progress and development of baseline KPIs would be measured in part through comparison and sharing of good practice with other boards and through collaboration with other anchor organisations.
- A group had been established to lead on the self-assessment work with a focus on areas of collaboration with communities rather than separating the focus out into service areas.
- The Chief Officer for Argyll and Bute HSCP noted the overlap between the approach of the plan and how Community Planning Partnerships are established and that therefore to align the plan with local outcome improvement plans would have wider benefit. The Argyll and Bute plan was about to undergo a refresh with the aim of aligning many of these issues.
- Board Members referenced the need to focus engagement work on the plan in terms of making use of existing conversations with communities and partner groups to avoid duplication of work.
- It was noted that conversations had taken place with other rural health boards about addressing community priorities and that further work to embed the anchor organization concept was underway to support this. The Head of Health Improvement commented that the Senior Officer Group had

examined areas of commonality across plans and anchor organisations and would be picking these issues up again in future planning partnership work.

The Board:

- Took **Substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives.
- **Noted** the content of the report and that the draft Anchors Strategic Plan was submitted to government in October 2023.

11 Winter Plan 2023/2024

The Board had received a report from the Chief Officer Highland Health and Social Care Partnership which detailed implementation of the winter plan. This included a comprehensive plan with named, accountable individuals, assurance processes, associated performance measures and reporting cycles in place. The Board were invited to take limited assurance due to the capacity for the delivery of the priorities for winter.

Speaking to the report, the Chief Officer Highland HSCP noted that a development session had been held on Winter Planning prior to the national guidance being issued in September. Sessions were being held with the Area Partnership Forum and GPs, and feedback from governance Committee sessions had also been incorporated into the Plan. Weekly meetings of the Tactical Group were now taking place to monitor ongoing service delivery, address sustainability and incorporate learning from previous years. In addition, an 'An Ask Me Anything' session had been held the previous week. An update to the Winter Plan was scheduled for the January Board meeting at which point it was expected that interventions would have been tested and a progress update provided.

During discussion it was noted:

- Existing pressures in the system and the ongoing challenges around workforce recruitment and Care Home placement availability were addressed with reference to additional pressures such as severe weather. The Chief Officer noted that funding had been allocated within Urgent and Unscheduled Care for the Integrated Senior Leadership Team to assign to specific areas to support teams in specific areas but with a view to taking a whole system approach and to address longstanding issues.
- Plans were underway to find additional beds in Community settings and an app had been developed to assist with identifying people for discharge faster where they do not require an Acute setting and to allow flow to operate 24/7 instead of just during the day.
- Regarding gaps in staffing, the Chief Officer noted that she could report back with specific detail on whole-time staffing and noted that there was a need to consider the most effective use of additional agency staffing resources.
- Redesign of Care At Home service provision was under examination and there had been some successes with new partners in terms of Care Home acquisition and finding co-produced solutions, however the current focus was on fast paced alignment of all staff resources into delivering sustainable extra bed capacity.
- Engagement work was underway to signpost members of the public to the most appropriate support and avoid unnecessary visits to A&E.
- It was asked if the workforce risk around the Winter Plan should be incorporated into the high-level Corporate Risk Register. However, it was noted that workforce risk was largely already incorporated into the register.
- It was commented that colleagues across Health Boards had noted that Winter Planning was now part of wider surge planning due to increased pressures throughout the year and that the Winter Planning was just a part of whole system planning acknowledging the need to bring in new pathways within the hospital that would expedite discharge across all patient pathways using existing resources and finding alternative ways of working across the services.
- The Chair expressed thanks to all staff facing the challenges ahead.

The Board:

- Took **limited assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives.
- **Noted** the evidence provided that confirmed the Winter Plan is now in place in line with the report submitted to the September 2023 Board Meeting.

12 Board and Committee Meetings timetable 2024

The Board had received a written report from the Board Secretary detailing the timetable of Board and Committee meetings for 2024 and proposed the Board take a substantial level of assurance.

The Board took **substantial** assurance and **approved** the Board and Committee meetings timetable for 2024.

13 Governance and other Committee Assurance Reports - Escalation of issues by Chairs of Governance Committees

a) Finance, Resources and Performance Committee draft minute of 6 October 2023 and draft minute of 3 November 2023

The Chair spoke to the circulated minutes; there were no questions received.

b) Highland Health & Social Care Committee draft minute of 1 November 2023

The Chair spoke to the circulated minute; and noted the first report on the Engagement Framework was well received. He also mentioned the committee were keen to see the full rollout of the Care Opinion service.

c) Clinical Governance Committee draft minute of 2 November 2023

The Chair spoke to the circulated minutes and noted the committee had completed its self-evaluation. He noted that there would be an update on concerns of a potential surge at New Craigs at a future meeting and there would be an update to the next meeting on the overall pressures within the system.

d) Area Clinical Forum draft minute 2 November 2023

The Forum Chair was absent from the meeting and there were no questions received.

e) Staff Governance Committee draft minutes 8 November 2023

The Chair spoke to the circulated minute and noted many of the items discussed on today's Board Agenda were discussed at the Staff Governance committee meeting. She referred to the spotlight sessions held with the most recent one from the Finance Team being valuable for committee members.

f) Argyll & Bute Integration Joint Board 27 September 2023

The IJB Chair spoke to the circulated minute; and noted there had been some discussion around the financial reserves and a special meeting had been held to discuss this in more detail.

16 Any Other Competent Business

The Nurse Director highlighted that two nurses won the Queen's Nursing Institute for Scotland awards, resulting in Jonathan Davies and Kerri-Ann Roberts attaining the title of 'Queen's Nurses' which was a fantastic achievement.

Date of next meeting

The next full meeting of the Board will be on 30 January 2024 at 9.30 am.

The meeting closed at **2.15pm**