Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 7TH JANUARY 2026, 1000hrs - MS TEAMS

Present:
Councillor Rosemary Liewald (Chair)
Councillor Lynn Mowatt
Councillor Sam Steele
Councillor Eugene Clarke
Sinead Braiden, NHS Board Member (SB)
Jo Bennett, Non-Executive Board Member (JB)
Morna Fleming, Carer's Representative (MF)
Kenny Murphy, Third Sector Representative (KM)
Paul Dundas, Independent Sector Lead (PD)
Amanda Wong, Director of Allied Health Professionals (AW)

Attending:
Lynn Barker, Director of Nursing (LB)
Lynne Garvey, Director of Health & Social Care Partnership (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Chris Conroy, Head of Community Care Services (CC)
Karen Marwick, Head of Complex & Critical Care (KMAR)
Caroline Cherry, Principal Social Work Officer (CCH)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Rachel Heagney, Head of Improvement & Transformation (RH)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)

In Attendance:
Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies for Absence:
Fiona Forrest, Acting Director of Pharmacy (FF)
Tracy Hogg, Chief Finance Officer (TH)

NO	AGENDA ITEM	ACTION

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Liewald welcomed all members and attendees to the meeting.	
2.	**DECLARATION OF MEMBERS' INTEREST.** No declarations of interest were received.	
3.	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4.	**ACTIVE & EMERGING ISSUES** Lynn Barker advised Silver meetings have been enabled to support the command and control arrangements, should strike action escalate. She also noted, a recent QMAG meeting was not quorate for the latter half. Outstanding matters were subsequently discussed offline.	
5.	**MINUTES OF PREVIOUS MEETINGS HELD ON 05 NOVEMBER 2025** The previous minutes from the Q&CC meeting on 05 November 2025 were reviewed by those present prior to the meeting. The following comments were made: Caroline Cherry stated her initials are the same as Chris Conroy's and suggested CCH is used as her initials to differentiate between the two. SB advised the incorrect Human Rights Steering Group minutes were circulated with meeting papers and a more recent copy should have been attached. JC will circulate the most recent meeting minutes for the Human Rights Steering Group.	**JC** **JC**
6.	**ACTION LOG FROM 05 NOVEMBER 2025** The Action Log from the meeting held on 05 November 2025 was discussed and no updates were required.	
7.	**GOVERNANCE & OUTCOMES**	

7.1	**QMAG Update** This report was brought to Committee by Lynn Barker and came for Assurance and Discussion. LB gave thanks to CG for compiling the report. LB presented the report relating to the meeting held on 05 December 2025. She highlighted a reduction in the number of reported incidents between May and October 2025, noting that this represents a positive trend. However, an increase in catheter-related infections was identified during this period, and the relevant speciality group is undertaking further investigation alongside targeted quality improvement activity. An increase in patient falls over the past three months was also noted. Work to address this issue is being led by the Acute Services Director of Nursing, with additional local leadership provided by the Associate Director of Nursing within the Partnership. LB reported that Healthcare Improvement Scotland has refreshed the SPSP Essentials of Care Framework, which the Partnership and NHS Lothian have adopted. A new locally chaired SPSP Essentials of Care Group will be formed within the clinical governance structure to support improvement work using SPSP methodology. She advised CCH provided a positive update on social work services, demonstrating good progress and strengthened oversight across her portfolio. CCH will additionally take on leadership of the Care Home QMAG, further reinforcing governance arrangements. Assurance reports were received from all portfolios, along with updates from the Public Protection Centre and the risk register. Regarding the Mental Welfare Commission, LB confirmed that environmental challenges are recognised and being addressed through an ongoing programme of work. A recent engagement session with the Commission was constructive and reflected a strong collaborative relationship. Questions were invited. SB queried whether there are any mitigations in place regarding the significant number of people in the community who are currently awaiting a social work assessment. Also, if there has been progress relating to Activity Co-ordinators. CCH acknowledged this is a significant pressure, reflecting wider demands on care at home, overall social work capacity, and the rising number of referrals. She advised that the issue is referenced in the CSWO's report, and that a detailed review of the data is underway to understand exactly where the pressures lie, for example, whether they are primarily within older people's social work services rather than adult services. She added that a high-level paper is being developed to outline the most immediate actions required. The standard operating procedure for First Contact will be reviewed and amended where necessary, as it is believed some processes may be contributing to delays. She is also preparing a briefing for the IJB at their request. KMAR wished to add, recruitment for Co-ordinators is well underway, with a high level of interest received. JB asked for context around the draft framework for social work and the group being established in response to the Care Inspectorate.	

	CCH advised that a national inspection had taken place across all Partnerships and Local Authorities, focusing on social work governance arrangements within the Care Inspectorate's remit. She explained that she had prepared a briefing following this work and offered to circulate it to members for information. She noted that the inspection highlighted how social work can sometimes form a smaller part of a much wider system, which can result in key information and assurance becoming diluted. She stated, the focus now is on examining specific areas in more depth, including governance arrangements for social work, assurance around workforce capacity, waiting times for assessment, pressures in care at home, and engagement with the Care Inspectorate. CCH stated she is working with LG and JR on actions arising from the inspection. One key finding related to ensuring that where a Principal Social Work Officer or Deputy Chief Social Work Officer is in place within adult services, clear data assurance arrangements must also be in place. She therefore considered her role to be critical in identifying risks and ensuring appropriate governance and assurance mechanisms. She confirmed that a social work and social care governance structure is being developed. This will not operate in parallel to existing arrangements but will feed into them, providing a specific and focused approach to social work and social care governance. LG wished to reiterate the importance of the work that CCH had described. The Committee took assurance from the report.	**CCH**

8.	**STRATEGIC PLANNING & DELIVERY**	
8.1	**Hospital at Home PID** The report was presented by Chris Conroy and was brought for Assurance and Discussion. CC introduced the report, explaining NHS Fife's Clinical Service Redesign Programme aims to improve safety standards and reduce delays across urgent and emergency care. He highlighted a key element is the Unscheduled Care Programme, which coordinates projects to improve patient flow and reduce avoidable admissions. One of its three priority programmes is H@H+, which delivers acute-level care in people's homes to support admission avoidance and early discharge. It builds on Fife's existing Frailty model and is planned for early expansion by March 2026. CC further described, H@H as being a major part of NHS Fife's unscheduled care transformation, aligned with national plans for 2,000 virtual beds by December 2026. He advised, Fife's model is broader than the national approach, delivering acute-level care at home across multiple specialties through digital innovation and integrated workforce models. Over the next 3–6 months, the programme will reconfigure services and develop new pathways to deliver 125 virtual beds, supported by £2M of Scottish Government funding. Expected benefits include improved outcomes, fewer hospital admissions and bed days, better system flow, and enhanced staff wellbeing. Questions were invited. Cllr Clarke raised a number of queries in relation to the report. CC provided full responses to each, including clarification on the Integrated Control Centre, the anticipated benefits, and the reference to tableware. All points were addressed. JB queried the capacity being provided and how that capacity would be utilised. He also sought clarification regarding engagement with General Practice and the integration of anticipatory care processes and plans. CC provided a full explanation covering each of these points. Cllr Liewald commented on the ongoing difficulty in securing engagement from the general public. She queried whether this engagement is intended to occur at the point of admission, whether it is embedded within anticipatory care, or if it is initiated when a specific procedure or process is about to take place. CC outlined the national work currently underway in this area and advised that further feedback and deeper understanding will be required to inform future approaches. Due to the very full Agenda, LB respectfully asked presenters to be succinct as possible when presenting reports and for questions to be kept to a minimum. The Committee took assurance from the report.	

8.2	**Digital Strategy Year 1 Report** The report was brought to Committee by Tracy Hogg and was presented by Rachel Heagney and came for Assurance. RH introduced the report and advised the Year 1 delivery plan is on track with significant progress made in digital transformation across HSCP services. Key achievements include the rollout of wi-fi across all five council-operated care homes, expansion of Near Me within services including mental health officers, the relaunch of the Partnership website and positive feedback on Spotlight Life and the Life Curve tool. RH told of 700 care packages which have been reviewed through the digital first Transforming Care Project and capacity for Just Checking and Just Walking has been fully utilised with plans underway to expand further. RH advised digital skills support has been strengthened through council and NHS training platforms and a digital oversight board has been established to ensure co-ordinated and integrated delivery of digital initiatives. She stated current priorities include increasing the use of AI such as Copilot, introducing robotic process automation to reduce repetitive tasks and exploring further integration. RH spoke of some challenges, including closure of the centralised scheduling project due to costs, delays to online GP booking due to supplier liquidation and ongoing client transfer to the Alarm Receiving Centre, none are considered significant and mitigation plans are in place. She advised staff survey feedback will help shape priorities and planning for 2026-27. Cllr Liewald was very supportive of the report and was delighted to see the progress. KM drew attention to the phrase 'Digital First' and wished to ensure it is not digital only, and stressed the importance of other options always being available for people who do not have digital access. He also wished to raise the point of digital exclusion – lack of digital literacy and the risk of online harms, he was concerned that this is being considered by the Board. RH felt KM's questions were very relevant and stressed, it is not digital only, choice is always first. She spoke of a shift in digital technology being understood by many more people and referred to a push through Scottish Government and the National Digital Office around digital inclusion and digital literacy and gave details. She gave assurance the Board is very much aware and added the action is being proactively led by the National Digital Office. RH committed to sending further details. JB requested that next year's reporting include clearer information on the aspirations for NearMe, particularly as the infrastructure is already established. She noted that comparisons with other areas in Scotland would be helpful. She also asked that some reports include figures expressed as "number out of how many", along with baseline data and coverage. Additionally, she sought assurance that best evidence and best practice are being used in relation to technology that is already known to	**RH**

	be effective, and that consideration is being given to how this could be applied locally. RH confirmed that these requests can be incorporated into future reports and noted that the relevant data is already being collected. Cllr Clarke wished to mention LG's point relating to time during the meeting, he felt if the agenda is too large for the time available, then a reduced agenda should be considered and not less discussion. Cllr Clarke asked whether all care assistants receive training in the use of NearMe and associated video technology. He also raised concerns regarding the GP appointment booking system and questioned the likelihood of GPs adopting a single online system given their status as independent contractors. RH provided assurance regarding Care Assistants' digital capability. She explained that digital enablement skills training for the workforce has been established through Fife College, and there is an intention to embed these skills into future recruitment processes. She noted that the current Care at Home workforce has been using digital solutions for 8–9 years, including digital reporting systems, and she expressed confidence in their competence with existing digital tools. RH also confirmed that within Psychiatry and Psychology, NearMe is already being used extensively alongside face-to-face appointments. LC explained that there had been difficulties in procuring a supplier for the GP online appointment system. She confirmed that this issue has now been resolved and advised that while full functionality is expected in the future, she was unable to provide absolute assurance at this stage. However, she noted that achieving consistency of systems across all practices nationally remains the overall aim. Cllr Liewald added, from her experience, the care home workforce is highly motivated and enthusiastic about adopting new digital platforms and training Cllr Liewald confirmed, the Committee took Assurance from the report.	
9.	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	

9.1	**Adult Support and Protection (Social Work /Social Care) report** This report was brought to Committee by Caroline Cherry and comes for Assurance. CCH introduced the ASP (Social Work / Social Care) Report, confirming that Social Work is the lead service for reporting under the Adult Support and Protection (Scotland) Act. She advised that the report has been prepared by the dedicated ASP Team within Social Work. CCH highlighted key points from the ASP Report, noting that it provides significant assurance. She reported a 26% increase in Adult Support and Protection referrals, reflecting the national trend. She advised, part of the rise is attributed to changes introduced in the 2022 Code of Practice, which clarified that alcohol or drug use should not, in itself, exclude an individual from protection, leading to an increase in related referrals. CCH advised that the training rate for all available Council Officers at the first stage of practice is very strong in Fife, supported by good managerial oversight. She also noted improvements in the use of chronologies, an area which has historically been challenging nationally. The report demonstrates a strong commitment to learning, with audit activity largely driven by the dedicated ASP Team. Further work is underway regarding addendums to large-scale investigation procedures, and CCH highlighted the positive interagency working in place. CCH outlined areas for focus during 2025-26 which are addressing timescales for completion of initial referral discussions, updating procedures and practice to reduce workload pressures on social work. The main risk is an ongoing risk to pressure on frontline teams. CCH concluded the report provides strong assurance regarding delivery of the legislative functions under Adult Support and Protection. Questions were invited. JB commented the report appears to be an example of internal assessment of processes within Social Work, she queried national benchmarking and asked if any third-party assessment provides external assurance. She also queried the increase in referrals, commenting many appear to come from the acute sector. CCH advised further detail on benchmarking and conversion rates would be provided by the ASP Co-ordinator. She clarified that external assurance is supported through the Self Evaluation and Audit Subgroup of the ASP Committee, which includes multi-agency representation (including Housing). The Group undertakes both single agency and interagency audits and has an active audit programme. She added, regarding conversion rates from referral to investigation, a higher rate is not necessarily positive and benchmarking data will be shared. CCH also highlighted Fife's non-ASP pathway ensures cases not meeting the statutory ASP threshold but still presenting risk are progressed appropriately and the pathway is currently being audited.	

	The committee took Assurance from the report.	
9.2	**Chief Social Work Officer's Report** This report was brought to Committee by James Ross and was presented by Caroline Cherry. The report comes for Assurance. CCH introduced the report and confirmed the report sits under the statutory responsibility of the Chief Social Work Officer. It was approved by Fife Council in December 2025, submitted to the Scottish Government and is presented for assurance before consideration by the IJB. She advised, the format is nationally prescribed and largely retrospective. CCH stated the report reflects collaborative working across Children and Families, Justice, Adults and Older People Services. It provides an honest account of pressures alongside positive practices. A strong focus is placed on workforce pressures with direct engagement undertaken with frontline teams to gather feedback on challenges and solutions. CCH spoke of work ongoing to strengthen integrated public protection arrangements, including recruitment of a jointly funded Public Protection Service Manager in 2026. She added, issues relating to intervention thresholds and assessment waiting times are acknowledged with improvement work underway. Priorities are aligned with legislative compliance and wider transformation programmes. CCH invited questions. Cllr Liewald was supportive of the report. No questions were asked. The Committee took Assurance from the report.	

9.3	**Armed Forces Covenant Duty – Annual Report 2025** This report was brought to Committee by Karen Marwick and came for Assurance and Discussion. KMAR introduced the report which summarises work progressed in 2025 by Fife Partnership Agencies in meeting statutory duties under the Armed Forces Covenant Duty (2021). KMAR outlined the work of the multi-agency working groups which include FC Housing, Defence Medical Welfare Service, Outside the Wire Veterans, Citizens Advice and Advice Fife (veteran support) and Substance Support Scotland. The 2026 work programme was outlined which will include development of a communication plan, workforce survey, gap analysis of services and increased focus on carers of service families. The report provided moderate assurance that statutory requirements are being met. The Committee were asked to note the report, be assured regarding compliance and agree its submission to the IJB for final approval. JB welcomed the Guild Award, noting that external recognition strengthens assurance and reflects positive partnership working across the Council and Health Service. Cllr Liewald commented she regularly received news updates from the Veterans in Leuchars, she asked how closely HSCP are continuing to work with them. KMAR confirmed the Partnership working remains strong and collaborative across all agencies. She highlighted the planned expansion of the military base which is expected to bring approximately 3,000 additional personnel over the coming years, increasing the local population alongside families, carers and school communities. She advised Partners are engaged in planning for this growth to ensure appropriate support arrangements are in place. The Committee welcomed the update and noted the significance of the community expansion. As KMAR was unable to share her presentation online, therefore, the presentation will be circulated. The Committee took Assurance from the report.	**KMAR**

9.4	**Fife Dental and Oral Health Improvement Annual Report** This report is brought to Committee by Lisa Cooper and comes for Assurance. LC introduced the reports which indicates an overall improving position across general dental services and the public dental services within the HSCP. It reviews activity over the past year, outlines progress against previous actions and highlights key risks, particularly workforce pressures and challenges around patient registration. LC added, positive steps have been taken through the Scottish Dental Access Initiative including target work in Dunfermline and additional practices progressing through the scheme, which should improve access to NHS dental registration. The report also notes encouraging progress in oral health improvement programmes, with a slight increase in the number of Primary 7 children who are decay-free. Governance arrangements were described as robust with oversight provided through established committees. Cllr Liewald recognised and welcomed the improvements, she acknowledged the continued national pressures on NHS dentistry. She was also pleased to see the drop in decay issues of the children at primary 7 level and that the 90% of children living in the most deprived areas are registered with an NHS dentist, compared to 89% in the least deprived areas. JB acknowledged the very challenging position; she was interested in 'growing our own workforce'. LC advised, HSCP are looking at courses and how to attract and support people within the dentistry field. She spoke of work through the PC Strategy, looking at workforce recruitment, retention and developing local training pathways. MF queried why Fife rate of dental decay in children remains consistently worse than the overall Scottish average. She also referred to oral health initiatives such as Dental Smiles and suggested that greater emphasis should be placed on parental responsibility for children's tooth brushing, rather that schools carrying a significant share of the responsibility. LC acknowledged it is complex and multi-factorial, she commented there is no single explanation, and noted that significant levels of deprivation have an impact. Addressing inequality remains central to improvement efforts with programmes such as Child Smile and other targeting initiatives focused on prevention and reducing disparities. Regarding parental responsibility, LC acknowledged the comment as fair and felt whilst school-based programmes have been positive, reinforcing oral health behaviours at home is essential and the feedback will be shared with colleagues in dental oral health to inform ongoing work. Cllr Liewald confirmed Assurance was taken from the report.	

9.5	**Performance Report** This report was brought to Committee by Vanessa Salmond and comes for Assurance and Discussion. VS introduced the first strategic executive summary prepared under the revised performance management approach, aligned with national requirements. She commended the performance team and service colleagues for establishing a robust process that enables strategic and operational data to be gathered, analysed and used effectively as intelligence within the report. She noted that the approach will continue to evolve alongside implementation of the revised Strategic Plan for 2026-29, including alignment with proposed priorities, such as communities and place-based service delivery. After much discussion, it was agreed a development session relating to the Performance Report would be beneficial to members. Given that performance oversight sits formally with another committee, a development session across the IJB membership may be appropriate. This was accepted as an action to be progressed. It was also acknowledged the significant progress made in strengthening performance reporting and scrutiny processes at senior management level, noting that the current arrangements are more mature and robust than previously. MF requested the use of unexplained abbreviations within reports be kept to an absolute minimum with the wording in full first time used. A Development Session for IJB members will be organised.	**VS** **VS**

9.6	**CAMHS Performance Yearly Update** This report was brought to Committee by Karen Marwick and comes for Assurance. KMAR introduced the report stating since August 2024, CAMHS has consistently met the national standard requiring 90% of young people to be seen within 18 weeks of referral. Performance which was below 70% in Jan 2024 has improved significantly and is now just below 100%, sustained through 2025. As a result, enhanced support from the Scottish Government has been formally withdrawn. KMAR stated, although access performance has improved, case complexity has increased, with average case duration rising from around 45 weeks in 2023-24 to approximately 60 weeks in 2024-25, alongside an increase in appointments per case. She advised, actions including waiting list validation, job planning reviews, team restructuring and temporary measures, including evening clinics have enabled sustained delivery of the 18 week standard. Overall, the target is being met and performance remains stable. Cllr Liewald asked if the evening sessions are continuing. KMAR advised, they are available as the need arises. KM queried the significant drop off in referrals. He alluded to Appendix 2 which referred to early intervention having an impact, he asked if members can be assured the drop in referrals are due to a reduction in demand. KMAR spoke of the difficulty in evidencing this. KM suggested a survey with the main referrers to gather feedback for the reason. Unfortunately, KMAR's wi-fi signal failed and LG stepped in to explain the significant early intervention measures which have had an impact. These include mental health nurses embedded within every GP practice, increased third sector involvement, upskilling of school nurses, psychology services operating within schools, greater PC mental health support. She explained the shift in approach aims to ensure that CAMHS functions as a specialist 'last resort' service for the most complex cases, rather than being the default referral pathway. KM welcomed LG's response and suggested this may be clearer supporting evidence outlined in future papers to provide stronger assurance. The Committee was Assured by the report.	

9.7	**Fife Health Literacy** This report was brought to Committee by Lisa Cooper and comes for Assurance and Noting. LC introduced the report which provides a moderate level of assurance on progress in developing a Health Literacy model across Fife. She advised, the aim is to establish FHSCP as a health literate organisation supporting individuals and communities to better understand and manage their health and care. She stated the work is led by the Health Promotion Service and is a key deliverable within the Prevention and Early Intervention Strategy (Priority Area 6). Progress to date includes raising awareness, embedding the approach across services and providing access to tools and training to support staff and communities. She further added, Health Literacy is viewed as central to enabling people to become active partners in their care, supporting co-production and shared responsibility in managing health conditions. Cllr Liewald welcomed the progress made and recognised the value of the ongoing work, particularly given changing demographics and evolving health challenges. It was noted that further consideration will be given to how future reporting can provide a more detailed level of assurance and whether this work should be embedded within broader strategic reporting rather than presented as a standalone item. JB stressed the need to embed practical health literacy approaches—such as using teach-back, reducing jargon and abbreviations, and promoting stronger shared decision-making for people with long-term conditions. He also highlighted the valuable role of partners like pharmacies in reinforcing patient understanding. LC noted that the programme is in its first year of implementation and will continue to develop, confirming that the suggestions raised will be considered as part of ongoing evaluation to ensure consistent practice across care settings. The Committee was Assured by the report.	

9.8	**Post Diagnostic Support for Dementia** This report was brought to Committee by Karen Marwick and comes for Assurance. KMAR introduced the report which highlights the improvement in post-diagnostic dementia support. Waiting times have reduced by 58% due to better processes and increased staffing. The service now supports over 800 people using tailored care models and has strengthened referral standardisation and data tracking. Recruitment pressures have eased and funding is secured for the next year, though longer term workforce and funding risks remain. Overall, the service is performing well and meeting national standards. Cllr Liewald was supportive of the report and the significant improvements compared to the report the previous year, highlighting clearer pathways and overall service progress. While short-term funding is secured, members noted the importance of monitoring longer-term funding to sustain progress. Cllr Mowatt queried the distinction between 12 month post-diagnostic support and self directed support. CCH explained, 12 month post diagnostic support is a national standard, separate from SDFS which relates to how individual care packages are arranged, adding, individuals can be referred back for further support if required. MF wished to highlight her concerns about past inconsistencies, particularly around follow-on support after the 12 month programme. She advised, some carers reported being referred back to GPs without clear ongoing pathways. She has also received feedback suggesting that a continuous 12 month programme may not suit all families with some preferring a more flexible model. It was noted that the 12 month approach remains a national standard, though it is under evaluation. ML highlighted the Dementia Carers Education programme which is delivered in partnership with Alzheimer Scotland and NHS Fife as valuable and well received and it was suggested that this should be more clearly reflected in future reports. Further discussion will continue through the Dementia Strategy Group The Committee was Assured by the report acknowledging overall progress with a note to monitor future funding risks.	

9.9	**Fife HSCP Reverse Mentoring Pilot Programme** This report was brought to Committee by Roy Lawrence and comes for Assurance, Discussion and Noting. RL introduced the report which is an evaluation of the inclusive leadership reverse mentoring initiative, which formed part of the EDI annual report. The programme reversed the traditional mentoring model with staff from under-represented groups mentoring senior leaders to strengthen understanding and inclusion. Although five pairs were initially planned, strong interest led to 11 pairs completing the programme. RL advised the evaluation demonstrated positive impact, including improved empathy. More confident and open conversations and tangible changes to recruitment and team practices. Mentors reported feeling valued and heard, indicating a meaningful cultural shift. The initiative was described as low cost and high impact, acting as a catalyst for wider organisational change. RL told of plans to expand the programme and embed it within leadership development and wider EDI work, and the Committee welcomed it as a powerful example of workforce led improvement. LB shared a personal reflection on participating in the programme, describing it as challenging, emotional and highly worthwhile and encouraged others to get involved. The Committee was Assured by the report.	
10.	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	10.1 **Quality Matters Assurance Group** Unconfirmed Minutes from 05.12.25	
	10.2 **Equality and Human Rights Strategy Group** Incorrect minutes were attached – correct minutes will be circulated once available.	
	10.3 **Clinical Governance Committee** Unconfirmed Minutes 07.11.25	
	10.4 **Strategic Planning Group** Unconfirmed Minutes 05.11.25	

11.	**ITEMS FOR ESCALATION**	
	No items were raised for escalation	
12.	**AOCB**	
	No items were raised under AOCB	
13.	**DATE OF NEXT MEETING** Wednesday 04 March 2026, 1000hrs, MS Teams	