

# **Board Governance**

**Independent Verification of South Eastern HSC Trust**

**Board Governance Self-Assessment**

**REPORT**

**July 2025**



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# 1 Introduction

There has been an increased scrutiny on Health and Social Care (HSC) Board effectiveness following the publication of the Francis Report (2013), the Berwick Report into patient safety (2013) and more recently in Northern Ireland the Independent Inquiry into Hyponatraemia Deaths Report (2018) and the Independent Neurology Inquiry Report (2022).

The public need to be confident that Arm's Length Bodies (ALBs) are efficient and delivering high quality services. The primary responsibility for ensuring that an ALB has an effective system of internal control and delivers on its functions; other statutory responsibilities; and the priorities, commitments, objectives, targets and other requirements communicated to it by the Department rests with the ALB's board. The board is the most senior group in the ALB and provides important oversight of how public money is spent.

An ALB board governance annual review is best practice.<sup>1</sup> In Northern Ireland, this review process is facilitated for health and social care (HSC), by the use of the Department of Health's Board Governance Self-Assessment Tool (BGSAT). This self-assessment tool is intended to help ALBs improve the effectiveness of their Board and provide the Board members with assurance that it is conducting its business in accordance with best practice.

The DoH Guidance requires each ALB Board to have their self-assessment ratings independently verified at least every three years. The independent assessment 'provides the Department with assurance that the self-assessment tool is being completed appropriately by Boards'.<sup>2</sup>

During 2024/25, regionally the HSC Trust's Board Secretaries [or equivalent post holders] considered a redesign of the BGSAT into a more user-friendly format based on Excel. The revised format, used for this self-assessment by the SET Board has maintained the original five criterion and best practice standards:

- Board composition and commitment;
- Board evaluation, development and training;
- Board insight and foresight; and
- Board engagement and involvement.

The Trust has rated each section and sub-section of the BGSAT based on the scoring criteria outlined within the original Tool.<sup>3</sup> In addition, the Trust has provided a comprehensive list of good practice evidence to substantiate their self-assessment

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<sup>1</sup> [NHSLeadership-TheHealthyNHSBoard.pdf](#)

<sup>2</sup> Letter from the Permanent Secretary and HSC Chief Executive to Chairs of HSC, 18<sup>th</sup> November 2014.

<sup>3</sup> The scoring criteria is detailed in the BSGAT Introduction Section, pages 7-8 accessed at [Board Governance Self Assessment Tool | Department of Health](#)

ratings for each criterion. The Trust Board's self-assessment 2024/25 was raised at a Confidential Section of Trust Board and circulated to all Board Members for consideration and comment.

The HSC Leadership Centre was engaged by the South Eastern Trust (SET) to undertake an independent verification of their Board Governance Self-Assessment for 2024/2025. This Report contains the views of the Independent Verifier (the Verifier) on the appropriateness of the good practice and compliance ratings, taking into account all supporting evidence.

The Verifier has used the approved HSC Leadership Centre Independent Verification template to present the findings for 2024/25.

## **2 Approach**

The process for verification of the self-assessment ratings included; a review of the BGSAT to identify particular lines of inquiry and options for the analysis of a range of evidence of good practice and a virtual stakeholder meeting with the Chair and Board Secretary in May 2025 and follow-up communications with the Board Secretary.

The Verifier has in the past undertaken an independent review of the Trust's integrated governance and assurance framework arrangements (2021) and facilitated Trust Board development days in respect of risk management systems including risk appetite, the Board Assurance Framework and Corporate Risk Register (2023).

## **3 Findings**

All self-assessed ratings have been verified. The following paragraphs provide a summary of the key findings from the evidence of compliance with good practice standards and actions going forward as articulated by the Trust as part of this verification process.

### **3.1 Board Compositions and Commitment <sup>4</sup>**

The Trust has provided a detailed narrative of good practice and evidence of compliance against the five criterion within this section, which have all been rated as 'green'.<sup>5</sup>

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<sup>4</sup> The DoH BGSAT contains a number of sections where there is a duplication of both good practice guidance standards and the evidence that is required to be provided by the Trust and cross referencing has been used in the Trust's self-assessment and the independent verification report where possible.

<sup>5</sup> The BGSAT indicates that a score of 'Green' applies where all good practices are in place unless the Board is able to reasonably explain why it is unable or has chosen not to adopt a particular good practice and where no red flags are identified.

## **Board Positions and Size**

**Rating: Green (Verified)**

The self-assessment, for the reporting period, indicates that the size of the Board meets the requirement laid down by the Trust's Standing Orders and all Trust Board voting positions are substantively filled in line with legislative requirements (including the Trust's Establishment Order), extant Standing Orders (updated September 2024), Reservation and Delegation of Powers and Standing Financial Instructions (updated in 2023). Standing Orders and the Terms of Reference (ToR) for the Board and Board Committees provide confirmation of the evidence on the roles of Board members including explicit guidance on those entitled to vote.

Good Practice Note 5, states that the appointment of Non-Executive Directors (NEDs) should be staggered so that they are not all due for reappointment or to leave the Board within a short space of time. The resolution of these matters lies outside of the control of the ALB Board. The Verifier can confirm that this particular matter, which constitutes a 'red flag' within the self-assessment criterion, has been the subject of discussions held with the Public Appointments Unit (PAU) on a number of occasions since the BGSAT was introduced.

It is recognised by the Verifier, that the Chair and NED appointments have previously been extended, in line with PAU codes of practice, to allow for some continuity and retention of required skills and experience within the Board when recruitment/replacement was not in place.

## **Balance and Calibre of Board Members**

**Rating: Green (Verified)**

The self-assessment indicates that the Trust Board has an appropriate balance of skills, experience and knowledge. The Trust continues to utilise Board Skills Audit, appraisal and one to one meetings with NEDs to inform individual Board member and whole Board development programmes.

The Executive Board members have all been in post for 2 years or longer. In relation to NED appointments, there were four members appointed in January/February 2024 and the remaining 3 members were appointed in December/January 2025. The Chair has extensive experience as a Board member within health and social care and has served as an NED, Acting Chair and Chair of the SET for over five years. In addition, he has sat on numerous HSC working groups and chairs the NI Confederation of Health and Social Care and sits on the board of NHS Confederation in London.

From the biographical information on the current NEDs, it can be seen that they bring a broad range of skills and professional/occupational experience to the Board, including three NEDs who have previously served within the HSC system at either Director or NED level. The Chair of the Audit Committee is a Fellow of Chartered Accountants Ireland and has over 20 years' experience in financial management.

The good practice evidence in the provision of Board member induction and development programmes for newly appointed NEDs is considered in more detail in Section 3.2 Board Evaluation, Development and Learning.

### **Role of the Board**

**Rating: Green (Verified)**

As stated above, the Trust's Standing Orders, Board/ Board Committee and Sub-Committee ToRs define the role of the Board within the SET. The induction programme and Board information pack, ongoing training and development opportunities (see also Section 3.2) and the HSC Board Members Handbook are some of the sources utilised to provide information on the legal frameworks, accountability arrangements, statutory duties and roles and responsibilities of Board members.

The SET Chair is an experienced Board member and a source of advice and guidance, especially to newly appointed NEDs. The SET also have a 'Board Secretary' who provides support to the Chair and Board members.<sup>6</sup>

Collective responsibility is demonstrated through an analysis of Board and Board Committee minutes. The sample of Board minutes considered by the Verifier provided evidence of full discussion, scrutiny and challenge from NEDs on a range of subjects brought before them.

A positive relationship between the Chair, the Health Minister and the Sponsor Branch has been described in the self-assessment. In April 2025, a new Interim Permanent Secretary for Health was appointed and new relationships with the Chairs of HSC Trusts will be formed. As Chair of NICON, the SET Chair can consolidate this well-established relationship.

### **Committees of the Board**

**Rating: Green (Verified)**

There are clear ToR for the Board and the six Board Committees. The ToR provides the authority and reporting lines back to the Board. The ToR are reviewed on an annual basis and some are due for renewal in June or July 2025.

Minutes of meetings provides confirmation that the Board Committees report on a regular basis to the Board and there is an annual programme of work/calendar of events.

The Trust has recently reviewed its integrated governance structures and has an extant Integrated Governance and Assurance Framework 2023-2028. The Framework defines the three lines of assurance and demonstrates how the Committee structures links with these three lines of assurance. This is a sample of

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<sup>6</sup> The SET Board Secretary is also the Assistant Director for Risk and Governance which allows for triangulation of information across these areas of governance. A generic role description for Board Secretary and guidance on this role are provided in the HSC Board Members Handbook at Section 3.2.10.

best practice. The Chairman and Board Secretary advised that with the continuing assessment of the efficacy of Board Committees (currently occurring at minimum annually with a review of the Terms of Reference) the Board Committee structure would remain an area that the Trust would seek to improve and weigh against proportionality.

In discussion with the Board Secretary, the Trust is aware of emerging DoH guidance on the requirement for HSC Trusts to constitute a Board Patient Safety and Quality Committee with the same standing as the Risk and Audit Committee.<sup>7</sup> This, in combination with the recently approved revised version of the SET Board Assurance Framework and risk appetite statements are seen positively as an opportunity for the Trust to review the Board Committee structures going forward in 2025/26.

### **Board Member Commitment**

**Rating: Green (Verified)**

A high level register of attendance for Board members is maintained. Board and Board Committee meetings are scheduled in advance and the schedule is issued in August of each year. The Chair advised that attendance is monitored on an ongoing basis and the information is available for appraisal.

Attendance at Board and Board Committee meetings is provided, within the Annual Report and Accounts, as a percentage of attendance by NEDs per meeting. The Annual Report can be viewed on the Trust's Corporate Information section via the website.

The Code of Conduct and Code of Accountability are issued to Board members on an annual basis.

The Verifier is aware that emerging guidance from the DoH in response to Independent Inquiries, the responses from the public consultation on a Being Open Framework for HSCNI, the Raising Concerns Framework (formerly Whistleblowing Regional Policy), the current public consultation on a Regional Framework for Learning and Improvement from Patient Safety Incidents (i.e. the redesign of the current Serious Adverse Incident procedure) and the NI Public Service Ombudsman (NIPSO) proposals for new complaints handling will all impact to a significant extent on the demands for Board members time going forward.

As above, in discussion with the Chairman and the Board Secretary these impending changes, which includes the requirement to constitute a Board Patient Safety and Quality Committee will require the Trust Board to take stock on the demands for time and include a review of Board Committees (as outlined above) and Board reporting as below. The Chair is a member of the RQIA Patient Safety Culture Steering Group.

## **3.2 Effective Board Evaluation, Development and Learning**

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<sup>7</sup> Independent Neurology Inquiry Recommendation 20 endorsed into action point for DoH by the Inquiries Implementation Programme Board chaired at the time by the Permanent Secretary for Health.

There are four criterion within this sub-section. The Trust Board has provided a self-assessment rating of green in three of the sub-sections and amber/green in the 'Board induction' sub-section.

### **Effective Board Level Evaluation**

**Rating: Green (Verified)**

The Trust has recorded that it has undertaken an annual self-assessment since 2012/13, with the exception of 2019/20 due to the pandemic when the DoH paused governance activities, with independent verification occurring every 3 years of the cycle. The last independent verification was undertaken in 2022. A review of the minutes of the Governance Assurance Committee indicate a verbal update on the Independent Verification Report in March 2022, with further discussion at a Trust Board workshop scheduled for 28 March 2022.

In addition to the self-assessment and independent verification process there was an Internal Audit of Board Effectiveness during 2013/14 and 2016/17 giving the Board a third level assurance and an action plan to improve Board governance.

The above processes are underpinned by a number of evaluation methods e.g. the Board Skills Audit (see also Section 3.1), Trust Board Development Survey and Patient and Client surveys and staff surveys.

### **Whole Board Development Programme**

**Rating: Green (Verified)**

The DoH BGSAT refers to the Management/Financial Statement and the Verifier acknowledges that this has been replaced by the Partnership Agreement which became effective for the SET from 5 June 2024. The Partnership Agreement can be accessed by the public via the Trust's website. The Partnership Agreement, Code of Conduct & Accountability and the HSC Board Members Handbook provide the detail and guidance on the relationships between the Minister, Department and the Trust and the roles and responsibilities of NEDs.

There is evidence of a continuing focus on Board Development for example Trust Board Development Days and some sample agendas for these programmes were provided to the Verifier for example; Cyber Training on 9 December 2024 and a Risk Appetite session on 20 March 2025.

The Trust has provided a range of good practice evidence to confirm that the Board is responsive to governance issues for example learning from internal Trust reviews such as the Risk and Integrated Governance Review, Internal Audit reports and actions plans and learning from external regional reviews or independent inquiries such as the Muckamore Abbey Inquiry, Neurology Inquiry and the Independent Review into the Circumstances of Board Members Resignations in the RQIA (Nicholl Report).

Board level engagement in the development of action plans to address governance issues and action plans are evidenced in minutes.

NED time is allocated for attendance at Board workshops and development programmes. Board workshops allow Board members protected and focused time and the opportunity to 'drill down' into more complex matters.

### **Induction, Succession and Contingency Planning Rating: Amber/Green (Verified)**

As outlined above, there has been a full complement of the 7 NED appointments in the period from January/February 2024 to January 2025. On that basis the Trust provided a rating of amber/green to reflect the number of NED members undertaking the induction programme in line with Good Practice Notes 2.3.1 to 2.3.3. The Trust self-assessment and Verifier rating does not include any 'red flags' within this criterion. It is recognised, that as outlined above, the Chair is an experienced HSC Board Member, new NEDs include three with HSC experience and all bring a broad range of skills, professional and occupational expertise. It is anticipated this rating will become 'green' during this financial year.

'On Board' training programme is provided to all Board members. The HSC Board Members Handbook provides an additional resource for all new Board members especially for those who are not from an HSC background. The Verifier is aware that the current online version of the Handbook is being updated and revised.

The Trust takes the opportunity to reflect on and work to improve the induction programme for Board members for example feedback was obtained from the four NEDs who were appointed in 2024 to seek to address any initial gaps they have identified given that they now have more experience in the role.

The Trust provided evidence of comprehensive induction programmes and access to a 'Reference Library' containing a broad range of guidance and information documents for example strategies, policies and procedures, external reports and guidance documents.

There is evidence that deputising arrangements for the Chair and Chief Executive are in place. The role of Vice Chair is specifically addressed in Standing Orders at Section 2.4.

The Trust has indicated that an opportunity is taken upon resignation or retirement of Directors to consider the accountabilities and responsibilities for senior leaders and identify the key skills required to govern effectively and to build these into development programmes.

### **Board Evaluation, Development and Learning Rating: Green (Verified)**

This sub-section considers the evaluation, development and learning of individual Board members and is inextricably linked to appraisal and in the case of 11 professional executive directors to the requirement of their relevant professional bodies.

From stakeholder evidence annual appraisals are undertaken and performance discussed at the Remuneration Committee. Performance appraisals have been completed for 2024/25. Performance appraisals have been conducted in line with the Code of Practice including the appraisal for the Chair being conducted by the Deputy Permanent Secretary.<sup>8 9</sup>

Development needs are discussed at individual appraisals. Records are kept in personnel files and for professional Executive Directors in Continuing Professional Development (CPD) portfolios.

### **3.3 Board Insight and Foresight**

The Trust Board has reported green ratings for each of the five sub-sections for this criterion.

#### **Board Performance Reporting**

**Rating: Green (Verified)**

There is clear evidence of comprehensive Board performance reports being presented to Trust Board at each Board meeting. These include; an Integrated Performance and Monitoring Report and a Finance Report. An analysis of the minutes of Trust Board meetings demonstrates debate, scrutiny and challenge of the reports.

The agendas and minutes of the Board and Board committee meetings confirm that the key/strategic risks are escalated and discussed by the whole Board and this good practice area is also considered below at Section 3.3 Assurance and Risk Management.

The Chair indicated that going forward the Board would continue to seek ways to improve Board reporting. He reflected on the HSC Board Members Handbook statement drowning in paperwork. The Chairman and the Board Secretary advised of importance of the triangulation of data and also the need for Board reporting to support assurances around control measures identified in the BAF.

The minutes of Board Committees are provided to the whole Board and in addition the NED Chair of Board Committees presents a verbal update at Board meetings.

The evidence confirms that the Board utilises a 'matters arising sheet' to register and monitor any actions arising from the Board meetings.

#### **Efficiency and Productivity**

**Rating: Green (Verified)**

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<sup>8</sup> CPANI Code of Practice JL2 December 2016. HSC ALB Chairs are ministerial appointments and the Minister who conducts the appraisal. The Minister can delegate this function to a civil servant no lower than Deputy Secretary.

<sup>9</sup> During the stakeholder meeting an anomaly in the HSC Board Members Handbook at Section 1.2.2 'Appraisal and reappointment to the Board' was highlighted by the Chair of Trust Board. The verifier will address this as part of the current revision and updating of the HSC Board Members Handbook 2025/26.

The evidence demonstrates that the Board receives information and reports on a regular basis for example the Integrated Performance Monitoring and Finance Reports and Board Committee Reports as outlined above. The internal monitoring process is through accountability reviews and the integrated governance and assurance framework arrangements including the annual governance statements. Externally, accountability is through the DoH Accountability Review Process and the DoH Strategic Partnership Group (SPPG) function.

The Annual Report provides a summary of performance for the preceding period and is available for the public to view via the Trust's website. The Annual Report lists the corporate risks that are monitored by the Board stating that for each risk a number of measures are in place to mitigate the impact should the risk materialise.

The Corporate Plan 2024-25 sets out the Trust's priorities and is available to view via the Trust's website.

**Environmental and Strategic Focus                      Rating: Green (Verified)**

The Chief Executive provides a verbal update to the whole Board at Public Board Meetings. A review of the minutes confirm that these reports detail changes or issues in the external environment.

Board and Board Committee agendas and minutes demonstrate that the Board considers the learning from a range of integrated governance reports e.g. complaints, serious adverse incidents and reports on the discharge of statutory functions. Regional learning for example the Nicholl Report and emerging issues are recorded as having been brought to the attention of the Board. Sensitive and emerging issues are often discussed in confidential session. As outlined above, key regional reports that provide the opportunity for learning and improving Board effectiveness may receive the focus of a Board development day/workshop.

The risk management process in respect of the Board's consideration of strategic risk as recorded in the Board Assurance Framework (BAF) are dealt with below in the sub-section on Board 'Assurance and Risk Management'.

**Quality of Board papers and timeliness of information                      Rating: Green (Verified)**

The Trust has a formal annual Schedule of Board and Board Committee meetings which takes into account both internal and external reporting requirements for example year-end financial reporting. The verifier can confirm that from analysis of a sample of Board agendas and accompanying Board papers state the action required by the Board for example if an item is for approval, information, noting, approving or requires decision. The Chairman stated that when developing and approving Board agendas that he may have to amend what the Board is being asked to do.

Board papers are issued on Trust Board members through Board Papers (iPad) at least 3 working days in advance of Board meetings. The Trust has a 'Board Briefing

Paper template'. Board minutes provide evidence of discussion, scrutiny and constructive challenge of information presented in papers. The Chairman and Board Secretary advised that the board induction and training programme takes account of the provision of training and guidance for Board members in respect of complex reporting metrics.

The Trust has a system for alerting NEDs on emerging risks or issues outside of meeting dates by email. This is an important process and previous Independent Inquiries have highlighted learning from failures to promptly ensure Board members and particularly NEDs are kept informed. The external escalation of emerging risks to key stakeholders e.g. the DoH are managed by the Trust in line with the Early Alert process.

In an era of information overload and widespread misinformation best practice guidance highlights the needs for Board to base their decisions on timely robust data and evidence.<sup>10</sup> The Chairman advised that the Board would continue to seek to improve Board papers ensuring quantitative and qualitative data at the right level of detail and recent enough to allow the Board to act swiftly if critical trends are identified.

## **Assurance and Risk Management**

**Rating: Green (Verified)**

In the period following the independent verification of the BGSAT in 2022, the Trust has continually focused on responding to emerging best practice governance guidance and the ongoing improvement of risk management systems and the integrated governance and assurance frameworks. The Trust has an extant Risk Management Strategy 2022-2025 and an extant Integrated Governance (IG) and Assurance Framework 2023-2028. Work has been ongoing to define risk categories, risk appetite and risk tolerance and risk appetite statements for the corporate risk categories. The Board Secretary advised that risk appetite statements were approved by Trust Board in May 2025.

Risks are escalated through the Trust's integrated governance structure in line with the Risk Management Strategy. The Trust operates a tiered system of risk registers including directorate, corporate risk registers and a Board Assurance Framework for principal or strategic risks. The Trust provided the Board Assurance Framework for Quarter 4 2024/25 and this provided the evidence of the escalation of strategic risks to Board. The Board Secretary advised that a revised BAF template was approved by Trust Board in May 2025.

The Trust utilises the three lines of assurance model and these are referenced in the extant Integrated Governance and Assurance Framework and examples are evident in the BAF provided to the Verifier as evidence of good practice.

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<sup>10</sup> NIAO Board Effectiveness The verifier has noted that the revised guidance was provided to the whole Board following publication.

Following Board approval of the revised BAF template and risk appetite statements the Board Secretary advised that both the Risk Management Strategy and the IG and Assurance Framework would be reviewed again during 2025/26.

### **3.4 Board Engagement and Involvement**

The Trust Board has rated each of the three sub-section criterion as green.

#### **External Stakeholders**

**Rating: Green (Verified)**

The Trust has an approved Personal and Public Involvement (PPI) Scheme in place entitled 'Involving You'. The Corporate Plan 2024-25 is explicit about the Trust's commitment to working in partnership with service users and families to transform services. There is an Involvement & User Experience Committee that reports to the Safety and Quality Improvement & Innovation Committee, a Sub-Committee of the Trust Board Governance Assurance Committee.

A range of strategies, policy and procedures are in place to bring to the attention of the organisation the voice and experience of the service user for example the management of complaints, experience of service users through 'Care Opinion' and user satisfaction surveys. These policies and procedures also identify roles and responsibilities and responses/actions required by the Board and senior management.

A review of the Trust's website provides 'signposts' to initiatives that service users can participate in for example '10,000 More Voices', Care Opinion, Involving You, User Groups and Forums and Volunteering.

A process to ensure that there is shared learning from Serious Adverse Incidents (SAIs), complaints, litigation, external reviews and inquiries is in place. This includes a Shared Learning Group which is one of the feeder groups within the integrated governance and assurance framework structures.

The Trust maintains external relationships with key stakeholders including the DoH, PHA, MLAs and the Trust attends a range of council meetings and regularly responds to queries raised by Elected Representatives.

#### **Internal Stakeholders**

**Rating: Green (Verified)**

The Trust has communicated a clear set of values and behaviours for staff through a 'People Plan' and has constituted a Board People and Culture Committee to embed the Trust's vision and values in the conduction of its business. The Committee is required to provide assurance to the Board of the effectiveness of the People Plan and to monitor, assess and respond to information across the five areas of the Plan.

There is evidence of a broad range of initiatives and processes in place to enable Board members to listen to the views of staff and these include staff surveys and raising concerns/whistleblowing policies and procedures. Staff are kept informed

through for example 'The Weekly Wrap' and 'Keeping Everyone in the Loop' Sessions.

During the self-assessment period the Trust was awarded an Investors in People (IIP) Silver Reaccreditation and there is evidence of a presentation to Trust Board in the agenda and minutes of May 2024.

The Trust utilises various ways to celebrate services that have an excellent reputation and acknowledge staff that have made significant contributions to the service for example the Chairman's Awards. The Hidden Heroes' Campaign is another method of celebrating staff members who play a vital role in the Trust. Website provides short videos of staff who have been celebrated.

The evidence confirms that there are policies and procedures in place to manage staff who do not behave consistently with HSC values and behaviours and these include the Trust's Grievance and Disciplinary and Working Well Together policies.

### **Board Profile and Visibility**

**Rating: Green (Verified)**

There is a structured programme of events for the Board. Public Board meetings take place across the geographical location of the SET. Visits to meetings and events are evidence by Board minutes for example visits to Children's Homes, Chairman's Awards. The Chairman's Report to Trust Board provides a personal record of public events and engagements on behalf of the Trust.

Corporate information is available on the Trust website including the Partnership Agreement, Board minutes and papers and the Annual Report and Accounts.

## **4 Conclusions**

The Verifier has concluded that the BGSAT has been appropriately completed and contains a comprehensive narrative of evidence to support the good practice requirements. Based on the documentation requested and provided, examination of the Trust's website, stakeholder meeting with follow-up discussions with the Board Secretary the Verifier can substantiate the ratings submitted in the self-assessment.

During the stakeholder meetings, the Chair and the Board Secretary indicated a number of actions to be taken going forward through 2025/26, including:

- Review the Board Committee and Integrated Governance Committee structure when the DoH guidance on the constitution of a Board Patient Safety and Quality Committee is issued;
- Following recent approval of revised BAF template and revised risk appetite statements by Trust Board the Integrated Governance and Assurance Framework and the Risk Management Strategy would be updated;
- Take the opportunity to review improve Board Reporting (timeliness and triangulation of data from revised structures, format of papers etc).

The verification process would endorse these proposed actions to enhance Board Governance.

There were no material concerns identified through the independent verification process.

Independent Verifier: June Champion  
Associate, HSC Leadership Centre  
17 June 2025