



# CÙRAM IS SLÀINTE NAN EILEAN SIAR

## INTEGRATION JOINT BOARD

**MINUTE OF MEETING**  
**29 JUNE 2023**  
**HELD AT 10:00AM**  
**VIA MICROSOFT TEAMS**

### **Voting Members Present:**

Calum MacLean	Councillor, CnES / IJB Chair (Chair of the meeting)
Kenneth J. MacLean	Councillor, CnES
George Murray	Councillor, CnES - proxy
Gillian McCannon	Non-Executive Director, NHS WI / IJB Vice-Chair
Annetta Smith	Non-Executive Director, NHS WI

### **Non-Voting Members Present:**

Jane Bain	Union Representative, NHS WI
Debbie Bozkurt	Chief Finance Officer, IJB
Nick Fayers	Chief Officer, IJB
Dene MacLeod	Chief Executive Hebridean Housing Partnership
Morag Munro	Third Sector Representative

### **In Attendance:**

Rachelle Brown	Audit Scotland Auditor
Tim Langley	Senior Lawyer, CnES
Emma MacSween	Head of Partnership / Community Care
Michelle McPhail	Corporate Business Manager, NHS WI

## **1. WELCOME**

Cllr. MacLean took the Chair and led the meeting, welcoming all those attending.

At the start of the meeting Calum MacLean was the only council voting member representative present and as such the meeting was not quorate. Mr. Langley advised that within the standing orders if the meeting is not quorate within 10 minutes of the start, the meeting should be closed.



Members raised their concern at the lack of engagement by Council representatives which impacts on the Boards ability to undertake its responsibilities in relation to governance and scrutiny including the direction in how services are delivered and monitored.

Calum MacLean asked if the Comhairle proxy members were asked to attend, to which Michelle McPhail remarked that they were and they noted their unavailability.

Michelle McPhail advised, given the necessity of the meeting, in which the IJB is asked to review and approve its Annual Accounts, would the Chair and Members consider taking a 30 minute recess to enable her to make a call round the Council proxy members to ascertain availability. The Chair and Members agreed.

The meeting was brought to a close for 30 minutes, at 10.30am.

The meeting reconvened at 11am. Additional Members present were Kenneth J. MacLean, Voting Member, who apologised as he forgot about the meeting and George Murray, proxy Voting Member. The Chair thanked both Members for attending.

The Chair commented that given the time of year, some colleagues may be on holiday or under Extenuating circumstances.

Michelle McPhail, advised that all Members obtain meeting papers and advisory communications as part of the normal process of ensuring that **all** Members: voting, non-voting and those in attendance receive all information.



## 2. APOLOGIES

Fiona Black	Union Representative, CnES, proxy
Julia Higginbottom	Non-Executive Director, NHS WI - Proxy
Tim Langley	Legal and Procurement Manager, CnES
John MacIver	Hebridean Housing Partnership ~ Proxy to Dena MacLeod
Peggy MacKay	Third Sector
Eoin MacNeil	Third Sector
Dr. Brian Michie	GP Representative
Ann Moqbel	Service User Representative
Dr. David Rigby	Non-Executive Director, NHS WI – Voting Member Proxy
Michelle Taylor	Family Planning Manager, NHS WI
Dr. Francis Tierney	Scottish Ambulance Service
Sheena Wright	Non-Executive Director / Voting Member
Dr. Maggie Watts	Director of Public Health, NHS WI – Voting Member Proxy
Susan Thomson	Councillor, CnES
Donald MacSween	Councillor, CnES
Malcolm Burr	Chief Executive, CnES
Gordon Jamieson	Chief Executive, NHS WI
Donald MacAulay	Scottish Ambulance Service
Jocelyn McConnachie	Non-Executive Director, NHS WI
Cathie Anderson	Lead Nurse Community Services
Jack Libby	Chief Social Work Officer, CnES
Karen Taylor	Patient Representative, Patient Panel
Carolyn MacPhee	Third Sector Interface Representative

## 3. DECLARATIONS OF INTEREST

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.



The Chair advised that due to the issues at the start of the meeting, the amount of time available for discussion has decreased and therefore the items requiring approval will be taken first and thereafter, depending on time other items will be discussed.

It was agreed to take the following items first:

- Item 5 – Minutes
- Item 6 – Finance
- Item 8 – Governance
- Item 9 – Strategy & Policy

## 5. MINUTES

### 5.1 IJB Board Minute of 30 March 2023

The Minutes of the Integration Joint Board held on 30 March 2023 was approved as a correct record of the discussion held subject to the following amendment:

Page 6 item 7.1 performance report – first bullet point remove the work “not”.

**Decision: The Board formally approved the minutes.**

**Action: No actions required.**

### 5.2 Matters Arising

No issues raised

**Decision: -**

**Action: No action required.**

### 5.3 Action Points

The Chair asked Nick Fayers to take Members through the Action Points. The following points were raised:

**24.09.20 – 7.4 Review of Integration Scheme** ~ Nick Fayers advised that he has met with Tim Langley and specifically considering dispute resolution and if the scheme makes provision for this. Mr. Fayers need to make reference to the Clinical & Care Committee which has been disbanded and replace with relevant information from both organisations.

**UPDATE**



**16.12.21 – 6.2 Timetable 2022** – Nick Fayers advised on obtaining confirmation of the corporate support from both parent bodies, to enable the Board to function. A sustainable amount of the workload is sitting with Michelle McPhail, who advised that in assessing all corporate functions there is a need to confirm individuals capacity to support the IJB. **UPDATE**

**16.12.21 – 6.2 Timetable 2022** – Nick Fayers confirmed that the draft Strategic Planning Group will be established following confirmation of the Framework/Plan. **ON HOLD / UPDATE**

**30.06.22 – Code of Conduction & Declaration of Interest** – Final submission will be asked of colleagues and presented at the next meeting. **UPDATE**

**25.08.22 – 7.1 Directions to Parent Bodies** – It was noted that the Directions will be submitted following approval of the Annual Account, and in line with the budget setting process made in March'23. **UPDATE**

**25.08.22 – 8.3 Workforce 3 Year Plan – update** – Nick Fayers advised that the Plans from both parent bodies has now been provided and he will be in a position to provide the update in due course. **UPDATE**

**25.08.22 – 10.1 IJB Performance Report including greater narrative** – On the agenda for discussion. **REMOVE**

**Decision:** The above remarks and updates were noted and will be reflected in the updated Action Points.

**Action:** No action required.



## **6 FINANCIAL GOVERNANCE**

### **6.1 Draft Annual Accounts & Annual Governance Report**

Debbie Bozkurt, Chief Finance Officer, presented the draft Annual Accounts seeking agreement by the Board before submitting to Audit Scotland for full scrutiny. The Accounts are addressed and completed in line with Local Authority format and therefore presented to you are the performance report, management report and the accounts.

Ms. Bozkurt explained in detail the large overspend compared with the level in 2022/23 as this was showing an £8m underspend.

This year's accounts denotes a break-even with the use of reserves, which comprises of allocation from the Scottish Government to be used in subsequent years i.e. £2.6m of Covid reserves, £1m for dental transition and approximately £1m for Goathill Capital Funding. However the way the accounts work it shows this as an overspend, however the IJB actually broke-even. To achieve this required to use of some of the specific reserves but there was no need to use any of the general reserves to achieve break-even.

Ms. Bozkurt advised that the IJB, since its establishment, and we continue to break-even using the vacancies as we are unable to appoint and a level of reserve. A larger section of the overspend is directed to the NHS due to the high agency costs for consultants, psychiatry as there is a national shortage of consultants and the appointment of GPs again needing to support using agency staff due to national shortage.

In addressing the review and formal auditing of the Annual Accounts, Ms. Bozkurt advised that Audit Scotland have undertaken the NHS review of its Annual Accounts and noted that these were unqualified and unmodified audit opinion which will obviously carry over with Audit Scotland undertaking the IJB review.

The Chair thanked Ms. Bozkurt and the associated teams for all their hard work.

Morag Munro, referring to page 5 in the report relating to performance enquired if the report takes cognisance of the Western Isles having a greater elderly population than that of the national Scottish position and therefore it is inevitable that there will potentially be greater level of falls and fractures and therefore more admissions.

Ms. Bozkurt noted as far as she is aware there is no cognisance taken in relation to the elderly population, however this is reflected in the cost to deliver the services due to a financial increase associated with treating elderly people due to their complexity of conditions and diseases. For example, for every £100 you spend on the 65 years and under, you spend £228 on a person over 65 years, approximately. Therefore, in relation to NHS, across the NHS Boards in Scotland, some Boards



have less elderly within their geographic v demographics so the cost to deliver the same services can be less.

Mr. Fayers supported the statement from Ms. Bozkurt, expanding that the challenge to deliver services locally is effected by the lack of working age people to support the delivery of services, not just to the elderly and their complex comorbidity issues.

Gillian McCannon enquired about emergency beds days, noting that we are higher than the national average, however she enquired if information was available on the occupancy of bed days by age, 65-69 and 70-75 years. This level of information would be useful to understand the pressure placed on services directly linked to population age.

Ms. Bozkurt advised that Mr. Fayers and Mags MacKin could obtain this information.

The Chair thanked Ms. Bozkurt for the report and asked Members if they are approving the draft Annual Accounts. Members formally agreed.

**Decision: IJB Members formally approved the draft Annual Accounts for release to Audit Scotland for formal auditing.**

**Action: Report on occupied beds days by age to be presented within the next performance report. Nick Fayers**

## 6.2 2023/24 Budget and 3-Year Plan

The Chief Finance Officer, Debbie Bozkurt, advised that previously she made a commitment to the IJB in March to provide an update on the financial gap, £1.6m, to understand the out turned position and the level of reserves.

As noted in the previous discussion the use of the reserves was limited to only part of the specific reserves being used to break-even, leaving the general reserves untouched. Therefore the current gap of £1.6m can be supported by utilising the general reserves.

Ms. Bozkurt took Members through the chart at section 2.3 within the Summary document, advising that within 23/24 the gross gap is just over £6m and by utilising the reserves, specific and general it is possible to break-even. However by 25/26 the gross gap is estimated at £7,238k but the allocation of reserves has been fully utilised in previous years resulting in a financial gap of £5.5m.



Gillian McCannon, reviewing the information within the report, enquired if predicting the financial gap increasing year on year, is this in part due to the flat cash allocation, how can the Board continue to be forward thinking knowing that the allocation is insufficient.

Ms. Bozkurt advised that the flat cash allocation equates to £500k less being provided compared to what is required, and this is predominately associated with staffing costs of the Comhairle. All Scottish Government allocations provided to the Comhairle, relevant to the IJB, have been passed over. However the gap is associated in part to the pay award, Comhairle 6% uplift, only 50% allocation to Local Authorities, forthcoming from the Scottish Government, has been made and therefore the other 50% is now being passed on as a financial gap. The NHS obtained its uplift in full from the Scottish Government and this has been fully passed over to the IJB, on those staff within the delegated services.

It was noted that uplifts also refer to general uplifts on fuel, electricity, food etc. which are approximately being uplifted by 15-20%.

Mrs. McCannon thanked Ms. Bozkurt for her view. The aspect of tripartite situation relating from workforce, finance and strategy, as discussed with Mr. Fayers, is around transformation, however to transform services support and money is needed in the majority of cases.

Nick Fayers, noted that it's important to acknowledge the full pass across by the Comhairle finances to our IJB, which is not necessarily the same action taken by other Local Authorities to their respective IJB and therefore this must be acknowledged.

In relation to noting the agency costs, Morag Munro, reflecting on a previous discussion about establishing nationally "ceiling charges".

Nick Fayers advised that this has been noted at the National Chief Officers' meetings as well as being noted to Scottish Government. Currently there is a longer term of commitment noted by some locums, working for 6 – 12 months at a time, rather than having a person providing a few weeks cover at a time, which has its own risks. However the long term locums are looking to be paid at the regular, higher level of locum charges and retain locum status, rather than adopting an annual contract of employment.





Debbie Bozkurt advised that via the Directors of Finance national group meetings, there is a group looking at nurse agency costs and consultant locum. NHS Western Isles does not utilise agency staff as the NHS Board have bank listing. The NHS Board has a process in place which requires compliance with national framework listings and charges and all of this requires the Chief Executive / Accountable Officer to sign-off on both compliance frameworks as well as when we need to circumvent normal process and go off line. Therefore there are secure governance processes in place.

The Chair enquired about dental services, and ability to access services. From his constituents have raised issues of not being able to obtain a dentist.

Ms. Bozkurt advised that dentists are under special terms and conditions and we are not permitted to pay what is being asked or what the Board may consider it is willing to pay. Most dentists are in post, apart from a few vacancies support by locums, the issue is not the lack of dentists. An independent dentists is in place within Stornoway, taken over from the then private dentist, Ken MacDonald. So people can list themselves with Castleview Practice. The dental centre within the grounds of the Western Isles Hospital is specifically for children, emergency, special needs and teaching.

Mr. Fayers noted the level of public dental services and private dentists across the islands from the Butt to Barra.

**Decision: The IJB formally noted the report.**

**Action: No actions required.**

## **8. GOVERNANCE**

### **8.1 Health & Social Care Strategic Framework 2023-26**

#### **8.1.1 Appendix 1 – Detailed Narrative Report**

The Chief Officer, Nick Fayers, drew Members' attention to the report. The Framework outlines the direction of travel over the next 3 years, and it is written as afford the Board a level of flexibility.

Next steps, the document is a draft and it needs to be clear on this and he asked the Board that the IJB enters into a level of consultation and following the consultation a formal report will be presented for agreement towards the end of the financial year. There are a set of requirements in that the LPGs are fully operational, Strategic Planning Group and in line with Planning with People.



Gillian McCannon, acknowledged the need for the report to be marked with Draft. Main concern is around that there cannot be a plan without having the health needs assessment to indicate the projected health conditions of the current population and what services are required to meet that need. The other points / comments were raised:

- Who will Mr. Fayers be consulting with, is it with the whole islands population, or the Locality Planning Groups and or the community.
- There needs to be a clear set of questions established to enable people to comment on, with required outcomes as to what needs to be achieved.
- If colleagues with the Board are unclear as to what you are asking, then it must be clearer to enable the community to provide their views and opinions e.g. question based with free text or select from pre-defined statements. This is for the Chief Officer to decide upon.
- The versions are dated to ensure that different versions are clearly marked.

Prof. Annetta Smith, reflected on the notes made by Mrs. McCannon, adding that given the development session on developing the Strategy it would be good to understand where these findings are taken forward in the framework.

In relation to the 12 week consultation, this is a positive process but understanding how this will be detailed along with specific timelines to undertake this process.

Mr. Fayers, taking the comments into consideration, he suggested that accompanying material will be required to make the framework more understandable or readable and written in plain English. He advised that he sees the document consultation: strategic planning group, LPGs, harness the expertise of elected colleagues, for the Boards senior team and delegated experts.

Prof. Smith advised that it might be helpful to work through examples which may help the community to understand in more detail e.g. diagnosis and delivery of dementia care, unscheduled care. This may be more relevant for people to understand and engage.

Morag Munro fully agreed with Prof. Smith and her suggestion and enquired when will LPGs be fully up and running as the Harris LPG has not been active for more than 18 months. The LPGs need to be in place before consultation proceeds.

Mr. Fayers remarked that by September onwards all LPGs will be established and running regularly.



The Chair enquired as to the other LPGs. Emma MacSween noted that they were suspended by the IJB while allocation of the senior leadership was made to resource and support the individual LPGs. As this has now been confirmed by Mr. Fayers, Mrs. MacSween will allocate and resource with meetings reconvening by the end of the Summer, utilising the agreed Terms of Reference and elected representation on the LPGs, all previously agreed by the IJB. It was agreed to have a defined timeline for this process.

Mrs. MacSween noted the importance of having the Strategic Planning Group up and running with the LPGs reporting into this structure alongside holding public events to promote consultation to include the engagement with the wider community. Mrs. MacSween will outline a communication plan for Members interest and comment ahead of commencement and take this forward in support of Mr. Fayers.

The Chair thanked colleagues for their input into the discussion. He advised that the board should be provided with an update on reconvening the LPGs and their meeting dates; from Emma MacSween, establishing a Communication Plan for Members on how the framework will be taken forwards and when but he also requested a timeframe for the delivery of the Strategic Plan, which states what duties are being placed upon the Board and what the improvements should be made.

Mr. Fayers agreed to work with colleagues to develop the timeline for the next meeting of the Board. In principle he was seeking agreement of Members that this is the way forward, including the need for a Health Needs Assessment.

With the understanding that colleagues' comments will be included in the overall timeline, Members agreed in principle to the draft framework.

**Decision:** The IJB approved in principle the draft framework with the caveat of taking forward the suggestions raised by members.

**Action:** LPGs will be active and running from September onwards, before consultation process proceeds. Report back to the IJB with individual LPG meeting timeline. Emma MacSween

**Establish a Communication Plan for Members interest.**

Emma MacSween

**Delivery of the overall timeline, including the suggestions from Members on how to proceed and areas of inclusion.** Nick Fayers



## 8.2 Primary Care Improvement Board Governance Arrangements

The Chief Officer, Nick Fayers presented the report to Members advised that the NHS Board receives 3 sums of allocation to support General Practice, not primary care and reemphasised this is in relation to General Practice. The global sum is predicated on GP list sizes, the number of people registered with the practice. The second is in relation to pharmacy and the third for primary care improvement fund, which is there to support the 6 core elements of health board obligations in relation to the 2018 GMS contract.

Currently the Board is not fully sighted on decision taken by the Primary Care Improvement Board, and the information contained within the report recommendations, notes approval from the IJB to strengthening the financial governance, in conjunction with the GP Sub Group:

- PCIF annual budget is presented for approval to the IJB;
- In year variance of the PCIF (forecast under/overspend) is notified to the IJB with a clear recommendation to deliver financial balance with priority given to core MoU requirements (specifically VTP, CTRAC and Pharmacotherapy); and
- The development of revised investment plan should potential underspend be indicated.

Debbie Bozkurt advised that a significant level of funding was lost as there is no governance oversight on this funding stream, approximately £400k reserves was lost as the Scottish Government clawed back the allocation for underspending year on year.

Mr. Fayers noted the process is to mitigate the in-year risk and more importantly the IJB is fully sighted on all aspects of the funding available.

Mrs. McCannon welcomes the paper and clarity of the paper and stated that the IB is a strategic body and it is not for the IJB to get involved in the operational aspect of delivery, however if this is around good financial governance and looking at over and underspends, which will be very advantageous but we need to be clear that we are looking at this from a Strategic view and not operational.

It was noted that there needs to be a clear statement of intent noting the strategic governance arrangement and oversight of how this allocation is utilised and, if there is an underspend, how this could be used to ensure that any possible clawback by Scottish Government is mitigated. Members asked for a clear statement for Members in relation to its strategic duty in relation to this funding stream.



The Chair requested that a governance statement as to how the IJB will have oversight on the strategic direction of the PCIF to ensure that any risk of losing allocation is mitigated.

**Decision:** The IJB formally approved the recommendation.

**Action:** Produce a clear statement noting the IJB strategic duty in relation to the PCIF allocation. **Nick Fayers**

## **9. STRATEGY & POLICY**

### **9.1 Equality Outcomes & Mainstreaming Report 2021 -25**

#### **9.1.1 Appendix 1 – Narrative Report**

The Chief Officer drew colleagues' attention to the report noting specifically his recommendation that the IJB:

- Notes the progress following on from the publication of the previous Equality and Mainstreaming Report; and
- Approve the Equality Outcomes and Mainstreaming Report 2021-2025

He advised that the IJB is a legal entity and is required to produce an Equality and Mainstreaming Report. The purpose of the report notes the list of protected characteristics. The Equality Act 2010 ("the Act") came into force on 1 October 2010 and brought together over 116 separate pieces of legislation into one single Act. The Act introduced a new public sector general duty; this single duty replaced the 3 previous duties set out by race, disability and gender legislation.

All individuals are protected by the Act as every person has one or more of the protected characteristics listed below, so the Act aims to protect everyone against unfair treatment. The 9 protected characteristics are:

1. Age
2. Disability
3. Sex
4. Gender reassignment
5. Marriage and civil partnership
6. Pregnancy and maternity
7. Race
8. Religion or belief
9. Sexual orientation



Section 149 of the Equality Act 2010 came into force in 2011 which introduced a new Public Sector Equality Duty (“PSED”) which became law across Scotland. The PSED has 3 parts which required listed public bodies to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In the publication of the 2016 report the IJB determined that whilst it is not an employing body, it does have strategic commissioning responsibilities and our obligation is therefore to ensure that we are promoting equality within this context.

The approach taken in 2016 identified 4 broad themes against which we need to ensure we are advancing equality and human rights:

1. To develop and implement a Strategic Plan which sets out how services will change and develop over time to meet the needs of the population;
2. To put in place robust financial planning arrangements to ensure that services are delivered within budget;
3. To support the development of Locality Planning Groups, which will help to plan services for local communities; and
4. To oversee the delivery of all the services delegated to it by the Local Authority and the Health Board.

The Board has to note that it recognises the protected characteristics and that there is no disadvantage on those when developing services.

Mr. Fayers has shared the report with colleagues in Scottish Government.

Mrs. McCannon asked if the IJB has been noted as an outlier on any of the protected characteristics, however Mr. Fayers advised that we are not. It was noted that in the main narrative there is an appendix noting the make-up of our population.

The Chair noted that within the strategic and operation levels, and within the assessment it talks about four broad themes, and there is a slight cross over between strategic and operation in this relation, specifically raising the fourth section where the IJB will oversee the delivery of all the services delegated to it by the Local Authority and the Health Board in relation to protective characteristics.



Morag Munro, referencing section 6.6 in the report relating to raising understanding of all inequalities and give a higher profile to engaging with all sections of the community. Mrs. Munro noted her interpretation of this is to treat everyone fairly regardless of who they are, it's about treating people equally. Why would we address this higher than another, and we should not be imposing our views on others but engaging in dialogue in a positive way to ensure that everyone has the ability to be heard.

Mr. Fayers advised that we should be treating everyone fairly and equally, it's specifically speaks to and reference the special requirements and our legal opportunity to ensure that we recognise these characters and we do not miss any of them out.

For information, Mrs. McCannon noted that as the NHS Board Chair she meets with the diversity group, making a connection via our Chaplain T.K. They are a small group and we have met 3 times to date, however consultation around the framework, this group may be a specific element to pull on their specific religious and cultural views. Mr. Fayers agreed with this.

The Chair thanked Mr. Fayers for the report. Mr. Fayers wished to specially thank Tim Langley for his support in providing his legal expertise.

**Decision: The IJB formally agreed the paper, specifically**

- **Noted the progress following on from the publication of the previous Equality and Mainstreaming Report; and**
- **Approved the Equality Outcomes and Mainstreaming Report 2021-2025**

**Action: No actions required.**



The Chair, given the timing, asked Members if they were content to hold over the remaining papers, which were presented for awareness or discussion to the next meeting of the IJB. Members agreed.

The following items, and or the most up-to-date information papers will be presented at the next meeting.

**4. CONSTITUTION AND MEMBERSHIP**

**4.1 IJB Membership Revision as at June 2023**

**5. MINUTES**

**5.4 IJB Audit Committee Minutes**

**5.4.1 Minute of 08.02.23 – A**

**5.4.2 Minute 21.03.23 - A**

**7. PERFORMANCE & RISK**

**7.1 Performance Report – 2023/24**

**7.1.1 Appendix 1 – Performance Report**

**7.2 Strategic Risk Register June 2023**

**7.2.1 Appendix 1 – Risk Register narrative**

**7.2.2 Appendix 2 - Revised Risk Register template**

**7.4 Information Governance FOI Return – Jan-Mar'23**

**7.5 Social Care Unmet Need**

**7.5.1 Appendix 1 - Graphs**

**10. SERVICE DEVELOPMENT**

**10.1 Goathill Care Complex – update**





## 11. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		Noting that there were papers not discussed due to the meeting at the start being not quorate. Items were moved around
Was there sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Did you consider that the Board discharged its duty in respect of: <ul style="list-style-type: none"> <li>• Proper scrutiny</li> <li>• Relevant questioning</li> <li>• Constructive challenging</li> </ul>	✓ ✓ ✓		

## 12. DATE AND TIME OF NEXT MEETING

Location: Microsoft Teams

Time: 10.00am

Dates:

Meeting Date	Submission of Papers
<del>23.02.23</del>	<del>10.02.23</del>
<del>30.03.23</del>	<del>17.03.23</del>
<del>29.06.23</del>	<del>16.06.23</del>
28.09.23	15.09.23
30.11.23	17.11.23

The Chair thanked everyone for their contribution to the discussions and the pertinent scrutiny of reports in a very constructive manner. The Chair brought the meeting to a close at 12:30pm.

**END**