

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING 21 MARCH 2024 HELD AT 2:00PM MICROSOFT TEAMS

Members Present:

Jane Bain	Employee Director / Non-Executive Director	Francis McAuley	Medical Director
Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Gordon Jamieson	Chief Executive	Jocelyn McConnachie	Non-Executive Director
Paul MacAskill	Non-Executive Director	Annetta Smith	Non-Executive Director
Naomi MacDonald	Non-Executive Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director (link via Teams)
Karen MacLeod	France Chair of ACF / Non-Executive Director		

In Attendance:

Maggie Jamieson	Head of Communications, Claims and Patient Information
Diane MacDonald	Director of Human Resources and Workforce Development
Michelle McPhail	Corporate Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Nick Fayers	Chief Officer, Integration Joint Board
Julia Higginbottom	Non-Executive Director
Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer
Paul Steele	Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair, Gillian McCannon, provided an update on:

1 – NHS Western Isles Annual Review ~ The Chair advised that the Board's Ministerial Annual Review will be held on the 27th of March 2024 at 1pm in the Vaccination Centre, Western Isles Hospital.

It was noted that via Naomi MacDonald, Non-Executive Director, members of the Youth Island Network may attend the Review.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

3.2 Chief Executive's Report

The Chief Executive, Gordon Jamieson provided members with an update on:

1 - Lewis & Harris Youth Council ~ Mr. Jamieson advised that he met with members of the Youth Council in Pointers, Stornoway recently. A good discussion was held in relation to Health and Wellbeing and he invited the members to attend a future Public Board Meetings, to obtain an understanding of the issues being discussed.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

The Chair thanked the Chief Executive for his update.

4. DECLARATION OF INTEREST

Members did not declare of any conflict(s) with the agenda items, in relation to them having a conflict of interests.

5. MINUTES

5.1 Minute of 28.02.24 - DA

Board Members approved the Minutes of the meeting held on 28 February 2024 as a correct note of the discussion, subject to the following amendment:

Page 4 - Action Point 26.10.22 Performance Report ~ 4th paragraph should read (..., advised that the AHP are looking at ...)

Decision: The Board formally approved the Minute of the meeting of 28 February 2024.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters arising were raised.

5.3 Action Points

The Chair advised Members that on the actions points eleven actions are noted as complete and 2 points are amber and 2 noted as overdue in red. The Chair focussed on those which were overdue:

26.10.22 7.3 Performance Monitoring Report – Seeking DNA information. In the absence of the Nurse Director it was noted that a meeting has been arranged between the Nurse Director and the Patient Services Manager to discuss the way forward in supporting Outpatient attendance rate. **UPDATE**

30.11.22 6.1 Finance Performance – seeking update on the work to appoint to Psychiatry to reduce the financial expenditure on locums – In the absence of Nick Fayers an update will be made at the next meeting. **UPDATE**

28.06.23 3.2 Cancer Service Update – *Review the Board position in relation to the service level agreements with single handed consultants and contingencies* ~ Dr. McAuley indicated that the potential of a new Chemocare system being rolled out with possible access via the Cloud, which would remove NHS Board boundary issues. Work continues to deliver chemotherapy treatment and Service Level Agreements are being negotiated.

The Chair asked that this action remains on the Action Points as Amber, with no specific delivery date. Board Members will be updated on the position at each Board Meeting.

Board Members welcomed the update and thanked Dr. McAuley and his team for the work undertaken to establish services.

The above update was taken from the more detailed discussion at item 6.1. **UPDATE**

30.08.23 - Effect of Demographic Change on the Western Isles – Present the information to the next Outer Hebrides Community Planning Partnership. It was noted that the OHCPP meeting next meets on 16 May 2024. **UPDATE**

Decision: The Board formally noted the updates.

Action: No action required.

8. CORPORATE GOVERNANCE

8.2 Media Policy 2024 – update

8.2.1 Appendix 1 – Detailed Policy

8.2.2 Appendix 2 – Fairness Assessment

Issue: *The Board was asked to make a decision on the report presented by Maggie Jamieson, Head of Communication, Claims and Patient Information.*

Discussion: Mrs. Jamieson advised Board Members that the policy presented is one of a suite of policies under the Communication Strategy, which itself is currently out for consultation as part of a review.

The update to the Policy contains business use of social media, which was previously held under the Website Content Development Policy. As part of the consultation the policy has been presented to the Area Partnership Forum and the Corporate Management Team.

The updates were noted as:

- Section 2 – inclusion of social media, along with an explanation
- Section 3 – new section on business use of social media and provides the detail of the role of the communications department and managing corporate accounts, with the exemption of the LinkedIn page which is overseen by the HR department, and the established Facebook Health Information and Resource Service which is managed by the Health Promotion Team.
- Section 5 – In relation to media interviews, external publications, photography and filming this section has been made clearer for all staff in the explicit process to follow if approached. Further clarification as to the process for staff participation in public conferences, documentaries and journals in their capacity as an NHS employee has been made.

Further review on filming and the need to obtain advanced consent before filming takes place has been clarified.

- Section 6 – addresses the FOI requests from the media for the NHS and how requests are managed for the IJB.
- Section 7 – Data Protection has been changed to Confidentiality and additional information pertaining to Legislation.
- Section 8 – is unchanged.
- Section 9 – had been redrafted to clarify arrangements for general advertising in the media.
- Section 10 – unchanged.
- Section 11 – Major emergency and pandemic includes reference to Covid19 Communication Strategy and Outbreak Strategy with the intention of developing a general Pandemic Communication Strategy.

The Chair thanked Mrs. Jamieson for the detailed presentation of the revised Policy with clearer direction and process.

Decision: The Board formally approved the Policy.

Action: The Policy will be placed on the Board website.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Report

6.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note the verbal update presented by Ms. Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: The Director of Finance, Debbie Bozkurt, in providing a verbal update noted that the Month 11 position (Feb'24) will be submitted to the Scottish Government later today.

Ms. Bozkurt explained that in her 18 years, this fiscal year has been the most challenging to try and bring the Board to a year-end breakeven position.

Ms. Bozkurt reiterated her concerns regarding escalating of costs, demographic position and the increase in comorbidity, increase in prescribing and the associated increase in drug costs. In assessing the changes to the flight schedule, as well as noting the islands poor travel links, it was noted that this is having a significant impact on the budget due to establishing alternative ways of delivery resulting in a significant overspend.

Ms. Bozkurt, advised Board Members that she is still forecasting a break-even position at the year end, utilising all reserves available. It was noted that there will be no financial flexibility for the forthcoming years. Scottish Government are being kept informed on a regular basis as to the Boards position.

Prof. Smith enquired, in reviewing the prescribing costs if the increase is primarily associated with a drug group or are all drugs increasing at the same rate.

Ms. Bozkurt explained that the Board does not have a prescribing advisor, who would address a more in-depth review. However, it is hoped that the Finance department will gain access to the drugs system to enable a level of analysis and liaise with the Chief Pharmacist and community pharmacies to reduce costs where possible.

The Chief Executive, Gordon Jamieson, advised that within a recent publication looking at the prescribing levels across Scotland it noted that NHS Western Isles was an outlier. In assessing per thousand population, prescribing across the Islands noted 8 or more drugs were being prescribed per head. This is an area for further review of effective prescribing and the efficient use of financial investment linked to general practices who are in the majority independent and dispensing practices.

Board Members deliberated the points of flight changes, including the changes to the mail plane, no longer coming from Inverness, where chemotherapy drugs are produced at NHS Highland and transported via the mail plane but leaving from Glasgow to Stornoway. It was noted that this would have a direct impact in the organisation continuing to deliver treatment such as chemotherapy service.

The Chair, reviewing action point 3.2, relating to Cancer Service update asked Dr. McAuley for an update.

Dr. McAuley advised that Chemocare system is the Scottish system which is Health Board dependent/linked. The service is provided by NHS Highland and therefore the Chemocare system is held by that Health Board and is not shared across Health Boards boundaries. As systems develop the detail may be held as cloud based which should remove the boundary issue, for example, patients who obtain treatment from NHS Glasgow clinician for colorectal cancer may mean there is no need for them to travel to Glasgow, depending on the complexity of their condition, and they may obtain their treatment locally.

In identifying alternative ways of delivering time dependent chemotherapy, Dr. McAuley explained that the chemotherapy drugs administered are produced, and will continue to be produced by Raigmore Hospital pharmacy department. The chemotherapy can be unstable and has a shorter shelf life and in some cases must be used within 24 hours or destroyed.

Logistics in obtaining the drugs will now come via road and the freight ferry or using Loganair commercial flight. It was noted that the arrival time is a lot later in the day compared with the mail plane and this will impact on delivery of time dependent drugs. However, this alternative delivery means the Board continues to provide chemotherapy service in Stornoway.

In relation to the new contracted flight service between Stornoway and Benbecula, which is now under Hebridean Air Service, colleagues are still waiting on the flight schedule times to be released and noted that the aircraft will only take 8 passengers, which will impact on the Boards ability to use this public flight transportation for patients.

Dr. McAuley noted a further challenge as a direct impact of the flight changes is the ability to get oncologists and other clinicians onto the Islands as the flight times reduce the length of clinical time available to treat patients. It was noted that asking clinicians to stay overnight to enable the routine amount of time available to treat patients is not practical as clinicians have their own personal demands. Detailed work is ongoing across Boards to find options and solutions.

Reflecting on the discussion the Chair, noting the action point for Cancer Service update, suggested that amber RAG status is retained but no deadline date is recorded as finding a solution will be an iterative and dynamic process, although the Board will obtain verbal updates at each meeting. Members were supportive of the suggestion and this is noted in the Action Points.

Prof Smith, commented on the points raised by the Medical Director on the alternative ways the organisation is continuing to deliver chemotherapy and the impact the withdrawal of the mail plane from Inverness has on the Boards ability to deliver services. Prof Smith acknowledged the additional work being undertaken by the Directors and Senior Staff to find solutions but noted the importance and reassurance which the update provides to Board Members.

The Chair expressed her and the Boards thanks for the significant level of work required to review and, where possible, identify solutions to the challenges the Board is facing.

Mr. Jamieson commented on the impact members of the public in the Outer Hebrides, particularly out with Lewis and Harris will experience in moving between the Islands and the mainland as a result of the flight changes. This will impact on healthcare provision but also personal lives.

Mr. Jamieson signified that the Board needs to be clear on its position and the impact the flight schedule changes has on the Boards ability to deliver its healthcare service. The public may not fully understand the implications and the consequences the changes will have on their lives. The flight schedule will provide 8 public seats per journey and this is significantly reduced on the number of seats required just to enable our patients to travel on the public service, before any other members of the public need to use the service for their own business or personal use.

Board Members were advised that the impact will also be noted on the Boards performance as it will see a significant reduction and a material retraction on its ability to deliver and continue to deliver clinics in the range of places and the frequency currently provide.

Mr. Jamieson explained that workarounds have now been exhausted and this is now a substantial problem for the Board. This will be discussed with officials, however the Directors will continue to try and find new solutions.

The Chair noted that the Board finds itself in a very difficult position. There was very little consultation for the public and in terms of what the impact would have on the delivery of healthcare. The Chair noted the message which needs to be raised with the public:

- 1** the public have to be involved and understand the impact this has on service delivery;
- 2** assess digital innovation to support services – can consultants link in more to support service delivery rather than travel, notwithstanding that people need physical examinations; and
- 3** Financial implications and the impact on people's lives who have to travel to mainland.
- 4** Concern that people may ignore mainland treatment appointments due to the costs, although impart are reimbursable, and the time being away from home.

Mr. MacAskill, considering Mr. Jamieson's comments, agreed that this will be challenging. He suggested that it is important to document going forward, the difficulties the Board and ultimately the Island residents will have in obtaining a health service in light of the restricted travel facilities. Transportation is not for the Board to resolve, as this provision sits elsewhere. However, it was noted that the Board needs to document the impact this has and the increased challenges placed upon the Directors to find alternative ways of working. This information should be shared with relevant bodies to understand the consequences.

Mr. Jamieson advised that reports have been submitted, following formal request from the Scottish Government, with 4 papers provided to officials in support of a Ministerial briefing.

Prof Smith, asked if the flight schedule has impacted on other Island Boards e.g. Orkney and Shetland.

Ms. Bozkurt noted that the impact is with the Public Service Order (PSO) contract – Stornoway to Benbecula. Barra schedule is run by Transport Scotland. The inter-island transport, across all Islands are run by the Local Authority who are centrally funded and it is their responsibility to provide this public service. NHS Orkney and Shetland are not seeing the same issues that NHS Western Isles are facing.

The Chair thanked all members for their contribution to a very informative discussion and thanked Ms. Bozkurt for the financial update.

Decision: The Board formally noted the verbal report.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – Dec'23

7.1.1 Appendix A – CRR Detailed Report

Issue: *The Board was asked to note for assurance the report presented by Gordon Jamieson in the absence of Fiona MacKenzie, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Gordon Jamieson drew Members' attention to the report highlighting the following points:

- CRR 002 A & B ~ Resilience Officer post has obtained 10 applications which is very positive.
- CRR 043 ~ Cyber Risk – appointment of a Cyber Security Officer is under offer.

The Chair noted that it would be beneficial to have further detail as to the impact of the flight rescheduling on waiting times, and asked the Chief Executive for a formal written update.

Mr Jamieson advised that following detailed discussion and analysis of the data to date, it is resulting in a 40% loss in potential clinic or theatre time and this will quickly impact on the Board's performance. Scottish Government are being made aware of the impact.

Mr. Jamieson suggested sharing the detail in a development session once updated, which Members agreed to.

The Chair reflecting on the report noted the update for risk 040, relating to GP out of Hours, and the paragraph noting the redesign of the front door of WIH to include 7 day working. It noted that a review would be undertaken in early March'24, and the Chair asked that the report is brought to the Boards attention.

Dr. McAuley advised that initial findings indicate the benefit in having an experienced GP working in conjunction with the Hospital at Home Team and the Advanced Nurse Practitioner, who provides urgent unscheduled care 24/7, increase the admission avoidance and reduces appropriate patient transfer from care homes.

Dr. McAuley advised that once the review is complete and written up, a formal paper will be presented to Board Members in due course.

The Chair recognising the importance of admission avoidance, is the key cornerstone to protecting beds and unscheduled care beds, and thanked Dr. McAuley for his continued support to assess alternative methods of support.

Decision: The Board formally noted the report.

Action: Detailed review of flight impact on performance in a development session.

Gordon Jamieson.

GP OOH report on WIH front door 7 day working review to be presented to the Board in due course.

Frank McAuley.

7.2 Western Isles Performance Report

7.2.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Gordon Jamieson in the absence of Fiona MacKenzie, Nurse / AHP Director and Chief Operating Officer.*

Discussion: The Chef Executive, Gordon Jamieson, presented the report for October to December 2023 Board Heat Performance targets, drawing Members attention to:

- **TTG** - waiting times will potential increase as a direct link to the flight rescheduling and earlier conversation.
The main risk to the Boards performance lies in getting clinicians to the island and patients to the mainland for their diagnostic treatment.
- **Cancer** – always have challenges around cancer but it's encouraging to note that the 31 day target is sitting at 100%. There is a focus across Scotland in relation to the 62 day target. In-house the performance for 62 day target is 68% against a target of 95%.
Mr. Jamieson noted that in relation to the 62 day target can change by 12% if one patient is not seen. This enables Members to put this into perspective.
- **Emergency Department 4 hour** ~ The Board continues to meet the target 100% and one of the best performing Boards in Scotland.
- **Antenatal Services** ~ achieving 100% against a target of 80%.
- **Psychological Services** ~ patients are being seen within the 3 weeks from referral to treatment
- **Drug & Alcohol** ~ Alcohol Brief Intervention is slightly below the target of 240, at 231.
- **GP access** ~ 48 hour access currently sitting at 94%
- **Post Dementia Diagnostics** ~ It was noted that there is a need to improve in the support for dementia and the organisation is in a better position with having faster access to psychological therapies.

The Chief Executive advised Members that the primary focus will be on access and TTG targets, in light of the flight issues. However, this is set against the national targets established by the Scottish Government and the performance will be closely monitored to ensure that patients are treated as quickly as possible both within the Boards facilities as well as within mainland hospitals.

The Chair reflecting on the narrative noted that some detail was rather superficial, where other targets has a more in-depth level of detail. Concern was raised over the 62 day target for cancer treatment, recognising that the Board is dependent on other mainland Board to provide the treatment. The Boards performance noted 9 breaches out of 27, recognising that these are relatively small numbers, however the level of detail does not provide evidence to enable Board Members to be assured that everything is being done to improve the position.

Mr. Jamieson, acknowledged the position, indicating that the Board should be presented with the additional information noting by how many days each breach arises.

NHS Highland, who provide diagnostic & treatment to our patients, are focused on urgent suspicions of cancer as a priority and in-house colleagues liaise with NHS Highland to support patients obtaining their treatment within the target parameters.

The Chair also considered the position of dementia services, and from the detail in the report it was noted that there is no improvement plan detailed and enquired what is being done to improve post diagnostic services for people with dementia.

Mr. Jamieson advised that the dementia consultant post is currently vacant. Work is underway with the Nurse Director leading on assessing if a like-for-like replacement is appropriate, including identifying the potential of further capacity within the system to support this. The process has not been finalised. The Plan, assessing the right direction to support dementia services, will come forward to the Board in due course.

Prof. Smith enquired if the dementia consultant post is a fully funded post or a non-recurring cost?

Mr. Jamieson advised that the partnership funding for the post was coming through MacMillan Cancer Support, which is ceasing.

The Chair thanked Mr. Jamieson for the report.

Decision: The Board formally noted the report.

Action: Additional cancer breach information to be added to the report.
Dementia Plan will be presented to the Board in due course.

8. CORPORATE GOVERNANCE

8.1 Board Governance Review

8.1.1 Appendix 1 – Organisational Structure Proposal

Issue: *The Board was asked to note for assurance the report presented by Gillian McCannon, Board Chair.*

Discussion: The Chair presented the proposed structure, advising that the proposal has had a number of robust discussions with the Chief Executive over the last 12 months and has been reviewed by Internal Auditors, along with the Non-Executive Team and the Executive Directors.

The Chair advised that a change has been made, taking cognisance of Members comments seeking a reduction in the Membership on each Group. The membership has reduced from 4 to 3 and the quorate level reducing from 3 to 2. The position will be maintained on an initial period of time.

Colleagues supported the organisational structure proposal with a unanimous agreement.

The Chair advised that the Corporate Business Manager, Michelle McPhail, will liaise with the new groups Chairs, Executive Director Lead and the associated PA to establish the workplans for each group. It was confirmed that the membership chart across all committees will be circulated and the meeting schedule will not be changed from the advised dates, which again had been circulated previously to members.

Decision: **The Board formally approved the revised Governance Committee Structure.**

Action: **Establish committee workplans, circulate full committee membership and committee business schedule.**
Michelle McPhail

8.2 – Media Policy discussed earlier in the meeting.

8.3 Childcare Provision – An Cotan

Issue: *The Board was asked to note the verbal update from Gordon Jamieson, Chief Executive.*

Discussion: Gordon Jamieson explained that, as noted previously, legally the Board could become an alternative provider for zero to three year nursery provision. If this position was known 6-8 months ago, the Board may be managing a nursery facility now. However, as the Board is facing a £6.2m cash related efficiency target, the Board needs to deliberate and consider if it should or could underpin a £150k loss in establishing a nursery within the first 2 years.

Mr. Jamieson, recognising the financial position of the Board suggested that he brings back a formal report to the Board at a future meeting for a final decision. It was noted that a child care facility may be required at a future time if An Cotan was not a current possibility.

Board Members advised that the building which was being used to support the An Cotan nursery is now being used for a different purpose and therefore a new facility, new staff and new registrations would be required before being able to support child care provision.

The Chair thanked Mr. Jamieson for the update.

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

Action: **Formal report at a future Board meeting.**

8.4 Climate Emergency and Sustainability Quarterly Report

Issue: *The Board was asked to note for awareness the report presented by Gordon Jamieson, Chief Executive.*

Discussion: The Chief Executive advised that the report is presented for Members attention. The report is driven by organisation experts and the Board Champion, Julia Higginbottom. Work continues within the organisation to, where ever possible, reduce the level of carbon emission and support staff in achieving this. Work continues to install cycle shelters in NHS property throughout the Islands to support staff in using alternative carbon neutral energy transport.

Mr. Jamieson noted the work the Board has achieved in reducing its carbon footprint by where possible providing services on island, for example the work to implement and install the MRI scanner. Although patients will still need to travel to ensure they obtain the specialised services which the Board cannot support.

The Chair thanked colleagues for the discussion.

Decision: The Board formally noted the report.

Action: No actions required.

8.5 Risk Management Strategy - revised

8.5.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to make a decision on the report presented by Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson drew colleagues' attention to the Strategy advising that the document had been revised and consulted on with colleagues to ensure it is meaningful and as accurate, but as lightweight as possible.

Michelle McPhail advised that within the report, it makes reference to the Healthcare Governance and Audit Committee, and considering the outcome of the Boards decision to implement a new Governance Committee structure the report will require amendment as a result of the decision today.

The Chair thanked Mr. Jamieson for the Strategy and the work required to update the document.

Decision: The Board formally approved the Strategy with the caveat that the Strategy is updated in relation to the agreed revised committee structure.

Action: Update the Strategy with the appropriate revised committee structure before publishing.

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report Jan'24

9.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note the report, obtaining assurance, presented by Diane MacDonald, Director of Human Resources and Workforce Development.*

Discussion: Mrs. MacDonald presented the report, noting she wished to focus on two specific areas:

- **Attendance** ~ sickness absence in January was the highest level recorded at 7.68% noted in the last 2 years, primarily due to winter illness and seasonal outbreaks on the wards.

It was noted that 264 days were lost to gastro-intestinal problems (norovirus) and colds, coughs, influenza noted 504 days lost.

In assessing a deeper analysis, Mrs. MacDonald advised that she is confident that her team are managing all cases of long term absences. Short term absences will be under greater scrutiny and specifically assessing the appropriateness of staff who have greater than 4 but less than 12 periods of absence in any single year.

- **Recruitment** ~ In January '24 the organisation appointed to 23 vacancies but noted that there are other posts which are classed as hard to fill, following numerous adverts.

Recruitment of medics was advertised within the British Medical Journal (BMJ) for consultant posts which has resulted in a high number of applications being received, however it is too early to advise on a successful outcome.

Relating to the GP posts in the Uists, this was advertised, and gained national and international interest with approximately 50 applications being made.

Mrs. MacDonald advised that the challenge in securing housing across the Islands is the primary issue in ensuring that people will settle on the islands.

Mrs. MacDonald wished to advise the Board on changes being implemented by the Scottish Government in relation to Agenda for Change non pay elements of the 2023 pay award, which was not noted in the report circulated.

Elements noted in the agreement results in reducing the working week, for Agenda for Change staff, from 37.5 hours to 36 hours, for the same level of pay, with all Band 5 nursing profiles review and protected learning time. The direction detail was obtained 3 weeks ago with an implementation date of 01 April 2024 of a reduction of 30 minutes in the first year. It was noted that further national guidance is to follow.

Preparatory work has been established and it was noted in some areas the implementation of a 30 minute reduction could be achieved speedily.

The Chair thanked Mrs. MacDonald for the report.

Decision: The Board formally noted the report.

Action: No actions required.

10. REPORT / APPROVED MINUTES FROM BOARD SUB COMMITTEES FOR NOTING

10.1 Area Partnership Forum

10.1.1 Area Partnership Forum Minute of 11.01.24 - A

10.1.1 Area Partnership Forum Minute of 08.02.24 - A

The Minutes was presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11. Invoking Standing Order 5.22 – Resolution to take items in closed session

Decision: Board Members agreed to hold a closed session.

12. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
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 • Proper scrutiny • Relevant questioning • Constructive challenging	✓ ✓ ✓		

13. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 29 May 2024

Time: 10:00am

The Chair thanked everyone for their contribution, commitment and involvement in the Board discussion. The meeting was brought to a close at 4:00pm.

END