



Integration Joint Board 21.11.24  
Agenda Item: 4.1  
Purpose: For Decision

# CÙRAM IS SLÀINTE NAN EILEAN SIAR

## INTEGRATION JOINT BOARD

MINUTE OF MEETING HELD IN VIA  
MICROSOFT TEAMS ON  
THURSDAY 19 SEPTEMBER 2024  
AT 10.00AM.

### Voting Members Present:

Annetta Smith  
Julia Higginbottom  
Naomi Macdonald  
Karen Macleod France  
Calum Maclean  
Rae Mackenzie  
George Murray

Non-Executive Director, NHSWI (Chair)  
Non-Executive Director /IJB Voting Member  
Non-Executive Director /IJB Voting Member  
Non-Executive Director/IJB Voting Member  
CnES Councilor/ IJB Voting Member (Vice-Chair)  
CnES Councilor/ IJB Voting Member (Depute)  
CnES Councilor/ IJB Voting Member (Depute)

### Non-Voting Members Present:

Nick Fayers  
Debbie Bozkurt  
John MacIver  
Eoin MacNeil  
Morag Munro  
Donald Macaulay

IJB Chief Officer  
IJB Chief Finance Officer  
Hebridean Housing Partnership  
Third Sector Interface – Western Isles  
WI Community Care Forum  
SAS – Area Service Manager Western Isles

### In Attendance:

Malcolm Burr  
Gordon Jamieson  
Tim Langley  
Emma MacSween  
Christina Morrison  
Michelle McPhail  
Shona Hadwen  
Yvonne Malver

CnES Chief Executive  
NHSWI Chief Executive  
CnES Head of Law and Governance  
CnES Head of Partnership Services  
NHSWI  
NHSWI Corporate Business Manager  
CnES Principal Administrator  
CnES Administrator



## 1. WELCOME

Annetta Smith (Chair) welcomed everyone to her first meeting as Chair of the IJB. She began by thanking, Cllr Calum Maclean who had been Chair for the previous two years and has agreed to be vice-chair moving forward. She also thanked members of the IJB who have kindly helped with her orientation in taking over as Chair and was very appreciative of their time given thus far.

Nick Fayers added his own welcome to Christina Morrison NHSWI to her first meeting of the IJB.

## 2. APOLOGIES

Norman Misty Macdonald	CnES Councilor/IJB Voting Member
Susan Thomson	CnES Councilor/IJB Voting Member (Chair IJB A&R)
Duncan MacInnes	CnES Councilor/IJB Voting Member
Jane Bain	NHSWI Union Representative
Dena Macleod	Hebridean Housing Partnership – Partnership Working
Dr Brian Michie	GP Representative

## 3. INTRODUCTION

### 3.1 Chief Officer's Report

Nick Fayers (NF) Chief Officer wanted to highlight an item listed on the Agenda (item 7.4 – National Case Service Call for Views). Stage 2 of the Bill was out for consultation and this was due to close on Friday 20 September. The main area for consideration was the role of a national Board and its constitution. It also mentions direct funding and the types of services that may be delegated to the IJB moving forward mainly children's services and community justice.

The Chair thanked NF for his verbal update.

**Decision:** It was agreed to note the verbal update.

**Action:** No further action.

## 4. MINUTES

### 4.1 IJB Minute of 27 June 2024

The Chair went through the minute of the meeting of 27 June 2024.

**Decision:** It was agreed to approve the minute of the meeting of 27 June 2024.

**Action:** No further action.



## 4.2 Matters Arising

There were no matters arising.

**Decision:** There were no matters arising.

**Action:** No action required.

## 4.3 Action Points as at 27.06.24

**The Action Plan was discussed and updates provided as follows:**

**Action 7.4 – Review of Integration Scheme** – NF informed members that a draft was now in circulation and was with members of the Comhairle for their feedback. Once received back, it would then go through the IJB governance process and it was anticipated that the draft Integration Scheme would come before the Board in November 2024.

**Action 8.1 – Strategic Planning Group (SPG) Terms of Reference** – NF informed members that following a meeting with the new Chair and Head of Partnership Services in which the Terms of Reference for the SPG were reviewed. The intention was to bring a draft of the Terms of Reference to the Board in November for approval. Morag Munro of Western Isles Community Care Form expressed her dis-satisfaction at the current system in place whereby meetings were scheduled and cancelled at short notice, and this got very frustrating. Ms Munro hoped that the creation of new Terms of Reference would mean regular meetings. NF confirmed that one aspect would be to set up an annual calendar of meetings in order to keep things moving forward.

**Action 3.1 – National Care Service** – Chief Executive of CnES had agreed to provide an update to members of the IJB. It was noted that Malcolm Burr, Chief Executive would be late to the meeting and would provide an update later in the meeting.

**Action 9.1 – IJB Directions to Main Partner Organisations** – it was agreed that with the recent changes in membership that a new action be created for the organisation of a development session for new members of the IJB.

The Chair thanked everyone for their contribution.

**Decision:** It was agreed to note the updated Action Plan.

**Action:** Add in a new Action in relation to Action 9.1 to organise a development session for members.



#### **4.4 IJB Audit & Risk Committee**

##### **4.4.1 IJB Audit & Risk Committee Minute of 11.06.24**

The minute of the IJB Audit & Risk Committee was presented for awareness.

**Decision:** It was agreed to note the minute of meeting of Audit & Risk Committee of 11 June 2024.

**Action:** No action required.

##### **4.4.2 IJB Audit Recommendation Interim Report**

The Chief Officer presented the Report for awareness. The Report stated that the Integration Joint Board was required to undertake an annual internal audit programme in order to provide the IJB Audit & Risk Committee with assurance that management actions agreed in previous internal audit reports have been implemented appropriately. Western Isles Integration Joint Board has commissioned Azets to undertake the role of Internal Auditors for the financial year 2024-25.

Azets reported in September 2024 that of the 25 actions, 2 have been completed, 3 are not due for reporting until later in the year and the remaining 20 actions are noted as partially complete. An overview of the actions was provided in a summary table.

The Chief Officer and Members of his Team have reviewed all actions and provided Azets with evidence to support the closure of the action and provide the IJB Audit & Risk Committee with assurance. The Chief Officer advised within the report it denotes 5 actions that are due to be completed in September 2024. Subject to review this would reduce the number of outstanding actions from 23 to 18. A further review is scheduled to discuss the status of aged actions undertaken by previous auditors. The IJB Audit and Risk Committee will consider the relevance of the audits and associated recommendation undertaken in 2019/20 aligned with the audits taken in subsequent years where similar recommendations have been made..

It was noted that progress had been made and that it was anticipated that additional outstanding actions on the risk register would be reduced to single figures by November 2024.

**Decision:** It was agreed to note the IJB Audit Recommendation Interim Report.

**Action:** No action required.



## **5. MEMBERSHIP GOVERNANCE AWARENESS**

### **5.1 Board and Committee Governance Revision**

Michelle McPhail (MM) the Corporate Business Manager NSWAI presented the report for a decision. The Report stated that in June 2024, Members discussed the concerns raised at the lack of IJB Audit & Risk Committee meetings being quorate. Members asked that the use of “proxy” or “depute” members should be considered.

The Report further stated that there were advantages and disadvantages to appointing depute members to the Audit & Risk Committee: consistency of attendance, with historical knowledge and understanding, is conducive to enable well informed outcomes to be addressed; on the other hand, there was a need to ensure, as far as possible, that the Committee is always quorate.

The amendment to the Terms of Reference of the Audit & Risk Committee revised in 2023 increased the membership from the partner bodies from 2 to 3 and therefore increased the quorum level from 1 to 2, to support and enable the Committee to address its function and remit.

Three recommendations were presented to the Board:

#### **Recommendation 1:**

The IJB is asked to approve the recommendation that Depute Members should not be established for the IJB Audit & Risk Committee.

However, it is recommended that the Audit & Risk Committee’s Terms of Reference should be reviewed annually to fully understand if the increase in the number of partner body members is providing support in meetings being quorate. Members should be aware of their responsibility when appointed to a Board or Committee, as a representative of the partner body, as they have an obligation and responsibility to address the appointment faithfully.

#### **Recommendation 2**

The IJB is asked to approve the recommendation to replace the word “Proxy” and apply the word “Depute” when referring to those partner body Members who support the function and remit of the IJB when fully appointed Voting Members from their parent body are unable to attend a Committee meeting.

#### ***Access to IJB Audit & Risk Committee Papers***

Currently all Voting Members and Depute Members have access to the Integration Joint Board meeting papers via the IJB Teams folder. The Audit & Risk Committee papers are only accessible to those Voting Members formally appointed to the Committee.

#### **Recommendation 3:**

The IJB is asked to approve the recommendation to support that all Voting Members and their Deputies obtain access to the IJB Audit & Risk Committee Teams folder. It is hoped that the access to these papers provides greater understanding, and enables individuals’ to be better informed when making decisions at Board level.

MM expressed her thanks to Tim Langley from CnES for his assistance and guidance when pulling together these recommendations.

**Decision:** It was agreed to approve all three recommendations.

**Action:** Terms of References to be amended to reflect the above recommendations.



## 5.2 IJB Voting Membership Update

The Corporate Business Manager presented the Report for awareness. The Report stated that in June 2024, Members were presented with the IJB Membership and Governance revision report, however at the time it was noted that the revised Governance report did not include any update as to Membership or positions to be held by Comhairle nan Eilean Siar representatives and it was noted that the update from the Chief Executive of CnES, Malcolm Burr, would be presented at the next meeting.

A table showing the up to date position relating to voting members of the IJB and the IJB Audit & Risk Committee was presented to the Board for awareness. It was noted in discussion that the Chief Executive of CnES will seek other Deputy representations and substantive representation from the Comhairle and present these nominations to the next meeting of the IJB in November.

MM wished to express her thanks to the former Chair, Cllr Calum Maclean for his time and the support given to the Board.

**Decision:** It was agreed to note the Membership Update.

**Action:** No action required.

## 6. FINANCIAL PERFORMANCE

### 6.1 Chief Finance Officers Report

The Chief Finance Officer (CFO) submitted a Report for awareness to update members of the current financial situation. As a result of the cyber-attack on CnES in November 2023, due to lack of available in year monitoring figures for social care, the assessment reflects the Chief Finance Officer's update that is currently known plus any financial risks that may be realized in 24/25.

The CFO stated that initial out-turn figures were £300k - £400k worse than expected on the social care figures which will affect IJB reserves and the IJB budget for 24/25. Since writing the Report, the CFO noted that a set of draft figures had been received from CnES for the 23/24 accounts and has pulled together the draft figures for 23/24. The draft figure from CnES has resulted in the CFO having to release some extra reserves to ensure a breakeven position. It was anticipated that the draft set of accounts would go before the Audit & Risk committee in November and then onto the Board for their November meeting.

The Report summarised areas of particular financial pressure. These included pressures in the psychiatric area, due mainly to recruitment difficulties and the high cost of locum psychiatrists. A lot of work had been done to resolve this issue however it remained an area of financial concern for the NHS. Also of concern were the costs associated with mental health placements which cannot be managed in a community or residential care home setting on the island. Patients are held temporarily in an acute psychiatric unit under 24/7 care of agency nurses.

Additional costs have also been incurred as a result of two GP practices in the Western Isles which have recently transferred from being independent practices to being managed by NHSWI. These are called "2c" practices. The main reason for this change was due to the difficulties experienced in recruiting GPs, meaning escalated costs for practices as they have to rely on locum GPs. However, a successful recruitment campaign had taken place and GPs have been recruited. The CFO advised that the costs of locum provision would continue for the next couple of months as the newly recruited GP's work out their respective notice periods.



Other financial pressures facing the NHSWI included costs associated with delayed discharges which could potentially get worse with the onset of winter, and the recently announced 5.5% pay award. It was hoped that this would be fully funded by the Scottish Government, but this was not known at the time of the meeting.

The CFO also highlighted a table on page three of the Report which noted the change in demographics in the Western Isles over the past seventeen years, figures are taken from the GP census, which is completed each quarter, so the figures are up to date. The table showed an increase of nearly 27% in the number of over 65s in the past seventeen years. Conversely, the number of 24-44 year olds has reduced by 16% over the same period. The statistics show an ageing trend meaning more requirements for healthcare, resulting in higher costs of providing healthcare for the population.

Members were afforded the opportunity to ask questions.

Cllr Maclean raised a question in relation to the lack of provision for some categories of mental health patients in the Western Isles. The CFO along with the CO noted that it was difficult to retain that level of service required for a breadth of mental health conditions on the islands. This is due to a number of factors: including the level of demand for the service, the need to maintain specialist expertise of clinical staff when demand is low due to the size of the population, hence it would be difficult to have a financially sustainable service in the Western Isles that covers all Mental Health requirements. The Chief Executive of NHS, Gordon Jamieson noted that the only secure psychiatric unit in Scotland was in Carstairs.

In response to a question on the potential £7m deficit, the CFO noted that the biggest gap for NHSWI and CnES was in health and social care. The growth of the older population in contrast to the reductions in birth rate, were amongst the worst in the UK and whilst people were living longer, their long-term health needs meant more financial pressures on the NHS.

Referring back to the earlier reference on the use of locum psychiatrists the Chair highlighted that the lack of psychiatrists was a UK national problem and was not just pertinent to the Western Isles.

Cllr Mackenzie noted that the perception of the WI Hospital was that there was more emphasis on non-medical staff than previously and that this appeared to be reflected in the number of closed wards in the hospital. The Chief Executive, Gordon Jamieson clarified that this perception was not the case. The composition of the hospital had changed over the years, as have the models of care delivery. Instead of patients waiting in hospital until they recovered from a procedure, the emphasis is on reduced hospital stay. As an example, operating procedures had advanced over the years and what previously may have taken days of recovery, now was much quicker with patients being discharged almost the next day. Additionally, rather than hospital admission being the default position, the focus now was on people being cared for in their own homes by the Hospital at Home team, preventing hospital admission. . Patients were still receiving excellent care, just in a different way

It was also noted that the perception was that many wards had closed. The Chief Executive NHS WI clarified that these wards now housed a renal unit, a chemotherapy unit, an ambulatory care unit for diabetes and cardiology. Some of these services were not available on the island previously but now care delivery reflects the delivery of modern health services in line with other hospitals across Scotland.

Capacity was discussed. The hospital has approximately 80 beds, and approximately one third of these beds are occupied by patients awaiting discharge from hospital to either a residential care setting or awaiting a care at home service.



The Chair thanked the CFO for her Report and everyone for their contributions to the discussion which was very informative.

**Decision:** It was agreed to note the Report.

**Action:** No action required.

## **7. STRATEGIC GOVERNANCE**

### **7.1 Risk Management Strategy**

The Chief Officer submitted the IJB Risk Management Strategy for approval. As a separate legal entity (as defined in the arrangements of Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) is required to have an approved Risk Management Strategy which ensures processes are in place to identify Strategic Risks faced by the IJB.

The IJB Risk Register is the mechanism to identify and manage the high level strategic risks facing the Board and the wider Health and Social Care Partnership. This is informed by:

- IJB Risk Management Strategy;
- Corporate Risk Registers of CnES and NHSWI; and
- IJB Risk Appetite Statement.

The IJB has corporate responsibility for the Risk Management Strategy and for ensuring that significant risks are adequately controlled, as outlined in the Corporate Risk Register. The Audit and Risk Committee has a responsibility for overseeing the operation of this Risk Management Strategy (as distinct from the management of specific risks).

The Chief Officer went through the Report and highlighted how the IJB identify risks and then seek to mitigate and manage them. Explanation was offered around the use of wording to describe the attitude towards risk from “hungry” to “averse”.

#### **7.1.1 Appendix 1 – Detailed Strategy**

**Decision:** It was agreed to approve the Risk Management Strategy as presented to the Board.

**Action:** Chief Officer to re-issue the Strategy with acronyms removed to ensure full understanding.





## 7.2 Strategic Risk Framework – Update

The Chief Officer submitted a report seeking approval of the Strategic Framework 2024-27. The Western Isles Health and Social Care Partnership is an integration of health and social care services as outlined in the legislative framework of The Public Bodies (Joint Working) (Scotland) Act 2014. It is enhanced and overseen by the Integration Joint Board (IJB).

A draft Strategic Framework (Appendix 1) has been developed to guide how the IJB approaches population health challenges and in turn informs the annual cycle commissioning planning. It is designed deliberately with a degree of flexibility in response to the dynamic changes in population health.

The draft Strategic Framework outlined the current challenges in terms of the changing demographic and the associated health requirements both in terms of co-morbidities alongside the health debt because of the global pandemic.

The document concluded with a PESTLE (Political, Economical, Sociological, Technical, Legal and Environmental) analysis which gave a comprehensive overview of the challenges faced by the population of the Western Isles.

### 7.2.1 Appendix 1

Discussion was held around the Strategic Framework and clarification was sought on a number of issues in particular around the Mission Statement within the Framework and its emphasis on “self-care” when the agreed purpose of the IJB is to support people. Discussions were also held around the services delegated to the IJB, and waiting times. Assurance was given that the Strategic Framework was drafted after the responses had been received following public consultation. The population health needs assessment has yet to be completed and it was acknowledged that this would further inform the development of the IJB Strategic Plan.

Assurance was sought in relation to the outcome results of the national indicators that were noted in the framework; particularly why the figures were much higher than was reported in the national data sets, and whilst positive, clarification was sought as to how these local figures were measured.

In drawing discussions to a close, it was agreed to review the Mission Statement element of the Framework and issue a revised Framework to all Board members with more of an emphasis of support of people rather than the “self-care” currently stated.

The Chair acknowledged the work that the Chief Officer and his team had put into developing the draft Strategic Framework and also thanked members for their contributions to the discussion.

**Decision:** It was agreed to approve “in principle” the Strategic Framework with a revision made to the Mission Statement element of the document to reflect the concerns of the Board and the inference of “Self-Care” as opposed to support of people.

**Action:** Chief Officer to revise the Mission Statement to reflect less emphasis on “self-care”. The revised Mission Statement to be circulated to all members.



### 7.3 Integration Scheme – Revised Draft

The Chief Officer submitted an update on the Review of the Integration Scheme for awareness. The Western Isles Integration Scheme was submitted to Scottish Government and approved by Scottish Parliament on 21 September 2015. There is a requirement to review the scheme in line with the conditions set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014.

A full review of the Integration Scheme has been undertaken with detailed consideration from Comhairle nan Eilean Siar and NHS Western Isles. Previously changes were made to the Standing Orders with regards to dispute resolution, however this does not materially impact on the Scheme. The Act requires that the Local Authority and Health Board carry out the review.

The review will consider and advise on any changes required to the overall Aims, Vision, Scope, Local Governance arrangements and functions delegated in the Integration Schemes and advise on the consultation strategy.

The Report stated that the IJB undertook an initial review by identifying areas of the Scheme on which it proposed to concentrate when carrying out the full review. It suggested that one area for the full review should be the dispute resolution mechanism (clause 16). The initial review concluded that the arrangements outlined in the Standing Orders are sufficient and therefore this would not be included in the full review.

The Chief Officer informed members that Scottish Government officials had been briefed on the draft revision of the Scheme. This is a document that is produced by both parent bodies, the document once finalised would then go back to CnES and NHSWI for approval before final approval by the IJB.

**Decision:**        **Members noted the Report and the revised Draft Scheme of Integration.**

**Action:**         **No action required.**



## **7.4 Health Social Care Scotland**

### **National Care Service Call for Views**

The Chief Officer submitted a presentation, for awareness, informing members of developments around the proposed National Care Service. Malcolm Burr (MB), Chief Executive, CnES provided members with an update from a Local Authority perspective. MB noted that there had been a number of representations made to the Scottish Government from COSLA around the continuing issues of which services have to be included or may be included in the future.

There was uncertainty about the funding of the new National Care Service. Everyone was committed to the values of the National Care Service but questions around affordability, required workforce and other major concerns meant that it was difficult for MB to give an accurate update. MB suggested it would be best to report to the meeting at a future date when more information was available.

MB thanked the Chief Officer for the presentation of the slides which were very informative and made clear the challenges across the board around the National Care Service.

In discussion concerns were shared around the implications of a new National Care Service for rural and island areas.

**Decision: Members noted the Report.**

**Action: Malcolm Burr, Chief Executive of CnES to report to a future meeting of the Board with an update on the National Care Service.**

## **8. PERFORMANCE AND ASSURANCE**

### **8.1 Strategic Risk Register**

#### **8.1.1 Appendix 1 – Register**

The Chief Officer submitted the Strategic Risk Register for approval. The Risk Register is the mechanism to identify and manage the high level strategic risks facing the Board and the wider Health and Social Care Partnership. The function of the Risk Register is to identify the overarching risks and define as the parent organisations' have their own individual Corporate Risk Registers.

The Risk Register has now moved over to an NHS electronic platform which would mean that updates and reporting of information would be easier and the process more robust.

The Strategic Risk Register identifies 5 strategic risks facing the Board:

- Failure to plan for Strategic Change;
- Workforce;
- Increasing demand for delegated services – Demand outstrips capacity;
- Insufficient financial resources in order for the partnership to deliver its statutory obligations; and,
- Organisation, professional and cultural barriers inhibit the ability of the H&SCP and in turn the IJB to develop services and deliver on strategic ambition.

The CO summarised the Report and invited questions from members of the Board. In discussion it was noted that the biggest risk of all to the IJB was the failure to plan. Having a Strategic Plan that shows strategic direction was key to moving forward. Having a Strategic Plan for the next 5-10 years was critical. This was a common theme in the discussion and it was agreed that the best approach to move forward



would be to take note of the comments/concerns made and to review the strategic risk register in particular around the lack of a Strategic Plan.

It was agreed that the Chief Officer would review this and present it to the November meeting of the IJB Audit & Risk Committee with the direction of final approval at the November Board meeting.

**Decision:** It was agreed to further review the Risk Register and align it to a Strategic Plan and present to the November series of meetings for approval.

**Action:** The Chief Officer to review as above.

## **8.2 Performance Report**

### **8.2.1 Appendix 1 – Narrative Report**

### **8.2.2 Appendix 2 – Presentation to Cabinet Secretary on Delayed Discharges**

The Chief Officer submitted the IJB Performance Report for awareness. The IJB is required to report on the National Integration Indicators to Scottish Government via the Ministerial Strategic Group for Health and Community Care (MSG). These are intended to provide a view of how Partnerships are progressing against a range of whole system level measures. Early notice has been given that Scottish Government are reviewing the indicators and that they are likely to change.

The Report stated that there are six MSG indicators:

1. Emergency admissions
2. Unscheduled hospital bed days
3. A&E performance
4. Delayed discharges
5. End of life care
6. The balance of care across institutional and community services

A description of the data which related to the indicators was included at Appendix 1. The Chief Officer summarised the key findings of the Report and compared results of NHSWI to the national average in some areas. NHSWI A&E performance is one of the strongest performers in Scotland. It was noted in discussion that the First Minister had set up a national mission around the reduction of the number of individuals who are in delayed discharge. The presentation given to the Cabinet Secretary on Delayed Discharges was detailed at Appendix 2.

In discussion it was noted that over the past six months, the level of delayed discharges equated on average 16 to 17 occupied beds in the hospitals. Discussion was held around the reasons for delayed discharges and the work that was being done to improve this area of concern. Emma MacSween, Head of Partnership Services informed members that much work had been done on recruitment of Carers for both Care at Home and Residential Care settings. The package now includes relocation expenses, key worker housing status, support through training and career progression opportunities.

The Chair thanked everyone for their contributions to the discussion and it was clear that this item needed more time. Therefore, it was agreed by members, that in order to warrant a wider discussion about the performance figures, that the Report comes back to the next meeting of the IJB.



**Decision:** It was agreed to bring the Report back to the November meeting of the IJB.

**Action:** Place item on Agenda for a full discussion at next Board meeting in November.

### **8.3 Delayed Discharges and Unmet Need**

**Decision:** This item was deferred to the next meeting.

**Action:** N/A

## **9. SERVICE DELIVERY**

### **9.1 Chief Social Work Officer Annual Report**

#### **9.1.1 Appendix 1 – Annual Report**

**Decision:** This item was deferred.

**Action:** N/A

## **10. EXTERNAL/ AGENCY REPORTS**

### **10.1 Audit Scotland – IJB Finance and Performance 2024**

The Chief Officer presented the Audit Scotland annual Integrated Joint Boards Finance and Performance Report for 2024. The Report stated that IJBs faced a complex landscape of unprecedented pressures, challenges and uncertainties. These were not easy to resolve and were worsening, despite a driven and committed workforce. The health inequality gap was widening, there was an increased demand for services and a growing level of unmet and more complex needs. There was also variability in how much choice and control people who used services felt they had, deepening challenges in sustaining the workforce, alongside significant funding pressures.

It was noted that many of the concerns raised in the Report reflected earlier discussions at the meeting.

**Decision:** It was agreed to note the Report.

**Action:** No further action required.



## 11. EVALUATION

	YES	NO	COMMENTS
Were you satisfied with the content of the agenda?	X		
Was there sufficient time to review the papers between receipt and the meeting date?	X		
Were the agenda items placed in the correct order/ prioritization?	X		
Was there sufficient time allocated to all agenda items?	X		
Were the Executive Summaries an accurate reflection of the detailed paper?	X		
Was there sufficient refreshment breaks?	X		
Are there any significant issues which should be escalated?	X		
Did you consider that the Board/ Committee 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>	X		
Do you have any suggestions for improvement or additional comments about this meeting?			Comments should be made to Michelle McPhail.

## 8. DATE AND TIME OF NEXT MEETING

The next meeting of the IJB will be held on Thursday 21 November 2024 at 10.00am.