

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/  na Gàidhealtachd
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	26 March 2024 – 9.30am

Present

Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health and Policy
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director (from 10.37am)
Elsbeth Caithness, Employee Director
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Albert Donald, Non-Executive, Whistleblowing Champion
Pamela Dudek, Chief Executive
Karen Leach, Non-Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Gaener Rodger, Non-Executive
Catriona Sinclair, Non-Executive
Emily Woolard, Non-Executive

In Attendance

Gareth Adkins, Director of People & Culture
Evan Beswick, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership
Jennifer Dryden, Health Improvement Lead
Ruth Fry, Head of Communications and Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands

1.1 Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press.

The Chair took the opportunity to pay tribute to Pam Dudek on her time as Chief Executive as this was her last day in office. She drew particular attention to her compassionate leadership which had contributed to transforming the culture across NHS Highland and referred to the exceptional hard work and steadying influence the Chief Executive provided throughout the COVID pandemic. All Board Members wished her well in her retirement.

Apologies for absence were received from Board Members Steve Walsh and Susan Ringwood.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 January 2024.

The Board also **approved** the Action Plan subject to the date allocated to Action 17 (inclusion of all health, care and prevention outcomes in the Integrated Performance and Quality Report) being revised to 28 May 2024.

1.4 Matters Arising

There were no matters arising.

2 Chief Executive's Report – Verbal Update of Emerging Issues

The Chief Executive thanked the Chair for her kind words earlier in the meeting and confirmed that she had strong support from an experienced leadership team with a clear focus on delivering the best for NHS Highland and its communities. She provided the following update:

- The Board was facing considerable financial challenges, and this was also the case for other Boards in Scotland. She reiterated the importance of delivering positive outcomes for people with quality, safety, and effectiveness at the heart of decision making. She referenced the Christie Commission report of 2011 and highlighted that innovation was still needed to support the organisation in terms of the ongoing workforce and financial challenges.
- Discussions had been held with affected communities and stakeholders about the Scottish Government's instruction to Boards to pause capital spending. Dialogue would continue with Scottish Government to prioritise the projects that could still go ahead.
- The challenges associated with the gap in revenue funding would impact on delivery of services across Highland's remote and rural geography. Assurance was given to the Board that a systematic review of budget efficiencies was underway to reach a balanced budget, whilst minimising effect on the quality of care.
- The Board had recently launched VIP Awards for staff and the first round of winners were Senga Cartwright, Healthcare Support Worker for Care & Compassion, and Claire Derwin, Senior Health Improvement Specialist for Dignity & Respect.

The Chair commented that it was important to acknowledge how difficult the capital spending pause would be for staff and communities in affected areas and it was critical to work closely with everyone affected. Some of the affected areas included Caithness, Kyle, Belford Hospital in Fort William and maternity services at Raigmore Hospital. Community stakeholder groups had retained a collective vision for the future, and it was important to continue to work collaboratively with them going forward. Board Members acknowledged that communities were aware of the instruction to pause capital expenditure, however there had been less focus on the impact of the revenue funding challenges, which would need to be considered in future service planning.

The Board **noted** the update.

3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system. The Board was asked to take limited assurance, to note the increased pressures and decreased performance across most areas of the system, and to consider newly incorporated patient experience information as a test of change.

The Deputy Chief Executive spoke to the circulated report and highlighted the following:

- Psychological therapy and diagnostic waiting times had continued to improve.
- The Treatment Time Guarantee (TTG) had remained stable for outpatients and emergency access although further improvements were necessary.
- Child and Adolescent Mental Health Services (CAMHS) continued to be a challenge with CAMHS performance deteriorating, however this had been offset by a reduction in CAMHS waiting times.
- A Patient Feedback and Experience section had been included focussing on cancer services and Board members' feedback was sought on the format for this reporting. Cancer performance overall had dipped but was now showing signs of recovery.
- There had been a gradual increase in statutory/mandatory training completion across the workforce with a consistent focus in this area to drive additional improvements.

During discussion Board members raised the following issues:

- The executive summary recorded many areas where performance was currently less than satisfactory, and assurance was sought on whether holistic monitoring was taking place. The Deputy Chief Executive clarified that the targets were based on pre-pandemic Scottish Government targets. The Executive team was focused on the performance framework and integrated planning was an essential element of the delivery plan for the coming year. This ensured an integrated planning and clinical overview of services.
- Board Members sought assurance on actions to address the challenges with the Neurodevelopmental Assessment Service (NDAS) and Delayed Discharges. They also sought clarity on the impacts to Cancer performance that caused a dip prior to its slight recovery. The Chief Officer for Acute advised that work was ongoing with Highland Council and Education colleagues to help drive improvement in NDAS, however there would need to be investment in this area to clear backlogs. Cancer performance was measured in a different way to other specialties and was calculated on the number of patients being treated. Staff absences or vacancies also impacted on the service being delivered.
- Board Members sought clarity on whether the Annual Delivery Plan (ADP) targets were being adjusted to address the Board's financial and performance challenges. The Deputy Chief Executive confirmed that targets were based on the resources available to the Board in the forthcoming year and confirmed that realistic stretch targets would remain in place.
- Board Members raised concerns around the low completion rate of staff PDP/Appraisals and sought clarity on the actions being taken to address the backlog. The Director of People and Culture confirmed that this had been discussed at the recent Staff Governance Committee and Area Partnership Forum meetings. A plan had been put in place to focus on the completion of manager appraisals of which there were around 900. The intention was for appraisal completions to cascade thereafter throughout the organisation.
- The Chair asked for an update on moving to a district model for vaccinations and the associated timescales. The Chief Officer for Highland Health and Social Care Partnership confirmed that an options appraisal was underway considering where delivery was going well and where there had been local clinical involvement. It was expected that all options would be assessed, considered, and implemented by the start of the autumn/winter vaccination programme. The Director of Public Health clarified that the current options appraisal exercise was being carried out internally and focusing on what NHS Highland was doing for delivery of the service. It might be possible that other options appraisals take place in future on other methods of delivery.
- Staff exit surveys were not carried out consistently and it was asked whether a targeted approach would be helpful to understand the reasons why staff left the organisation unexpectedly. The Director of People and Culture explained that staff turnover in NHS Highland was below the national average and exit surveys were heavily reliant on staff members being willing to complete them.
- Board Members sought clarity on initiatives planned to support ongoing workforce challenges. The Director of People and Culture confirmed that Boards had been asked to pay closer attention to sickness/absence rates and a plan was being formulated to address and identify work-related absences. The Health and Wellbeing Strategy was currently still in draft form and would be brought to the Board in due course. He also summarized work underway to enhance workforce supply and to increase diversification. Work was underway at a national level on engagement and working with a range of bodies including trade unions.
- The Vice Chair mentioned the quality improvement work undertaken by staff through Scottish Improvement Foundation Skills programme. While acknowledging the challenges highlighted in the report, she reiterated it was important to acknowledge some of the positive work taking place under challenging circumstances.

- Board Members asked what theatre capacity was being used and how NHS Highland benchmarked with other Boards. The Chief Officer for Acute confirmed capacity was at 70-80% and this was an area of significant scrutiny. NHS Highland outperformed many other Boards for theatre efficiency. There was a lower volume of patients using theatres in rural general hospitals, and she highlighted work currently underway to encourage patients to utilise theatre availability in these locations.
- Board Members felt it would be important to expand on the Care Opinion/Patient Feedback data in future IPQRs moving forward.
- Responding to a query about the necessary efforts to improve the reporting of sickness absences the reasons for which 30% were currently unknown, the Director of People and Culture concurred that the understanding the driving factors for this were within the gift of the organisation. This was an area of managerial responsibility which required further improvement.
- Board Members raised concerns around the increase in time to fill staffing vacancies and sought clarity on whether the delays were attributed to resource or process issues. The Director of People and Culture clarified that work was underway to identify the causes together with discussions with other Boards to seek out best practice.

The Board:

- Took **limited assurance** from the report.
- **Noted** the decreased performance across the system.
- **Endorsed** the format for newly incorporated patient experience information.

4 Finance Assurance Report – Month 10

The Board had received a report from the Director of Finance which detailed the financial position at Month 10 and provided a summary position regarding the draft plan submission for 2024/2025. The Board was invited to discuss the financial position and to take limited assurance that NHS Highland could deliver the level of cost reductions required in 2024/2025.

The Director of Finance noted that recent additional allocations of £11.3m, together with operational improvements of around £4m, had resulted in the full year forecast deficit reducing to £39.055m. This position was expected to reduce further to £36m by month 11. This was predicated on a balanced position for adult social care in Highland.

The draft opening position for 2024/2025 had been submitted to Scottish Government on 17 March and forecast a deficit position of £112.491m. The maximum brokerage that NHS Highland could request for 2024/2025 had been capped at £28.4m, leaving a financial gap of £84.091m. Scottish Government had requested a financial plan highlighting the necessary actions to deliver the £84.091m Cost Improvements. The opening financial gap included an assessment of the Adult Social Care position which was estimated to be £16.252m relating to forecast cost increases, pay awards and demand. This figure could increase to £23.252m depending on the reduction in income of £7m from Highland Council representing the full gap in funding for Adult Social Care in 2023-24.

No additional uplift to the revenue position had been provided for 24/25 explaining some of the increase in opening gap from 2023/24. There were no changes to the assumptions previously shared or the capital position with no funding available for future developments. She noted it was still assumed that all Agenda for Change uplifts were excluded from NHS Highland's planning until any agreements had been reached and the draft plan incorporated delivery of 3% recurrent efficiencies.

During discussion the following points were raised:

- The Director of Finance explained the ongoing efforts to reduce supplementary staffing and efficiency work led by the Director of People and Culture. Work had also been conducted with operational teams to examine the possible impact on the performance of further reductions to supplementary staffing. She mentioned that confirmation from Scottish Government on potential transformation work had not yet been received.
- Board Members queried the financial challenges facing drugs prescribing. There was a specific workstream to address prescribing overspend and to achieve best value. The Medical Director added that prescribing costs rose year on year, and this always presented a budgetary challenge.

- Board Members sought clarity on discussions with The Highland Council to address the funding gap for Adult Social Care in Highland. The Director of Finance advised that discussions had been held with The Highland Council on the current and next financial years overspends and the need for longer-term redesign. There were areas of potential joint working which included procurement, estates, digital solutions, and income generation. The Highland Council had set aside an element of transformation funding to help with redesign work. She also mentioned that the costs associated with Adult Social Care were continuing to rise. There was a need to address longer-term sustainability particularly for the costs of Care at Home and running Care Homes, some of which were not currently cost effective. The high costs of complex care packages would require additional funding, especially for individuals requiring out-of-area care.
- Responding to a query about when the Board would be able to agree a budget for 2024-25, the Chief Executive advised an additional Board meeting might be required to address Scottish Government feedback on the financial plan for 2024-25 once received.

The Board:

- Took **limited assurance** from the report.
- **Examined** and **considered** the implications of the matter.

The Board took a short break at 11.40am and the meeting resumed at 11.50am

5 Argyll and Bute IJB Opening Offer

The Board had received a report by the Director of Finance that set out the initial budget offer for Argyll & Bute IJB for 2024/2025. The Board was asked to approve the budget offer and to take moderate assurance from the report in recognition that the same methodology had been used as in previous years, and the lack of national uplift/reduction in NRAC would put pressure on the IJB's financial position.

The Director of Finance advised that an offer of £275.475m had been made following NRAC calculations which also included an estimate of additional in-year allocations. This amount was indicative and would be adjusted throughout the year as resources were allocated to the Board.

The Vice Chair of the Argyll and Bute Health and Social Care Partnership (ABHSCP) noted that he and the Chair of the ABHSCP had both been keen to ensure the partnership continued to work as well as possible in the face of current financial challenges. He added that a large part of the budget would go to NHS Greater Glasgow and Clyde Health Board (NHSGGC) for the acute services delivered on behalf of Argyll and Bute via a Service Level Agreement and commented on the level of disappointment about the pause in capital spend.

The Chair noted that the Service Level Agreements between Argyll and Bute IJB and NHSGGC had been held by NHS Highland and that work was underway to implement a more direct working relationship. The Chief Officer for Argyll and Bute IJB noted that a formal link between Argyll and Bute IJB and NHSGGC had been established and that any service issue relating to existing SLAs or historic service delivery could be discussed with the Clyde Sector Director. It was noted that the reframing of the relationship in formal governance terms was still to be addressed. There were fundamental and system-wide issues which required further consideration to ensure resources were utilised to full effect.

During discussion the following points were raised:

- The Chief Executive commented that discussions with the Chief Operating Officer for Scotland focused on ensuring all SLAs across the country were still fit for purpose. The Head of Strategy & Transformation confirmed that there had been a specific piece of work commissioned on the future of SLAs and how to address the healthcare delivery challenges faced by remote, rural and island boards. The aim was to produce a place-based care model aligned with the redesign of services.
- Board Members hoped that the NRAC figure would be adjusted in the 2025-26 period and that the Board had encouraged Scottish Government to revisit the figures for the 2024-25 period to take account of population changes. The Director of Finance confirmed that work was underway to assess if the NRAC formula was based on the most up-to-date methodology and value and efficiency work was being carried out with Argyll and Bute colleagues to avoid duplicating efforts. It was also noted

that the impacts of the pause in capital spend were being investigated by the Estates team with a robust process now in place to address the situation over the next financial year.

- The Chief Officer for Argyll and Bute HSCP commented on the presentation that she and the Chief Executive of Highland Council had given to the Deputy First Minister which drew attention to challenges around the National Care at Home contract and its effectiveness within a remote and rural context.
- The Director of Finance noted that most allocations were applied on an NRAC basis between Highland Health and Social Care Partnership and Argyll and Bute Health and Social Care Partnership unless otherwise specified. Board Members mentioned that the use of NRAC provided an additional challenge for Argyll and Bute IJB in 2024-25 until a financial uplift could be seen.

The Board:

- Took **moderate assurance** from the report.
- **Approved** the Budget Offer to Argyll and Bute IJB.

6 Social Mitigation Strategy Update

The Board received a report by the Director of Public Health which provided an update on NHS Highland's Social Mitigation Strategy as endorsed by the Board in May 2021. The Board was asked to note the Social Mitigation Strategy and take moderate assurance in compliance with legislation, policy, and Board objectives.

The Director of Public Health spoke to the circulated report and highlighted that social mitigation work intended to deal with some wider impacts such as changes in society, including income, unemployment, and other health inequalities. He drew attention to NHS Highland's role as an anchor institution and highlighted changing employment and procurement practices.

During discussion the following points were raised:

- Board Members highlighted the social inequalities experienced by members of our communities currently in employment. Further information was requested on whether NHS Highland encouraged other employers to engage with 'earn as you learn' programmes. It was also recognised that care workers were amongst the lowest paid. The Director of People and Culture explained that as an anchor institution the NHS complied well with its obligations under the Fair Work requirements. Further work could be undertaken to influence the wider job market to ensure that the Fair Work principles were expanded through to our strategic commissioning.
- The expansion of the community link workers was very welcome, and it was hoped this could be reported to the Highland Health and Social Care Committee.
- Board Members asked if fuel poverty and energy advice was available and how work with the third sector contributed to this. The Director of Public Health confirmed there was a significant amount of contracting taking place within the third sector. A summary of the availability of welfare advice was given and further detailed information would be provided to Board members separately.
- The Vice Chair sought clarity on the potential intention to consider offering staff alternative routes to obtain qualifications in their role such as SVQs or through alternative assessment routes. The Director of People and Culture confirmed that a range of mechanisms were being investigated to support wider employability including reviewing SVQs and other qualification options.
- Board Members asked if the Mental Health Delivery Group's initial meetings considered the development of lived experience and how involved the third sector were as part of these discussions. The Director of Public Health undertook to provide this information for circulation to Board members.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the Social Mitigation Strategy Update and that further information would be provided to Board members as highlighted during the discussion.

7 Corporate Parenting – Key Deliverables 2024

The Board received a report by the Director of Public Health on current and planned Corporate Parenting activity for 2024. The Board was asked to note the update and take moderate assurance from it.

The Director of Public Health spoke to the circulated report and noted future iterations would have additional metrics relating to Corporate Parenting obligations and indicated it linked to the Social Mitigation Strategy in terms of employment for care experienced people. He also confirmed that a new Child Health Commissioner had been appointed in January 2024 which had increased capacity to focus on 'The Promise' and Corporate Parenting.

During discussion the following points were raised:

- Board Members queried what the Board and local authorities' involvement would be in the review of the Corporate Parenting Plan and Promise Agenda. The Director of Public Health confirmed that the process was still under review, and that the Child Health Commissioner would advise on this in early course.
- Board Members queried if there was specific local data relating to care-experienced young people. The Director of Public Health confirmed that additional work was required to better understand and collect local statistics which the Child Health Commissioner would pick up as part of their role.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the Corporate Parenting – Key Deliverables 2024.

The Board took a lunch break at 12.53pm and the meeting resumed at 1.24pm

8 Corporate Risk Register

The Board received a report by the Board Medical Director providing an overview extract from the NHS Highland Board risk register, awareness of risks that would be considered for closure and additional risks to be added. The Board was invited to examine and consider the evidence provided and make final decisions on risks. The Board was also asked to take substantial assurance on compliance with legislation, policy and Board objectives.

The Medical Director spoke to the circulated report and noted the risk register was regularly reviewed and refreshed in line with the Together we Care strategy and from May 2024 it would align with the Board's agreed risk appetite approach. He mentioned that all the risks had been assigned to their relevant Governance Committees to provide assurance that these were being regularly reviewed and assessed.

During discussion the following points were raised:

- The Chair sought clarity on level two risks relating to contractors and asked if they were included in Health and Social Care partnership risk registers. The Chief Officer for Highland Health and Social Partnership confirmed this to be the case and that Primary Care services managed several level two and three risks which were reported regularly to the Highland Health and Social Care Committee.
- Board Members queried why the risk register did not contain reference to the increasing challenges in accessing NHS dental services. The Medical Director confirmed that access to dental services was contained in operational risk registers.
- Board Members asked why there was no reference to the pause on capital projects in the strategic risk register. The Medical Director advised that the risk register was a live document and that appropriate mitigations would require to be identified to address this. The Director of Estates, Facilities and Capital Planning added that the pause in capital spend had been included in operational risk registers and that Scottish Government advice was still to be received on the funding arrangements to address backlog maintenance and capital works.

The Board **examined** and **considered** the evidence provided and provided final decisions on the risks recommended for closure and took **substantial** assurance from the report.

9 Whistleblowing Standards Report – Quarter 3

The Board had received a report by the Director of People and Culture on the Whistleblowing Standards Quarter three activity covering the period November 2023 – January 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021 and the Board was invited to take moderate assurance. The Director of People and Culture spoke to the circulated report and highlighted the two monitored referrals received in quarter two which had not been progressed.

During discussion the following points were raised:

- Board Members sought clarity around national benchmarking data on the grounds that NHS Highland's case numbers were low. The Director of People and Culture indicated that annual reports were sent to INWO from all Boards and that case numbers were low nationally. He highlighted that NHS Highland benefited also from the Guardian Service assisting approximately 200 people per year. The Whistleblowing Champion added that comparisons with other Boards were not a reliable comparator as some cases were lengthy and complex. He was of the view there was good organisational awareness of the standards with clear communication encouraging people to speak up.
- The Vice Chair noted the positive steps recently implemented to support staff to raise concerns and asked if there were any additional improvements still required. The Director of People and Culture advised that additional effort was now required to ensure data could be triangulated to support the implementation of organisation-wide improvements.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the report provides confidence of compliance with legislation, policy and Board objectives noting further work to improve processes.

10 Annual Code of Corporate Governance Review

The Board received a report by the Board Secretary seeking approval of the reviewed Code of Corporate Governance which had been approved by the Audit Committee on 8 March. The Board was asked to note that an updated Code of Corporate Governance would be published in full on the Board's website following agreement and to take substantial assurance.

During discussion Board Members sought inclusion of references to commissioning of care homes/care at home within the Standing Financial Instructions. The Board Secretary undertook to address this with the Director of Finance.

The Board:

- Took **substantial assurance** from the report.
- **Approved** the updates to the Code of Corporate Governance as set out in the appendices to the report, and
- **Noted** that the query relating to inclusion of reference to social care commissioning in Standing Financial Instructions would be addressed and that a fully updated version would be uploaded to the web once this issue had been resolved.

11 Annual Board and Committee Workplans 2024-25

The Board received a report by the Board Chair to seek the Board's endorsement of Board and Governance Committee Workplans for the 2024/25 financial year. The Board was advised that work was currently underway to review Board and Committee workplans through the lens of 'frugal governance' to make meetings as effective as possible. Should any updates be necessary as a result of this work, revised workplans would be submitted for the Board's endorsement in due course.

The Board **endorsed** the Board and Governance Committee Workplans for 2024/25.

12 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee (FRP) agreed minute of 9 February and draft minute of 1 March 2024

The Chair of FRP Committee spoke to the circulated minutes and highlighted the ongoing discussions around the Adult Social Care funding from Highland Council which would continue to be monitored. The Chair of the Board added that the FRP Committee was continuing to meet monthly due to the ongoing financial pressures being faced.

b) Highland Health & Social Care Committee (HHSCC) draft minute of 6 March 2024

The Chair of HHSCC spoke to the circulated minute and drew Board's attention to the vaccination transformation programmes preparations for the winter programme ahead and that there had been a change in the model being applied.

c) Clinical Governance Committee draft minute of 7 March 2024

The Chair of Clinical Governance spoke to the circulated minute and noted that there had been extensive discussion around strategic clinical risk and committee suggested a Board wide workshop to explore further may be appropriate.

d) Area Clinical Forum (ACF) draft minute of 14 March 2024

The Chair of ACF spoke to the circulated minutes and noted the upcoming return of Psychological Services to future meetings and reiterated the value of a wider breadth of representation at ACF.

e) Staff Governance Committee draft minute of 5 March 2024

The Chair of Staff Governance spoke to the circulated minutes and noted there had been significant discussion around the Health and Care Staffing (Scotland) Act alongside how it would be implemented in terms of the Council and NHS responsibilities.

f) Argyll and Bute Integrations Joint Board 31 January 2024

There were no additional comments.

g) Audit Committee draft minute of 12 March 2024

The Chair of Audit spoke to the circulated minutes and noted that there may be an additional meeting set up for June 2024 to discuss any of the internal audit reports that had slipped.

The Board:

- **Confirmed** adequate assurance has been provided from Board governance committees, and
- **Noted** the Minutes and agreed actions from Area Clinical Forum and Argyll and Bute Integration Joint Board.

13 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 28 May 2024

The meeting closed at 2.13pm