



Not Protectively Marked

<p>NHS Orkney Board – 22 August 2019</p> <p>This report is for noting</p> <p>Clinical and Care Governance Committee Chair’s Report</p>	
<p>Lead Director Author</p>	<p>Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<p>Key Points</p>	<p>This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 10 July 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:</p> <ul style="list-style-type: none"> • Primary Care Improvement Plan Update Report
<p>Timing</p>	<p>The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.</p>
<p>Link to Corporate Objectives</p>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
<p>Contribution to the 2020 vision for Health and Social Care</p>	<p>The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.</p>
<p>Benefit to Patients</p>	<p>Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.</p>
<p>Equality and Diversity</p>	<p>No specific equality and diversity elements to highlight.</p>

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NHS Orkney Board

Clinical and Care Governance Committee Chair's Report

Author Issy Grieve, Chair
Clinical and Care Governance Committee

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised.

Section 3 Background

This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 10 July 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Issues Raised

1. Primary Care Improvement Plan Update Report

- The Head of Primary Care presented the update report and members noted the implementation progress to date but agreed that the financial and workforce risks along with the possibility that GP colleague aspirations would not be met should be highlighted to the NHS Orkney Board and the Integration Joint Board.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute of meeting held on 10 April 2019

UNAPPROVED

Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee** of Orkney NHS Board in the **Brodgar Room, Balfour Hospital** on **Wednesday 10 July 2019** at **14.00**

Present: Issy Grieve, Non Executive Board Member (Chair)
Steven Johnston, Non Executive Board Member (Vice Chair)
David Drever, Non Executive Board Member
R King Integration Joint Board vice chair
Gerry O'Brien, Chief Executive
John Richards, Councillor, Orkney Islands Council

In Attendance:

Ian Kinniburgh NHS Orkney Chair
C Bichan, Head of Transformational Change and Improvement
David McArthur, Director of Nursing, Midwifery and Allied Health Professions
Maureen Swannie The Head of Children's Health Services
Marthinus Roos Medical Director
Heather Tait, Public Representative
Louise Wilson, Director of Public Health
Lynda Bradford Interim Head of Health and Community Care (for item 8.10)
Maureen Firth Head of Primary Care (for item 8.11)
Sara Lewis (for item 11.2)
Heidi Walls, Committee Support (minute taker)
Christy Roy (observing)

244 **Apologies**

Apologies had been received from S Shaw (M Swannie deputising), M McEwen, S Hunter, S Sankey and C Nicholson

245 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

246 **Minute of Meeting held on 10 April 2019**

The minute of the Clinical and Care Governance Committee meeting held on 10 April 2019 was accepted as an accurate record and was approved on the motion of S Johnston and seconded by G O'Brien.

247 **Matters Arising**

708/4 – Elective Care Access Improvement Plan

Members were assured that although access to MRI remained challenging in some disciplines no significant issues had been highlighted.

6 – Q&S Report

The chair thanked the Director of Nursing, Midwifery and Allied Health Professions for the post meeting update with regard to record keeping errors and asked how

assurance that this issue had been addressed would be provided. The Director of Nursing, Midwifery and Allied Health Professions confirmed that repeat audits of a larger sample would be carried out and the results reported to the Quality and Safety group with exception reporting to Clinical and Care Governance Committee via the Quality and Safety Group chair's report.

8 – 15 Steps Report

The Chair confirmed that feedback on the 15 Steps training event had been provided.

20 – Chief Social Work Officer's Quarterly Report

The Director of Public Health emphasised the importance of the health focus of the clinical strategy and the Director of Nursing, Midwifery and Allied Health Professions confirmed that work was progressing.

28 – Approved Policies Dissemination

The Head of Transformational Change and Improvement confirmed that the dissemination of approved policies was the responsibility of managers and advised that this would be reiterated at the next Quality and Safety Group meeting.

248 **Action Log**

The Committee reviewed the updated Action Log. (see action log for details)

9-2017/18 Autism Diagnosis Pathways

It was noted that this update was pending but S Johnston advised members that at the last Area Clinical Forum meeting it was confirmed that patients were being seen and it was the administrative elements of the pathway which remained outstanding.

Members were concerned that this outstanding action had a long history and were keen to know what was happening and also sought assurance that the pathway that was in place operationally was also working from the service users' perspective.

It was agreed that the Chief Officer would be asked to provide assurance with a written update on the adult pathway at the next meeting.

28- 2017/18 Dementia Diagnosis Rates

The Interim Head of Health and Community Care advised members that there had been significant work on dementia diagnosis rates and there had been a steady increase since August 2017 and much improved processes were now in place to ensure data was delivered regularly.

It was agreed this item could be closed as further reporting would be via the six monthly reporting cycle.

Governance

249 **Clinical and Care Governance Committee Terms of Reference - CCGC1920 –14**

The Chief Executive explained the concerns and comments noted in the meeting paper and highlighted clarity of purpose and process and the assurance regarding

the review of systems and processes of services provided by third parties as key issues.

The Chair noted that at a recent meeting regarding the development of the Controls Risk and Assurance framework, all comments on the Terms of Reference had been reviewed and accepted. The diagram on page two had also been highlighted as requiring further work to more accurately reflect the work of NHS Orkney.

R King was reassured at the oversight and agreed the importance of remit clarity and confirmed she would provide feedback to the chief officer on the issues raised. She also noted that there were currently only 3 Orkney Island Council Elected Members on the committee so a fourth would need to be identified.

D Drever welcomed sight of the interim document with comments and noted it as a helpful aid when reviewing the paper.

Decision / Conclusion

The Committee reviewed and discussed the comments on the Clinical and Care Governance Committee Terms of Reference and agreed that final versions of the Terms of Reference and the Controls and Risk Assurance Framework would be submitted to the next meeting for approval. It was also noted that any approved version would be recommended for approval at the Integrated Joint Board (IJB).

Strategy

250 **Orkney Health and Care's Draft Strategic Plan - CCGC1920 –15**

The Head of Children's Health Services presented the plan and highlighted the different approach taken and the simpler format designed to provide a more accessible read.

The Chief Officer had taken the plan to a number of Community Council meetings and further events at Stromness shopping week and local agricultural shows had been arranged. The current consultation period for the draft plan was due to end on the 9 August and members were encouraged to send comments to the feedback email address at the end of the document.

It was noted that most comments to date had been positive, but there had been some constructive feedback which would be considered in the final draft.

J Richards noted that at the July Kirkwall and St Ola Community Council meeting the draft plan was an agenda item, but no one had attended to present the paper. The Head of Children's Health Services agreed to follow up with the Chief Officer.

Members welcomed the opportunity to review and discuss the plan and highlighted key issues such as the importance of an appropriate focus on health issues, more clarity regarding commissioning and delivery elements and a sharper strategic direction.

R King welcomed the discussion and helpful comments, but highlighted the late timing and a concern regarding the engagement links between relevant parties.

The Chief Executive noted the Strategic Planning Group as an appropriate forum

with cross organisation membership where key players should take opportunities to engage with, and influence, planning strategies.

It was agreed that there was still time for all relevant parties to work together and contribute to the final plan and the Director of Public Health confirmed she had fed back her comments to the Chief Officer.

Decision / Conclusion

The committee discussed and commented on the report.

Safe and Effective Care

251 **Quality and Safety Group Chairs report – CCGC1920 -16**

Members received the Quality and Safety Group Chairs report, which provided an overview of the key items from the meeting of the group in the period April 2019.

The Head of Transformational Change and Improvement highlighted good pieces of work relating to Realistic Medicines which had been taken forward and a submission to Scottish Government of Atlas of Variation reports which had received very positive feedback along with a request to share the response more widely as a good example.

Decision / Conclusion

The Committee reviewed the report and were assured on the performance of the Quality and Safety Group

252 **Minutes of Quality and Safety Group meetings held on 17 April 2019**

The Committee noted the minutes of the Quality and Safety Group.

253 **Quality and Safety Group Annual Report – CCGC1920-17**

The Head of Transformational Change and Improvement presented the Quality and Safety group's first annual report which had been approved at the last Quality and Safety Group meeting.

The many challenges but also successes were highlighted and members were advised of ongoing discussions about the shape of the group going forward.

Decision / Conclusion

The Committee noted the report and assurance was taken

254 **Duty of Candour Annual Report - CCGC1920-18**

The Director of Nursing, Midwifery and Allied Health Professions presented the Annual Report which demonstrated the adoption and implementation of Duty of Candour within NHS Orkney services for the period 1 April 2018 to 31 March 2019.

A correction on the first page of the report, at section 2 was highlighted and it was noted that the second sentence should read as '*These are unintended or unexpected...*'

Decision / Conclusion

The Committee noted the report and took assurance.

255 **Six Monthly Report on Adults with Incapacity – CCGC1920-19**

The Director of Nursing, Midwifery and Allied Health Professions presented the six monthly report on Adults with Incapacity and highlighted the significant improvements in standardised assessments since the last audit and the inspiring work of G Coghill.

It was confirmed that going forward this report would be submitted to the Quality and Safety group.

Decision / Conclusion

The Committee noted the report and took assurance.

256 **Learning from Significant Adverse Event Report – CCGC1920-20**

The Head of Transformational Change and Improvement presented the report and summarised the progress following the implementation of the NHS Orkney's Learning from Clinical Incidents, Morbidity and Mortality Meeting and Management of Significant Adverse Events Policy and specifically the management of Significant Adverse Events.

It was confirmed that a number of the reports originated from a local spike in suicides, but it was felt that this had leveled out however Scottish Public Health Observatory data identified Orkney as an outlier with total numbers at 20% against the Scottish average of 12% - 14%. It was noted that the way data was calculated contributed to this disparity and it was likely to increase next year.

Members were keen to understand further the implications from the recommendations noted on page four of the report so further actions or additional support could be identified if required. It was noted that further work was ongoing and that many of the issues noted would be picked up within the Mental Health Strategy.

A new Suicide Review Standard Operating Procedure, which had recently been presented at advisory committees, was also highlighted as a change in approach that was yet to be reflected.

Decision / Conclusion

The Committee noted the report and took assurance that appropriate structures were in place for the review of Significant Adverse Events and that learning was taking place.

257 **Elective Care Access Update – CCGC1920-21**

The Head of Transformational Change and Improvement presented the report which provided members with an update on access to services for elective care and highlighted the change in format.

It was noted that data regarding compliance with national waiting times targets was reported through the Finance and Performance Committee and in response to previous discussions and to assist with a focus on the clinical implications of long delays and poor access, the waiting times figures for both routine and urgent referrals had been presented in totality.

Members debated a number of concerns regarding the issues raised by the paper including; a query regarding the ability to capture the impact of waiting times on outcome; the challenges of comparing numbers by specialty and the escalation of concerns from the GP Sub Committee regarding the timescales of follow up appointments, with ophthalmology and psychiatry highlighted as of particular concern.

The requirement to consider actions to maximise the support in place within primary care until secondary care was accessible was also highlighted.

The Head of Transformational Change and Improvement noted that not every service was set up to provide all the insights requested as the systems were designed to report on numbers, but every effort would be made to seek further detail.

It was agreed that how these issues influenced commissioning and delivery plans and the allocation of resources was a key question and should be discussed further at all professional advisory groups and reported through the Quality and Safety Group.

The Head of Transformational Change and Improvement agreed to feedback on the issues raised to the Head of Primary Care for consideration within the Primary Care Improvement Plan.

Decision / Conclusion

The Committee noted the report, and agreed that the outcomes of further work should be reported via the Quality and Safety Group Chair's report.

258 ISD Publication of AHP MSK Waiting Times – CCGC1920-22

The Head of Transformational Change and Improvement presented the report and noted recent meetings with the Allied Health Professions Lead, clinical physiotherapy leadership and the Interim Head of Health and Community Care with regard to the service plan.

The scale of the challenge was highlighted, but members were advised that the development of an improvement process which linked to first points of contact was underway.

It was confirmed that staffing issues had contributed to the current challenges, but were not the whole picture and a multi pronged approach was being taken. The impact of patient and referral behaviour was also noted as long waits often meant both patients and GPs tried alternative routes.

It was also highlighted that key messages regarding the figures should be fed back to Scottish Government to ensure training requirements for the future were appropriate.

Decision / Conclusion

The Committee reviewed the report, took assurance from the update provide and agreed a further report should be submitted to the January 2020 committee meeting.

259 **The Patients Rights (TTG) Scotland) Directions 2019 – CCGC1920-23**

The Head of Transformational Change and Improvement presented the report to raise awareness of the directions letter and provide members with sight of the NHS Orkney response.

Decision / Conclusion

The Committee reviewed the report, noted the assurance provided and agreed to add the item to the action log for an update on progress.

260 **Safe Staffing Bill Report – CCGC1920-24**

The Director of Nursing, Midwifery and Allied Health Professions presented the report and highlighted that the Health and Care (Staffing) (Scotland) Bill was unanimously passed on the 2 May 2019 and was currently awaiting Royal Assent at which point it would become an Act.

Members were advised that the local work focus had now moved onto preparations for the implementation of the bill, although there had been a delay for the move into the new building.

L Adam had been engaging with staff across the hospital since taking up the post of Senior Nurse, Nursing and Midwifery Workload and Workforce Planning Programme and had provided a link with national groups which had been of significant added value.

A multi disciplinary team was being formed to take the work forward and the first meeting was scheduled to take place in August 2019 and the work would be in conjunction with the Head of Corporate Services and link with workforce planning. The current nursing and midwifery specific focus of the bill was also noted and it was confirmed that there would be Allied Health Professions representation within the team.

S Johnston highlighted a recent joint Area Clinical Forum and Area Partnership Forum development session on the Safe Staffing Bill and the circulation of a key points summary.

The financial pressures resulting from the use agency workers was noted and The Director of Nursing, Midwifery and Allied Health Professions assured members that whilst some agency nurses had been employed the mark up rates had not exceeded the Scottish Government guideline of 150% which appears in the current version of the Safe Staffing Bill.

The recent multiple secondments of senior clinical staff was raised as a concern and the importance of the provision of clear and robust management and leadership structures emphasised. The Director of Nursing, Midwifery and Allied Health Professions confirmed that the Bill made it clear that the obligation to provide advice

to the board on staffing levels lay with the clinical leadership and predominantly the Nurse Director but also the Medical Director.

Decision / Conclusion

The Committee reviewed and commented on the report and were assured of current compliance and agreed that unless exception reporting was required earlier an update should be submitted to the January 2020 meeting.

261 **Status Report – Mental Health Strategy and Service Delivery Plan Implementation Update Report – CCGC1920-25**

The Interim Head of Health and Community Care presented the report to advise members of the timeline for the development of a local Mental Health Strategy and highlighted the planned staff development day to discuss local priorities and noted a deadline for submission of the draft to the Joint Integration Board of 2 October 2019.

Members welcomed the report and the timeline for a Mental Health Strategy which was eagerly anticipated and they were keen to seek assurance that there would be an integrated process and joined up approach. The importance of ensuring links and overlaps rather than gaps between all the strategies and plans that had been discussed was highlighted.

The requirement for a clear strategy to inform local commissioning was also emphasised, as well as the importance of ensuring that the full scope of services, and not just community mental health, were included.

The Interim Head of Health and Community Care agreed to feedback the comments received.

Decision / Conclusion

The Committee noted the report and the timeline provided and it agreed that until the clinical implications of the final plan were clear it should continue to report to the Clinical and Care Governance committee and an update should be provided at the next meeting.

262 **Primary Care Improvement Plan Update Report – CCGC1920-26**

The Head of Primary Care presented the update on progress with the Primary Care Improvement Plan.

It was noted that a good piece of work had been completed, but there was more work to be done. Key achievements highlighted included the start of a GP subcommittee and meetings with lead professionals along with the recruitment of new pharmacists, community link workers and a Vaccination Transformation Programme Manager.

It was noted that it had taken a while for progress to be made as there was some initial reluctance to engage and gaps due to secondments of key post holders, but it was confirmed that clinical leads for most areas were now in place and had been asked to prepare plans for a meeting scheduled for next week. A report regarding final plans was due to be submitted to the Integrated Joint Board for funding

approval.

The key concerns raised and discussed by members focussed on the funding and workforce implications of the plan. It was agreed that Orkney was not alone as across Scotland the funding risks and the challenges of competing for qualified staffing in an ever decreasing workforce pool were being highlighted.

It was noted that Scottish Government were aware of the islands concerns, but the current stance was that there would be no changes to the GP contract. However, there was a short life working group visiting remote and rural areas to listen to the concerns and take feedback ahead of phase two of the contract.

Decision / Conclusion

The Committee reviewed the report and noted the implementation progress to date. It was agreed that the financial and workforce risks along with the possibility that GP colleague aspirations would not be met should be highlighted to the board and IJB.

263 **Clinical Governance Internal Audit Scope – CCGC1920-27**

The Head of Transformational Change and Improvement presented the report for approval of the proposed scope for the 2019/20 Clinical Governance Internal Audit.

Queries about the practicalities of demonstrating that learning from clinical incidents had taken place and changes in practice implemented were raised along with obtaining assurance regarding the ability and appropriateness of the internal auditors scrutinising clinical issues.

The Head of Transformational Change and Improvement advised members that there was a process in place that could be tested. She also noted that they were aware that the processes needed further work and believed that it would be useful to have further insight of the issues and highlighted the benefits gained from the internal audit of the Significant Adverse Event process.

The Medical Director challenged the view that the remit of the audit should extend to a review of whether the learning had taken place, but members agreed that it was key for the scope of the audit to encompass the whole process.

Decision / Conclusion

The Committee noted the report and approved the proposed scope of the audit.

264 **HIS Clinical Management of Breast Cancer in NHS Tayside Report April 2019 - CCGC1920-28**

The Medical Director presented the report to provide members with assurance that Orkney breast cancer patients had not been affected by the actions of NHS Tayside Oncologists.

Decision / Conclusion

The Committee noted the report and were assured that NHS Orkney patients had received cancer treatment in accordance with the approved clinical management

guidelines.

265 **Policy Ratification**

There were no items at this meeting

266 **Medicines management**

There were no reports at this meeting.

Person Centered Care

267 **Patient Feedback Annual Report – CCGC 1920- 29**

The Head of Transformational Change and Improvement presented the report

A query regarding the increase in the number of complaints submitted via their Member Scottish Parliament (MSP) was raised and members were advised that whilst there was no definitive answer it was possible that positive feedback from patients accessing MSP advocacy or the move to the 2 stage complaints process could have contributed. It was noted that the complaint outcomes would have been the same regardless of the access route chosen.

Decision / Conclusion

The Committee reviewed and noted the Annual Report

Population Health

268 **Update on Public Health Reform – CCGC1920-30**

The Director of Public Health presented the report and highlighted the April 2020 go live date for new national public health body, Public Health Scotland and the link for the public health reform website where further details on the target operating model were available.

Decision / Conclusion

The Committee noted the report.

269 **Public Health – Leading and Delivering Change: Vaccinations and Screening– CCGC 1920- 31**

The Consultant in Public Health presented the report which provided an update on the complexity of the current vaccination programme and its proposed expansion and the impact on the delivery of health protection services for Orkney.

The Director of Public Health noted the importance of highlighting the number of programmes to the committee and identified that going forward this would be a commissioning challenge for the IJB.

Members were impressed with the local programmes and initiatives and intrigued by the differences in flu vaccine uptake rates during pregnancy. The Consultant in Public Health advised that more research was needed, but it could be that patients

with higher risks were looking for the vaccine because they were in touch with healthcare professionals but patients that were fit and well were not.

D Drever welcomed the informative and accessible report and asked if there had been any impact in Orkney from national issues regarding childhood immunisations. The Consultant in Public Health confirmed that the uptake rate for measles, mumps and rubella (MMR) was good and above target, but needed monitoring and noted that a programme was in place which reviewed uptake during secondary school to identify if any had been missed. It was also confirmed that there had not been any local impact, but measles had appeared in other parts of the county and there had been a cluster of mumps.

M Swannie noted the significance of the human papillomavirus (HPV) in females and wondered if there were any plans to do a catch up for males. The Consultant in Public Health advised that there were no such plans, but the age range for all cohorts would be extended from age 18 to 25.

Decision / Conclusion

The Committee noted the report

Social Work and Social Care

270 **Chief Social Work Officer's Quarterly Report – CCGC 1920-32**

The Head of Children's Health Services presented the report providing an update on matters relating to social work and social care for the period to the 10th July 2019 and highlighted the inspection of services to children in need of care and protection across the Orkney Community Planning Partnership. It was noted that inspectors would be on site during August and September 2019.

Decision / Conclusion

The Committee reviewed and noted the report.

271 **Minutes of Social Work and Social Care Governance Group 25th March 2019**

The Committee noted the minutes of the Social Work Governance Group.

272 **Update Report on Community Led Support – CCGC 1920-33**

The Head of Children's Health Services presented the update and encouraged wide engagement with the sessions highlighted.

It was agreed that a copy of the presentation slides would be circulated to the group for information.

The timing clash of the implementation of the programme with the hospital move was noted as the biggest challenge, but the volume and level of enthusiastic feedback was highlighted as overwhelmingly positive.

The Committee welcomed the report and noted the progress of Community Led Support in Orkney.

Chair's reports from Governance Committees

273 **Area Clinical Forum Cross Committee Assurance Report**

The chair highlighted the report and members noted the key messages

274 **Finance and Performance Committee – Cross Committee Assurance Report**

The chair highlighted the report and members noted the key messages

Risk

275 **Risk Register Report– CCGC 1920-34**

The Head of Transformational Change and Improvement presented the report and noted that a number of the risks reported would have changed dramatically with the recent move. It was confirmed that meetings with risk owners to update and develop the current risks faced by service areas were being arranged and details would be provided in the update to the next meeting.

It was also confirmed that the first invites to restart the risk management steering group had just been issued.

The increased risk from tourism in the summer months, with particular reference to the cruise ships was raised. It was noted that this risk had been raised previously with Scottish Government with regard to funding, but the impact had been deemed too transient to warrant a mitigation allocation.

It was agreed that whilst it would be difficult to separate the effect of general tourism from the impacts from cruise ships further exploration of summer activity may help clarify key concerns and identify opportunities for mitigation.

It was agreed that as Public Health were already exploring these issues the Director of Public Health would review the data and report back on any trends.

Decision / Conclusion

The Committee reviewed and noted the report.

276 **Agree risks to be escalated to the Audit Committee**

No risks for escalation to the Audit Committee were noted

277 **Emerging Issues**

Migration Update

Members were advised that the move to the new healthcare facility had been completed for all services, except renal and the central denomination unit (CDU). Renal and CDU teams had remained in the old building as it was agreed as the safest place, but assurance that there had been no operational impact on theatres and that dialysis services had been maintained was provided.

It was hoped that renal would make the transition to the new building during July, but

there was no timescale for CDU as the issues were more technical and complex.

278 **Any other competent business**

J Richards highlighted liaison work with Scapa Court residents and noted feedback as generally positive with just couple of issues regarding strange noises to be addressed.

279 **Agree items to be brought to Board or Governance Committees attention**

It was agreed to raise the following issues to the Board through the chair's report:

- The Financial implications of the Primary Care Improvement Plan

Items for Information and noting only

280 **Schedule of Meetings**

The Committee noted the schedule of meetings for 2019/20

281 **Record of Attendance**

The Committee noted the record of attendance.

282 **Committee Evaluation**

The Chair thanked all for their contribution to a robust agenda and in depth discussions.