HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**Tuesday 16 January 2024 at 10.00am**

Present:

Ann Clark, (Chair)
Elspeth Caithness, (Employee Director)
Bert Donald, (Whistleblowing Champion)
Sarah Compton-Bishop (Non-Executive) until 13:00 pm
Steve Walsh (Non-Executive)
Kate Dumigan (Staffside Representative)
Philip MacRae (Vice Chair)
Dawn Macdonald, (Unison Staff side representative) until 12:13 pm

In Attendance.

Gareth Adkins, (Director of People and Culture)
Gaye Boyd, (Deputy Director of People)
Fiona Davies, (Chief Officer, A & B HSCP)
David Park, (Deputy Chief Executive)
Katherine Sutton, (Chief Officer, Acute) from 10:45 am
Ruth Daly, (Board Secretary)
Helen Freeman, (Director of Medical Education) from 11:19 am until 12:32 pm
Richard MacDonald (Interim Director of Estates, Facilities and Capital Planning)
Louise Bussell, (Nurse Director)
Simon Steer (Director of Adult Social Care) from 10:05 am until 12:00 pm
Arlene Johnstone (Head of Mental Health Services)
Geraldine Collier (People Partner) from 10:44 am until 11:19 am
Karen Doonan (Board Committee Administrator)
Natalie Booth (Board Governance Assistant)
Lianne Swann (Corporate Records Assistant)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Committee members, Pam Dudek with David Park deputising; Heledd Cooper, and Pamela Cremin with Arlene Johnstone deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 8 November 2023

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

The Director of People and Culture highlighted;

- Action no 106 – there is a short life working group (SLWG) that has been set up and is continuing to meet. A further update will be given around July
- Action no 119 – this will be discussed later on in todays agenda

The Chair queried Action no 108 and asked if there was any further update on this item specifically on relation to timeline for reporting. It was noted that this was still in process. The Director of People and Culture stated that there was still work ongoing regarding the workforce plan for the Maternity Business Case and that he would have a discussion offline with the Employee Director.

Action: Director of People and Culture to discuss offline with the Employee Director

D Macdonald queried whether there was staff side involvement in the action plan that was to be created for the whistleblowing item. The Director of People and Culture confirmed it was not an HR process that was involved and stated that there would be an action plan that staff side were welcome to discuss further.

The Committee **Agreed** to close actions proposed for closure and otherwise **Noted** the updates.

2.3 COMMITTEE WORKPLAN

The Chair noted that there was a meeting scheduled for February for the workplan to be reviewed and the workplan may change as a result. Committee members were welcome to suggest any further items to be put on the workplan. S Compton-Bishop highlighted to committee that there was a review of all committee workplans that was currently underway to streamline the work that is done and to try to prevent duplication of work by committees.

D Macdonald highlighted the Oban staffing item under “hot topics”, this had shown an area where there appears to be issued. The Chair highlighted that any actions outstanding in relation to ‘hot topics’ had been added to the Action Plan and that in future any immediate concerns should be raised under “matters arising” on future agendas. The Nursing Director highlighted the role of local partnership forums and that issues should be being raised initially within these groups, discussed and escalated if needed..

The Chair asked committee members if they had any other suggestions for workplan items to contact herself or the Director of People and Culture directly.

3 MATTERS ARISING NOT ON THE AGENDA

3.1 Oban Medical Staffing Plan

The Director of People and Culture outlined that the action plan was created in response to the issues that were raised, and the urgent issues have now been addressed. B Donald outlined his visit to Oban and his meeting with some of the medical staff there. He highlighted the issues around accommodation and the delays around the recruiting of staff. He queried whether the solutions were sustainable and if there was a substantial cost involved. Discussions were had around the question of if this was not sustainable if there was another model that could be looked at. It was noted that this issue was across the remote and rural areas and not just in Oban.

The Director of People and Culture explained that there was a national approach in place to address staffing shortages. He highlighted in particular the staffing groups that involved professional registration and explained that in those areas there may need to be a different approach taken to workforce planning and recruitment.

- There is a group being created for professional leads to come together to discuss this further. Scottish Government have issued a letter detailing how medical professional roles could be expanded in Scotland. This was being looked at and staff side need to be involved in these discussions.
- Emergency practitioner roles – this is being explored within NHS Highland and there has been some work around rural emergency practitioner roles.

The Chair asked for assurance that risks identified within the plan were being monitored. The Chief Officer for A & B HSCP confirmed

- Lorne & Islands hospital is in the scheme of delegation for the Integrated Joint Board (IJB). All staffing issues and monitoring will go through the IJB including any health & safety issues.
- Regarding accommodation there have been changes to the management structure within estates and planning and Keiran Ferguson appointed to the new post. Various options were being worked to address shortages of accommodation, including looking at taking on local leases in Oban. There was a missed opportunity to look at options across the entirety of NHS Highland, but this has now been addressed. There are differences in A & B regarding how the Council works regarding social housing.
- Changes within Lorne & Islands hospital model is the highest cost within the budget for last year. There is a query of whether this model is sustainable due to the costs. Scottish Government has not made any changes to the Rural General Hospital model in several years, and this is an issue as it limits the options available to NHS Highland.
- A substantial amount of the medical cover is undertaken by Glasgow, and this is often hidden due to the complex nature of the model. Any changes to the model would have to consider the medical cover that is supplied by Glasgow. Attempts have been made to improve the connections between A & B with Glasgow.
- Attempts have been made to improve the executive connection between A & B and Glasgow. A link director is now in place and this has proved beneficial to increase and strengthen the specialist connection.

In answering B Donald's query regarding frustration around delays in recruiting of staff the Director of People and Culture highlighted:

- Job train was a system that was implemented during the pandemic and is a nation-wide system which has self-service focus
- There are various processes within Job train that are not efficient and there is a need to look at them and see how they can be altered to create a more efficient system
- There is a working group that has been set up to work with managers to look at the system
- There is an improvement group that has been set up to look at the data to establish pinch points within the processes, this would identify where the delays are taking place so that they can be addressed

The committee **reviewed** the report and agreed to take **moderate** assurance.

4 SPOTLIGHT SESSION – Argyll and Bute HSCP

The Chief Officer Argyll and Bute introduced the presentation and explained an overview of staff governance performance in Argyll and Bute would be discussed. The presentation highlighted the following key points:

- Workforce Systems Teams continued to assess data quality based on agreed data quality principles and address data quality issues at source to ensure that workforce data is of high

quality, reliable, and valuable to HSCP, and its stakeholders. Work continues to develop integrated (NHS and Council) data sets.

- The Argyll and Bute HCSP senior leadership team include both Council and NHS employees under the line management of the Chief Officer Argyll and Bute. Employees from both organisations work jointly to utilise capacity and resources.
- Staff governance activity and reporting is reported to the Integrated Joint Board. Workforce planning, and culture and wellbeing is reported bi-annually, and workforce data is reported quarterly.
- There had been a small increase in workforce over the last 12 months, with a significant increase in nursing and midwifery workforce. The figures include nurse staff that had been transferred to Board employment as part of contract changes for GPs.
- Workforce in Argyll and Bute was predominantly female and part time. Senior Leadership numbers were lower than other areas of the Board with Leadership capacity weighted toward direct management of integrated teams and services.
- There are 40 employees under 25 employed by the NHS within the Argyll and Bute HSCP with measures being taken to increase that figure.
- Council and NHS Workforce data is reported and presented differently which can be challenging for decision making but are both presented to the Integrated Joint Board for scrutiny.
- NHS sickness absence in Argyll and Bute is lower than the NHS Highland Board average. Sickness absence in the council is recorded as working days lost whereas NHS record percentages.
- Support should be provided to management to enable them to report sickness absence codes effectively as 32 per-cent of recorded sickness did not provide a reason.
- There had been a review of the employee relations data reporting to provide understanding of cases being opened and closed.
- There had been a five per-cent increase in mandatory training (NHS) completion rates since June 2023. The Chief Officer Argyll and Bute commended those involved in increasing those numbers.
- Appraisal completion was 28 per-cent across the partnership. Focus for the HSCP would be to ensuring personal development plans are in place for employees.
- iMatter completion rates had increased for the second year in a row. Employee engagement index is consistent. It increased marginally by 1 from last year, even with increased responses (77-78). The Board wide employee index was 76.

D MacDonald queried data relating to the redeployment register not being presented as part of the spotlight session. She emphasised that it would be good to have visibility of the data to understand progress and highlight any improvement required.

In response, the following points were raised:

- The Chief Officer Argyll and Bute acknowledged that the length of time some had spent on the redeployment register is unacceptable and needs to be resolved.
- The Director of People and Culture explained that redeployment data was not part of the standard data pack expected from services. He assured the committee that the organisation would review the data with the Chief Officers to focus on finding a solution for longer term issues.

The Whistleblowing Champion queried if further whistleblowing data was recorded other than the report provided to the Integrated Joint Board. Noting the managerial focus, approach taken to improve statutory and mandatory (Statman) completion, he asked if a similar approach could be taken to improve appraisal completion rates.

In response, the following points were raised:

- Chief Officer Argyll and Bute advised the capacity of our local managers to focus on and prioritise issues is limited. There are pressures in the system which has an impact on time managers have to focus on routine items. We have been in a fortunate position in Argyll and Bute due to the winter planning we've put in place minimising the impact on capacity which in turn may have enabled managers to feel they've more headspace to work with staff on issues such as Statman training. A critical success factor will be maintaining a calmer operational system so staff can make routine decisions rather than reactive decisions.
- The Director of People and Culture noted that having the correct managerial structure was key to ensure there was capacity to undertake fundamental people processes. He highlighted that it was a Board requirement to ensure completion of Statman training and appraisals is complete. Board requirements are cascaded through the organisation structure and employees have a responsibility to participate.

The Committee Chair noted Argyll and Bute had a management structure that had a higher number of lower-level management and what seemed like capacity to make routine decisions. She questioned if that model could be considered to wider parts of the organisation. The Director of People and Culture explained that the Chief Officers of Acute and Highland HSCP had been reviewing their management structures to ensure efficiency and fitness for purpose. One model would not be applicable across the organisation.

The Committee **Noted** the update.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 IPQR Report & SGC Metrics

The Director of People and Culture noted that the SGC Metrics included data covering all geographic areas of NHS Highland. Sickness absence remained above the national Scottish average. Committee discussion could help identify actions to improve recorded absence reasons. Regular divisional metric updates to Staff Governance would be beneficial to prompt discussion and highlight required focus areas. Recruitment challenges experienced with 'time to fill' having remained. Improvement work would continue in attempt to reduce average time to fill positions. The Statman short life working group had taken a stepped approach to improve Statman training compliance. Further work would be undertaken to increase appraisal completion rate.

The Committee Chair highlighted discussion about adding benchmarking and trajectory information to the Board IPQR. She asked to what extent benchmarking information was available for SGC metrics and trajectories set for improvement areas.

The Director of People and Culture made the following points in response:

- Benchmarking data should be reviewed when available. Holding a development session to discuss benchmarking data and how to use it within quality management would be beneficial.
- We should review annual metric reports to understand past performance and plan for the next 12 months. This would enable improvements to be made in the required areas.
- Explained it would be beneficial for further discussion to be had about general data reporting.

The Committee Chair noted the points raised by the Director of People and Culture and suggested further conversation occur at the workplan session in February 2024.

The Board Chair queried the Board's response to sickness absence figures and how the organisation was supporting staff. The Director of People and Culture noted streams of work in the organisation to support staff with their health which included the Health and Wellbeing

strategy. More focused action was required to improve the recording of absences so that better assurance could be given that appropriate support was being provided.

D MacDonald advised occupational health would have detailed data relating to sickness absence reasons. A Johnstone highlighted that it would be interesting to understand if there was a link between stress and anxiety sickness absences and those going through HR process. The Director of People and Culture noted occupational health data would be beneficial but confidential factors do need to be considered. It was important to note that short term absences do not often get referred to occupational health. He clarified that workplace stress could be linked to stress and anxiety absences but there could also be external factors for individuals resulting in stress and anxiety.

Action: Discuss options for a development session to discuss benchmarking data and how to use it within quality management.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.2 Annual Medical Education Report

The Director of Medical Education spoke to her presentation which covered key points from the circulated Medical Education Annual Report 2023 including the role of the Medical Education Team; national report findings; Good Medical Practice standards; trainee feedback; quality assurance; activities and achievements of the team; and the priorities for 2024.

The role of the Medical Education Team was to support development, delivery, innovation and quality assurance of medical education across NHSH and the key remit was to ensure General Medical Council (GMC) standards were met. 600 medical students, 220 doctors in training and several clinical development fellows were hosted in 2023 and 190 trainers were supported.
National reports which influenced medical education delivery in NHSH found that 38% of Doctors described themselves as struggling; 57% described their work as emotionally exhausting; 40% felt burnt out; Doctors in training satisfaction with work decreased from 85% to 50%; and trainers had described more negative experiences than non-trainers. There was also found to be an increase in less than full time working; changing career choices; increase in choosing specialist and associate specialist roles; increased international graduates joining the register (52% in 2021); only 30% of FY2 Doctors were choosing to apply direct to specialty training; and there had been a decrease in applications to medical school for the third year running.

New Good Medical Practice standards would be launched by GMC on 30th January and would address many of the issues around workplace culture and inclusion and in particular issues around sexual misconduct in healthcare. The presentation also covered the GMC standards for medical education training.

Feedback had been sought from a variety of routes from trainees including the Scottish Training Survey; GMC National Training Survey; a monthly trainee forum; the iMatter pulse survey; through 6 Chief Residents who were trainees keen to develop leadership skills; and through local feedback sessions held with trainees. Key themes arising were Workload and Staffing; Wellbeing Needs; IT infrastructure; Rota Management; and experiences with pay, bank and onboarding.

Quality Assurance was addressed through work with the Scotland Deanery and the Equality Team. Output from the Deanery's Quality Review Panel came out in December and showed that there had been no sites on GMC enhanced monitoring; the previous Oban Action Plan Review Monitoring (APRM) had been closed; one triggered visit to Raigmore Emergency Medicine had no requirements; one triggered visit to Raigmore General Internal Medicine had an ongoing APRM; there had been a triggered visit to Belford hospital for 2024; there was a quality engagement meeting at Raigmore Trauma & Orthapaedics; and there had been several Fact Finding Meetings at Newcraigs, Raigmore, Acute Care Common Stem and Paediatrics.

Activities and achievements of the team included new bootcamps and a new faculty training course; award winning research on implicit bias; national and international presentations; receipt of the Environmental Sustainability Award at Annual Scottish Medical Education Conference 2023; an active trainer development programme; continued contributions to culture work; development of a discretionary fund and outreach activities; expansion of trainee establishment; and recognition for contributing to University of Aberdeen Medical School ranking 1st in UK Guardian student survey. There had also been several Good Practice Letters for both postgraduate and undergraduate training.

Our priorities will be undergraduate expansion, with significant expansion ongoing in Scotland therefore we need to look at how we can contribute to that; accommodation provision is a huge barrier for us and we're working with our Estates colleagues to look at what the potential is along with how we innovate and the delivery of our training.

This will help create additional capacity, promote remote and rural pathways and enable us to work with our schools in addition to a lot of ongoing work in the postgraduate sector around quality improvement, particularly the induction process that we've taken over from colleagues in the medical treatment team which will involve how we support trainee wellbeing, promote workforce establishment and working with NES including a piece of work around our foundation training experience. We will also work on how we support our trainers, with a focus on sustainability and embedding that into the medical education we deliver.

There will be a conference themed on sustainable healthcare in 2024 with a variety of speakers such as Sir Michael Marmot and Dean Parveen Kumar; the plan also involves continued focus on EDI and supporting international colleagues.

The Director of Medical Education confirmed that Medical Associate professions will be regulated by the GMC towards the end of this year and some work will be needed to ensure we support all our learners and colleagues in the workplace and continue to develop training around professions and leadership, particularly in the context of the new good medical practice standards.

During discussion, Committee members raised the following issues:

- The Nurse Director asked whether there had been any comparisons made between the current dip in job satisfaction and the pre-pandemic numbers. The Director of Medical Education responded that there had been a change in the way GMC collected data which made it difficult to look back that far and while there may have been a false dip following the height of the pandemic when people may have felt more valued, there was strong evidence that morale had dropped, trainees were not in a happy place and that there was a drop in satisfaction more globally.
- The Chief Officer (Acute) suggested that there needed to be consideration given to supporting the changing needs of the new generation coming into the workforce and that there was a need to consider mental health more generally across the population and to look beyond the NHS to learn from other employment sectors' approach.
- B Donald asked whether the request for support from the Board to progress opportunities to explore Additional Cost of Teaching (ACT) funding for additional accommodation infrastructure had been taken forward and the Director of Medical Education responded that several discussions had taken place with the Interim Director of Estates, Facilities and Capital Planning and there was confidence this would be progressed. The Interim Director of Estates, Facilities and Capital Planning further added that there was an opportunity for funding to provide additional accommodation at Raigmore and this was being taken forward as a project which would be governed through the existing asset management structure. A site had been identified through discussions with Highland Council and funding discussions had taken place with Finance to move funding from revenue to capital. There had also been discussions to explore possibilities with partners around housing with both Highland and Argyl and Bute Councils and The Director of Medical Education had been asked to produce a plan of where the requirements would be so that this could be supported.
- B Donald asked what was being done or what could be done to remedy falling short of the BMA facilities charter's wellbeing standards, particularly around the provision of hot food

and the Director of Medical Education responded that a pilot for having facilities open out of hours was due to go ahead but there had been resourcing challenges and while this could potentially be resourced by medical education, these facilities would be available to all staff and so opinions were sought around whether there would be support to progress this. The Employee Director agreed that all staff could benefit from out-of-hours facilities. The Director of People and Culture was supportive of a pilot programme as it would help gauge uptake.

- The Board Chair asked, in relation to the report's findings around equality and inclusion and international students whether the intolerable discriminatory behaviour which had been identified both within the community and the workforce was being tackled and what would be done to further eliminate it. The Director of People and Culture reassured that there was a zero-tolerance policy on discriminatory behaviour but that there was a need to understand if there was anything thematic which required addressing. Regarding issues with the local population being discriminatory, there was a need for this to be addressed. A Diversity and inclusion group was being set up to look at a Diversity and Inclusion Strategy for staff which would come back through the governance structure for approval with an action plan created to tackle the issues. One of the challenges identified within the medical community had been the potential creation of a culture of fear to speak up, owing to the close relationships between trainees and the consultant body. The Chief Officer, Acute noted that it was encouraging to see, within the report, that people were starting to speak up, so things were headed in the right direction.
- P MacRae asked whether Doctor apprenticeships was something that was happening in this area, was it realistic for this area, could this become a potential pathway to becoming a Doctor. In relation to this, the Chair asked how the education of other professional groups was dealt with. The Director of Medical Education responded that the apprenticeship model was being trialled in England and while it had been explored during the expansion of medical student places, it was controversial. There were challenges involved including the risk of creating something that was perceived as a two-tier system between the classic university model and the apprenticeship model. There would be the additional cost to the board of employing the apprentices. Whether it would work in this board was uncertain and unlike more traditional apprenticeship routes, there would be a need for a university to sign off apprentices with a medical degree. While it was being explored, the expectation was that the two-tier element would be problematic and that it would be preferable to look at ways to deliver medical education differently within an undergraduate degree so that the equity of opportunities was addressed. The Director of People and Culture advised that the Learning and Development group was being revitalised and an employability framework was to be developed with a view to taking stock of what was already in place and where it could be expanded. It was noted that the NHS in England had been offering various types of apprenticeships, not exclusively in medicine, and that this could also be explored here, although the policy direction from Scottish Government would also need to be considered.
- The Employee Director was keen to take this report to the APF for discussion to explore ways of improving partnership working with medical staff and asked for suggestions around how to include BMA colleagues in those discussions.
- Chief Officer, Argyll and Bute, asked whether there had been any engagement with councils around educational attainment and the impact this has further down the line for accessibility to medical education. The Director of Medical Education advised that they had been looking at exam results across the region to understand what the attainment was although this was likely to make very slow progress. Another area that was being considered was contextualised entry or a gateway programme. The latter had already been in place with Aberdeen University and allowed recruitment to medicine whilst acknowledging the regional attainment challenges.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.3 Strategic Risk Review

The Director of People and Culture highlighted that the level two corporate risks had been reviewed and further work was required to make changes to the risk register. Two risks had been added to the level 2 corporate risk register following a health and safety workshop. Providing assurance and reporting on health and safety would be refreshed and it was noted that the risk-register highlighted controls and mitigations.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.4 Health and Wellbeing Group Update

The Director of People and Culture explained the Health and Wellbeing group update paper that had been circulated to the committee outlines the focus of a Health and Wellbeing Strategy to be developed for NHS Highland by the 2024/2025 financial year. The Argyll and Bute People partner had taken the lead officer position for the Health and Wellbeing group.

The Deputy Director of People highlighted wellbeing work in various pockets of the board has been ongoing and employee supports continue to evolve though normal business as usual activity. Feedback from project wingman had been incorporated into deliverables and future priorities.

In discussion,

- Project Wingman evaluation findings would be incorporated into the Health and Wellbeing strategy, but the strategy would be aimed to provide guidance on what support and help is available to employees, from the organisation.
- The Committee Chair commented that fundamentals such as new employee inductions, accommodation and employee assistance programme are important to support the Health and Wellbeing of employees.
- Chief Officer Argyll and Bute highlighted the importance of psychological safety at work and that it was critical for employees to feel able to share risks they are dealing with in the workplace with the organisation.
- In response to the Chief Officer Argyll and Bute the Director of People and Culture agreed that psychological safety in workplace was critical but would require wider discussions out with the Health and Wellbeing strategy remit. However, it was noted that the Health and Wellbeing strategy supported psychological safety in the workplace through encouraging employees to part take in self-care.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.5 Staff Governance Committee Self-Assessment Outcome

The Committee Chair noted the committee self-assessment review had been completed taking into consideration the Board's response to the Lucy Letby situation as committed to in the response to the Cabinet Secretary.

In response to the Board Chair suggesting that frugal governance discussions should investigate whether information and data within papers was sufficient and easy to understand. The Director of People and Culture noted:

- The need to develop an approach to enable the triangulation of data to move away from single item data sets.
- Discussions between the Medical Director, Nurse Director and Director of People and Culture had occurred on the creation of a quality assurance framework that allows data triangulation.
- Clinical professionals and staff side should be involved in quality assurance framework discussions, so it is representative of all service areas.

The Committee Chair highlighted the bold areas in the table were potential areas of improvement and welcomed feedback from the committee to identify specific actions.

It was noted that there is an interrelationship between committees in terms of attendees and discussion items, therefore governance structures are not always clear. Members agreed that to ensure efficiency and effectiveness in committee governance, it would be beneficial for guidance to be provided on the purpose of each committee and the assurance elements. Having the guidance would ensure members and attendees understood in which forum it was appropriate to raise points. Chief Officer Argyll and Bute commented she was keen to ensure the governance for each committee was defined to increase efficiency and avoid duplications.

P Macrae reflected that he felt the committee self-assessment exercise had captured the required areas of improvement.

Action:Committee Chair to discuss points raised with Director of People and Culture and Ruth Daly and propose any necessary actions in a paper for the next meeting. .

The committee **reviewed** the report and agreed to take **moderate** assurance.

6. Items for Information and Noting

6.1 Area Partnership Forum minutes of meeting held on 08 December 2023

The committee did not raise any points on this item.

The committee **noted** the minutes of the Area Partnership Forum meeting held on 8 December

6.2 Health and Safety Committee minutes of meeting held on 12 December 2023

The Director of People and Culture noted that the Health and Safety Committee did not meet in December 2023. There had been a workshop to review improvements and an agenda planning was due to be held in the upcoming week to discuss the content of the February meeting.

The committee **noted** the update

7. Any other Competent Business

The committee did not raise any points on this item.

8. Date and Time of Next Meeting

The next meeting is scheduled for Wednesday 5 March at 10 am via TEAMS. The Development Session is to be held on 17 January at 10.00 am via Teams.

9. 2024 Meeting Schedule

The Committee noted the meeting Schedule for 2024:

5 March, 7 May, 9 July, 3 September, and 5 November.

Meeting Ended 13:05 pm