

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	
<b>MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</b>	<b>8 November 2023 at 10.00am</b>	

**Present:**

Ann Clark, (Chair)  
 Elspeth Caithness, (Employee Director)  
 Bert Donald, (Whistleblowing Champion)  
 Sarah Compton-Bishop (Non-Executive) until 1.00pm  
 Pam Dudek, Chief Executive  
 Kate Dumigan (Staffside)  
 Philip MacRae (Vice Chair) until 12.20pm  
 Dawn Macdonald, (Staff side representative)

**In Attendance.**

Gareth Adkins, (Director of People and Culture)  
 Gaye Boyd, (Deputy Director of People)  
 Heledd Cooper (Director of Finance)  
 David Park, (Deputy Chief Executive) from 10.23am  
 Katherine Sutton, (Chief Officer, Acute), from 10.51am until 12.53pm  
 Ruth Daly, (Board Secretary)  
 Helen Freeman, (Director of Medical Education) from 10.23am  
 Helena Young (Scottish Clinical Leadership Fellow) from 10.33am until 12.08pm  
 Louise Bussell (Nurse Director) until 12.52pm  
 Richard MacDonald (Depute Director of Estates, Facilities and Capital Planning)  
 Ruth Fry (Head of Communications) from 10.22am  
 Simon Steer (Director of Adult Social Care) until 12.58pm  
 Arlene Johnstone (Head of Service)  
 Bob Summers (Head of Occupational Health and Safety) from 12.26pm until 12.53pm  
 Natalie Booth (Board Governance Assistant)  
 Lianne Swann (Corporate Records Assistant)

**1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. An apology for absence had been received from Committee member Claire Lawrie, (Staff side representative).

It was also noted that the following would not attend the meeting: Boyd Peters (substituted by Helen Freeman), Tim Allison, Fiona Davies, Pam Cremin (substituted by Arlene Johnstone), and Alan Wilson (substituted by Richard MacDonald).

**1.2 Declarations of Interest**

There were no declarations of interest.

**2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION**

## 2.1 MINUTES OF MEETING HELD ON 6 September 2023

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

## 2.2 ACTION PLAN

The Chair highlighted that the following actions were proposed to close:

- Item 115 – The action plan referred to discussions arising from the Cabinet Secretary's letter about the Lucy Letby Case. These discussions had now taken place, a response to the letter had been submitted and a copy had been circulated with the papers for the meeting. It was noted that the committee would carry out its self-evaluation in early course and this would be discussed later in the meeting.
- Item 107 - The format of the Strategic Risk Review had now been changed.
- Item 111 – Reporting of the ADP was on the agenda for this meeting.

The Director of People & Culture provided progress updates on the following:

- Actions relating to Health & Safety would be reviewed and would take account of the outcome of the Committee's consideration of item 6.9 on the agenda for the meeting.
- Item 106 – There was ongoing work around the Short Life Working Group for Statutory Mandatory Training which would be discussed later in the meeting. While the group's focus was on training, there would also be a broader piece of work around how to bring together corporate, clinical, and medical education and further clarity on this would be brought to the next meeting.

The Committee **Agreed** to close the items above and otherwise **Noted** the updates.

## 2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Director of People & Culture proposed a new way of dealing with hot topics for the future as several hot topics had stayed on the list for some time. These items would, in future, be raised through matters arising and, if an action was agreed, the item would be moved to the Action Plan.

In relation to items currently on the hot topic list, items would be either closed or an action created for the Action Plan. The Director of People & Culture proposed to close the following items:

- Statutory and mandatory training compliance – on the agenda for this meeting and short life working group in place.
- Workforce costs and availability – this was ongoing and would be dealt with through ADP.
- Improving data and insights – no further action was required so this item could be removed from the hot topic list.
- Winter planning and resilience (including industrial action) - on the agenda for this meeting.

The Director of People and Culture proposed to add the following items to the Action Plan:

- Improvement Notices at New Craigs – there had been ongoing work with updates to a previous meeting. He proposed a further update for March 2024.
- Oban Medical Staffing Plan Update - this was a historical item with work previously undertaken in relation to Lorn and Islands Hospital and a visit by the Deanery and NES. An update would be sought for the next meeting so that this item could be closed off.

The Committee **Agreed** to these proposals.

The Workplan was provided for review and the Director of People and Culture advised that the workplan would be developed for the 2024/25 Financial Year.

Responding to a query from the Committee Chair about sequencing and timing of the Guardian Service 6-monthly update and the iMatter High Level Results, the Director of People and Culture agreed that these items would be rescheduled.

- **Action** Director of People and Culture to provide update on Improvement Notices at New Craigs in March 2024.
- **Action** Director of People and Culture to provide update on the Action Plan for Lorn and Islands Hospital for next meeting.

### 3 **MATTERS ARISING NOT ON THE AGENDA**

None

### 4 **SPOTLIGHT SESSION – Finance**

Heledd Cooper, Director of Finance

The Director of Finance provided a Workforce Report presentation which covered statistics, performance and development work of the Finance and Procurement teams.

The three main directorate functions were Area Accounting, Financial Management and Procurement. The directorate had a total headcount of 148 with a variety of reviews and organisational change processes having been undertaken recently. The Workforce Profile was provided in terms of age, sex and banding and it was noted that there was a high proportion of females within the team. Sickness absence had progressively reduced over the last year and was now lower than the national average at 3.11%. The team had successfully focused work on increasing colleague StatMan training. The team had a target of completing all appraisals by the end of November with the Procurement Team being fully up to date with all appraisals. iMatter results showed improvement across all areas each year since 2021. The highest scores related to line manager approachability and care of staff's health and well-being, while the lowest scores related to involvement in decisions relating to the organisation and the visibility of board members.

There had been an increase in professional qualifications across the team with 16 training posts being established including apprenticeships and placements. The importance of keeping abreast of changing professional regulation and practice was being emphasised for all employees not just for those wishing to develop their career.

Procurement had undergone a full restructure and a restructure of Financial Management was in progress. Following an all staff away day, improvement groups had been set up to focus on personal, team and organisational development, and talent management and attraction.

During discussion, Committee members raised the following issues:

- D MacDonald asked if the organisation could look at more joined-up working to connect those who are in redeployment with available opportunities. Director of Finance agreed there may be room for improvement in this area which could be investigated. The Director of People and Culture suggested more consideration could be given to supporting those who wished to retrain as opposed to only considering their current skills. In addition, he suggested that there was a need for a shift in thinking when trying to attract new people into the workforce in line with modern job-seeking approaches, which tended to be driven by interest in a subject area or cause, rather than a particular function. The chair also mentioned the organisation's role as a corporate parent within the scope of broadening the employability framework.
- B Donald asked what was done to achieve the excellent results in the Procurement team's appraisal completions; whether the same methodology was being applied to other areas of the Finance directorate; and whether this approach could be shared across the organisation more widely. The Director of Finance responded that the

success of the Procurement team in this area had been largely due to the team leader's efforts over the last 12 months. The Area Accounting stats were much lower owing to the team leader being new to the role, however, there had been significant improvements in statutory and mandatory training completion rates within this team and appraisal completions were a priority. It was also noted that the system of recording meant that only appraisals that had been fully completed and signed off had been reported. The general approach had been to ensure that all appraisals were done at a senior level and that this cascaded down through the teams as well as promotion of personal responsibility in participating in the PDR process. The Director of People and Culture welcomed the structured approach demonstrating good leadership at every level, and encouraged more visible reporting and being explicit about performance elements to be discussed in appraisals.

- S Compton-Bishop was impressed by the improvement groups and asked how long they had been running and if there had been any challenges in terms of attendance and time commitment. The Director of Finance advised that they were relatively new, having been set up in March 2023 with most groups having met once, and that their success was due to the passion of the individuals about their chosen area. S Compton-Bishop requested feedback on the success of the groups in 6 months. The Chief Executive praised the Director of Finance for all the work that had been done on this, particularly the structured and inclusive approach, as it demonstrated the standard of leadership and management desired throughout the organisation. The Director of Finance highlighted that an essential element of their success had been the team's understanding and ownership of personal responsibility to continued professional development.
- The Chair asked, in relation to the Anchors Strategic Plan, if there was a national approach to decentralisation, in terms of where people were based within corporate support services and was this something that would be considered as part of the Anchor approach. In response, the Director of People and Culture advised that this was a complex topic, which was less about where people are based and more about considering buildings, people and how we work in terms of local employment and access to talent.

The Committee <b>Noted</b> the terms of the presentation and the specific workstreams highlighted during discussion and looked forward to the 6 monthly update on the improvement groups' activities as described in the presentation.
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## 5 ITEMS FOR APPROVAL

### 5.1 Staff Governance Monitoring Response

Report by Gaye Boyd, Deputy Director of People

Introducing the report, the Director of People and Culture advised that it aligned with the latest Scottish Government format. It provided a reflective view of what was happening on the ground and staff side comments were welcomed. The Employee Director commented that the report, which reflected the previous year's activity, had been completed in partnership and that it was open and transparent. It had already been considered by the Partnership Forum and its future development would be crucial. The Deputy Director of People advised that the document had to be submitted by 4 December.

P MacRae enquired as to whether the zero responses shown by the Facilities Team in the Overarching Culture and Values section of the report was a concern. The Deputy Director of Estates and Facilities confirmed that several staff didn't have access, or were unable to use computers, to complete the survey and this was being addressed this year. D MacDonald shared Unison's long-standing concern over sections of the workforce such as domestic staff, catering staff and porters not having access to computers. The Deputy Director of Estates and Facilities confirmed this matter was being addressed with supervisors having been asked to ensure staff had access to a computer.

D MacDonald asked what support was available for a member who was dyslexic and had asked for assistance. The Director of People and Culture highlighted the Reasonable Adjustments process, and that staff should be able to raise such issues with line managers. However, a strategy and action plan would be developed as part of Diversity and Inclusion with a focus on neurodiversity. This would centre around valuing diversity and making reasonable adjustments to facilitate people's ability to make their best contribution.

P MacRae asked why the Appropriately Trained section of the report didn't include an overall view of the number of apprenticeships and the Depute Director of People responded that this information was difficult to get because the report called for the previous year's figures. However, these figures would be available for future reports.

P MacRae asked if there had been a missed opportunity by not including anything in the Optional Evidence section. In response the Depute Director of People welcomed any suggestions from this committee as nothing came up in Partnership meetings.

The Chair referenced the Staff Governance Standard responsibilities on employees to keep up to date with training, personal development, reading communications. She asked whether the extent to which employees fulfil their responsibilities is measured as part of the monitoring response or elsewhere. The Depute Director of People responded that while this was measured, it was not currently displayed and could be considered for next year's response.

The committee **approved** the response.

## 6 ITEMS FOR REVIEW AND ASSURANCE

### 6.1 People and Culture ADP Q1 Report

Report by Gareth Adkins, Director of People and Culture

The Director for People and Culture highlighted that good progress was being made with the delivery plan within the people function. The report noted key elements and gave an update on progress made to date. Moderate assurance was proposed on the basis that the delivery plan was progressing as planned.

P MacRae queried the timeframe for resumption of staff engagement work. The Director for People and Culture advised that discussions had been progressing with the Head of Comms and Engagement and that a proposal would be submitted to the Culture Oversight Group and a further update would be provided to the committee.

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

### 6.2 IPQR/Metrics

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained compliance for recording of the NHS Highland absence rate had been progressing. The Statutory and Mandatory (Statman) training completion rate continued to improve monthly and noted the practical training completion rate remained low. Statman challenges and key barriers continued to be monitored through the Statman Oversight Improvement group. The Health and Wellbeing Strategy group had been progressing with the strategy for NHS Highland which would be completed by the end of the current financial year.

During discussion, the following points were highlighted:

- The IPQR had recorded a low uptake of exit interviews for leavers and the organisation should take the steps for this to become business as usual.

- Absences with no reason recorded. There was learning to be had from the progress seen in the Estates Directorate with only ten per cent of absences with no reason recorded. Education and awareness when inputting absences into the system would improve accuracy of reporting data.
- 44 applications had been received through the retire and return policy. Fewer applications were anticipated once the flexible retirement policy was introduced. The flexible retirement policy would require an assessment to determine the organisational risk and benefits. The Chief Executive explained workforce planning would need to be aligned to the outcome of the assessment to avoid service gaps arising from the complex ways for staff to stay in work while collecting their pension. The Director of People and Culture noted this point as a live issue, and compliance with national policy would be required. Further thought would be required on the concept of flexible working and what would be deemed a reasonable request. Two policies may be required to ensure processes are available for areas not covered by national policy.
- The Nurse Director noted the requirement to assist management with workforce planning through learning and development to provide understanding of policy change and its implications.
- The Director of People and Culture advised that further discussion could take place outwith the meeting to respond to questions from D MacDonald on monitoring sickness levels of colleagues going through HR processes, and from the Director of Medical Education relating to the recording of clinicians' sickness absences.

The committee <b>reviewed</b> the report and agreed to take <b>moderate</b> assurance.
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### 6.3 Comms and Engagement – Six-Monthly Report

Report by Ruth Fry, Head of Comms and Engagement

The Head of Comms and Engagement provided a presentation on the progress against the 2023-24 action plan to refine, evaluate and plan communication (comms) and engagement activity, improving core communication channels and processes, and comms content being aligned to core values. An online briefing form was currently being piloted to enable services to make action requests through the comms team. The online briefing form would continue to be reviewed to refine content and assist work planning in the comms team. Campaign evaluation had begun to be recorded in a standard template to provide services the opportunity to plan communication outcomes earlier. Further engagement would take place between the comms team and services to identify audiences and evaluation methods before the comms process begins.

Executive Directors vlogs had been included in the 'weekly round-up' communication and there would be an introduction of a Non-Executive Director vlog following each Board meeting. The comms team had been reviewing the introduction of a corporate podcasting channel that could circulate key messages and themes. To align comms content to values of the organisation there would be a review of all social media accounts. It was noted that the 'Communications and Engagement strategy' had reached the final year, therefore planning for the next three-year strategy was progressing.

There had been an internal audit of the last six-month period that produced a broadly positive report and had suggested the requirement for more measurable, 'smart' objectives. The Head of Comms and Engagement presented statistics to the committee based on the measurable smart objectives which included Exec vlog views; Weekly roundup readership; and Media Coverage Sentiment. It was noted that in the six-month period the new NHS Highland website had a total of 161,000 active users in that period, with 860 users per day and 36 uses per hour. The most visited pages had included Careers, Home, Raigmore Hospital, Covid and Flu Vaccinations, and Near me.

NHS Highland's website had recently passed the audit for compliance with the national regulations on accessibility. Governance of community engagement would be reported to Highland Health and Social Care committee and colleague engagement would be reported to the Clinical Governance committee. A short life working group had been

convened to review the approach to colleague engagement and would investigate digital ways to engage.

The Committee Chair questioned what actions were required to raise the assurance level from moderate to substantial. The Head of Comms and Engagement advised the moderate assurance was provided based on the need to align staffing resource levels with the organisational priorities. The Director of People and Culture highlighted the difficulties of being intentional with evaluation and commended the comms team for doing that. It was noted that the Director of People and Culture would work with the Head of Comms and Engagement on the next three-year strategy and consider what the required resourcing needs would be when the new objectives and approach was agreed.

Chief Officer for Acute explained that it would be good to review the Executive Director Vlogs and understand if information conveyed in them is useful to colleagues. The Nurse Director highlighted the challenge of communicating with colleagues who do not have access to social media or a computer and noted innovation is required to communicate broadly. D MacDonald suggested local partnership forum meeting minutes needed to be more proactively circulated to all teams to give staff members oversight of discussions that had occurred. The Director for People and Culture highlighted the need to review access to existing repositories of information and to proactively disseminate information.

The committee <b>reviewed</b> the report and agreed to take <b>moderate</b> assurance.
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#### 6.4 Winter Planning

Report by Lorraine Cowie, Head of Strategy

The Chief Officer for Acute spoke to the report and raised awareness of current progress with winter planning. She provided details of workshops held to bring together community and acute management teams which would reshape the Winter Plan. The Medical Staff Committee want to work closely with acute services going forward to address foreseeable challenges. Chaplaincy services would roll out values based reflective practices within the acute sector. Recruitment had been a specific focus and there would be a review of the approach taken by management and leadership teams to ensure all components of the winter plan would respond well to any issues that may arise.

Referencing nursing recruitment, the Chair queried whether this would assist care home colleagues. The Director of Adult Social Care could not provide assurance that staff would be moved from one part of the system to another to relieve adult social care vacancies. This raised cultural challenges where staff were reluctant to change their work settings. The Chief Executive commented that this was something that needed to be built into the Winter Plan as a way of working differently going into winter. She also commented that the chaplaincy work would be available for all staff, not exclusively for Acute Services.

The Nurse Director explained discussions had highlighted staff flexibility would be required in relation to their working location in both extreme circumstances and day-to-day re-allocation of duties to assist with struggling wards. Acknowledgement was given to challenges about staffing preference to their work location. The organisation would need to equip staff with training and development opportunities to enable them to work in multiple environments. Bank staff opportunities needed to be created to give staff seeking additional shifts opportunity to work within care homes or care at home. The Director of People and Culture welcomed further conversation with staff side on how support could be provided to equip staff members to work in multiple environments. The Director of Adult Social Care welcomed the assistance to enhance staffing in social care settings by maximising the use of the redeployment register.

The Committee Chair questioned if winter planning was still an appropriate concept whilst noting that it was a national requirement.. The Director of People and Culture recognised there are well known pressures at particular points throughout the year and flexibility is required within the system to address these at any time.

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

## 6.5 Statutory and Mandatory Training Implementation Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised that moderate assurance had been proposed based on further development being required to work previously undertaken by the Nurse Director to articulate the key barriers to compliance with statutory and mandatory training. He highlighted that the key barriers would be addressed at the next meeting of the Short Life Working Group. Figures and RAG ratings had been reviewed for the e-learning elements. Training is only one control element for the risks associated with each of the subjects included in statutory and mandatory training. The report summarised the risks related to e-learning modules and provided a risk rating based on current compliance levels, planned improvement to the targets of 95% and the impact of the risk materialising.

The Board Chair asked if recorded risk information was used to help managers prioritise in a targeted approach. The Director of People and Culture advised the question would be raised at the next Short Life Working Group meeting as it was important to encourage focus on the lowest compliance rating. The Board Chair asked the Director of People and Culture to amend the SBAR to reflect the moderate assurance level proposed as the comment on the level of assurance noted a limited assurance level.

The committee:

- **Reviewed** the report.
- Agreed to take **moderate** assurance.
- **Noted** a further update would be provided at the March 2024 meeting

## 6.6 Whistleblowing Q2 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that the report provided assurance to the committee relating to performance under the National Whistleblowing Principles and Standards. It was noted that the action plan included further work in relation to whistleblowing and further updates would be provided to the committee.

The Committee Chair sought clarity on section 2.4 of the SBAR as the comment on the level of assurance was incomplete. It was noted that the wording should have included timescales.

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

## 6.7 Whistleblowing and Speaking Up Action Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture noted the report reviewed progress with the implementation of the whistleblowing standards to date, following the 'pause and reflect' process recently undertaken. Additional administrative support had been allocated to support the process. The Nurse Director and Medical Director had been involved in discussions of processes and individual cases to make improvements.

The Non-Executive Director Whistleblowing Champion (NEDWC) noted that this was an important paper for the Board as a continuation of improvement and implementation of the National Whistleblowing Principles and Standards within NHS Highland. He would



meet with the Director of People and Culture on a quarterly basis. Assurance was sought that what is now in place met with the approval of senior managers and Executives who had come forward to prompt the need for change. The Director of People and Culture would review feedback to ensure all concerns had been addressed. The governance of the action plan was confirmed, it had been reviewed in the Executive Director Group and Area Partnership Forum. The next step would be for it to be reviewed by the Board.

The committee:

- **Reviewed** the report.
- Agreed to take **moderate** assurance.
- **Noted** a six-monthly update would be brought back to Committee.

## 6.8 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised the people and culture strategic risk register had been updated and had been circulated to the committee for review and approval. The format of the risk register had been modified to show the planned mitigating actions and associated updates that included any proposed changes to due dates for actions. A workshop would be set up to consider level 2 risks.

The Committee Chair questioned whether Health and Safety governance processes would be considered a risk, in the light of the next items on the agenda. The Director of People and Culture advised this question would be included in the Health and Safety Action Plan Update.

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

## 6.9 Health and Safety Action Plan Update

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that the 'Health and Safety Committee Assurance Report 12 Sep 23' addressed challenges within the Governance structure. The Health and Safety Governance, Risk and Assurance report provided an overview of discussions held in the previous Health and Safety committee meeting, which was felt necessary for the Committee to take assurance as the meeting was inquorate.

The Director of People and Culture provided assurance that there were no major concerns about Health and Safety actions across the organisation. Further work would be required to review governance of Health and Safety through committees with regular formal updates to be provided rather than the minutes of the Health and Safety Committee. The Corporate Improvement Plan would include recommendations to improve the governance structures to ensure good practice. Risk Management processes would ensure the right health and safety information was provided to the right person/group, at the right time and in a format that could be understood and responded to appropriately.

The Employee Director offered support in her capacity as a co-chair of the Health and Safety Committee and explained that the approach taken would improve staff engagement around Health and Safety. Conversations had occurred with the Director of People and Culture and the Head of Occupational Health and Safety on staff engagement to assist in the recruitment of more Health and Safety representatives.

Responding to a question from the Chair, the Director of People and Culture advised that the Short Life Working Group would need to consider whether governance arrangements were fit for purpose in relation to health and safety relating to social work and social care services.

The committee:

- **Reviewed** the report.
- Agreed to take **limited** assurance.
- Provided **support** in the setup of the Short Life Working Group and creation of a corporate improvement plan.

## 6.10 **Blueprint for Good Governance – Delivery of Actions Progress Update**

Report by Ruth Daly, Board Secretary

The Board Secretary explained that the report provided an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that were relevant to the Staff Governance Committee. A six-month update would be provided to the Board at the end of January 2024.

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

## 7. **Items for Information and Noting**

### 7.1 **Area Partnership Forum minutes of meeting held on 20 October 2023**

The committee did not raise any points on this item.

The committee **noted** the minutes of the Area Partnership Forum meeting held on 20 October 2023.

### 7.2 **Health and Safety Committee minutes of meeting held on 12 September 2023**

The committee did not raise any points on this item.

The committee **noted** the minutes Health and Safety Committee meeting held on 12 September 2023.

## 8. **Any other Competent Business**

### **Committee Self-assessment exercise**

The Board Secretary noted that the survey would be launched the following week and the outcomes from the committee self-assessment exercise would be reviewed at the development session to be held in January 2024.

### **Development Session**

The Director of People and Culture explained that an overview of programmes being delivered would be presented at the Development Session. It would be beneficial for the committee to have oversight on strategic directions that are discussed in the Executive Director Group and the workforce implications of these, in particular new roles being promoted to address workforce challenges, new technology etc.

### **Strategic Risk Review**

The Committee Chair noted the question she raised under the Strategic Risk Review item had not been answered as to whether Health and Safety governance process would be considered a risk. She noted that there are mitigating actions in place, but clarity was required to understand if a further risk needed adding to the Risk Register. The Director of People and Culture advised that further consideration would be given outwith the meeting to determine if Board escalation was required.

## 9. **Date and Time of Next Meeting**

The next team meeting is scheduled for Wednesday 16 January 2024 at 10 am via TEAMS. The Development Session to be held on 17<sup>th</sup> January at 10.00 am via Teams.

**10. 2024 Meeting Schedule**

**The Committee noted** the meeting Schedule for 2024:

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

**Meeting Ended 13.04 pm**