

Approved at SCG 01 November 2022

Chief Executive and Chairman's Office
Eglinton House
Ailsa Hospital
Ayr KA6 6AB

Staff Governance Committee
2 pm Monday 8 August 2022
MS Teams

Present: Mr Ewing Hope, Non-Executive Board Member
(Vice Chair + Chair of meeting)
Mr Adrian Carragher, Non-Executive Board Member
Dr Sukhomoy Das, Non-Executive Board Member
Councillor Lee Lyons, Non-Executive Board Member
Councillor Douglas Reid, Non-Executive Board member

Ex-officio Ms Sarah Bush, Staff Participation Lead
Ms Allina Das, Staff Participation Lead
Mrs Frances Ewan, Staff Participation Lead
Mrs Sarah Leslie, Human Resources (HR) Director

In attendance: Mrs Ann Crumley, Assistant HR Director – Development
Mr Hugh Currie, Assistant Director for Occupational Health, Safety
and Risk Management
Mr Tim Eltringham, Director of Health and Community Care,
South Ayrshire Council
Mr Craig Lean, Workforce Modernisation Manager
Mr Mark Hogarth, HR Manager
Mrs Roisin Kavanagh, Director of Pharmacy
Mrs Shona McCulloch, Head of Corporate Governance
Ms Pauline Sharp (minutes)

- | 1. | Apologies and Welcome | Action |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1.1 | Apologies for absence were noted from Mrs Margaret Anderson, Ms Claire Burden and Mrs Lorna Kenmuir. | |
| 1.2 | Mr Hope welcomed Councillor Lee Lyons to his first SGC and introduced those present. | |
| 2. | Declaration of Interest | |
| 2.1 | The Committee was not advised of any declaration of interest. Mr Carragher advised he had been involved as the Investigating Officer within Imaging Services Department. Mrs Leslie assured the Committee this item did not discuss individual processes or enquiries but was only about recommendations, assurance and culture. | |

3. Draft Minutes of the Meeting held on 3 May 2022.

- 3.1 The Committee approved the minutes of the meeting held on 3 May 2022.

4. Matters Arising

- 4.1 The Committee noted the Action Log for previous meetings with all matters complete, on the current agenda or future agendas for updates.

Governance

5. Directorate Assurance Report

5.1. North Ayrshire Health & Social Care Partnership

This item was deferred to a later meeting.

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5.2 Pharmacy Directorate

- 5.2.1 Mrs Roisin Kavanagh, Director of Pharmacy provided a presentation giving assurance on the work being done within the Pharmacy Directorate (see Appendix 1). Overall the Directorate had about 320 staff with sickness absences being fairly low except a few spikes reflecting COVID waves. Turnover rates for staffing was coming down although due to this a great amount of time was spent by staff on recruitment processes. The current challenge for the Directorate was their PDR rate, sitting at 47% and normally about 60%. This was included in their Action Plan in order to get back on track by the end of the Financial year. They had recruited a fair number of new line managers recently which had necessitated these new managers accessing training regarding PDRs. Regarding iMatter they were looking at themes coming through and would share with the whole Directorate, with the Pharmacy Governance Group particularly focussing on MAST each month.

Over the period 2020-2022 there had been a significant focus on responding to the COVID 19 pandemic. Their governance assurance arrangements had flexed over this period depending on the situation but their Pharmacy Governance Group currently meets via Teams every 4 weeks. Communication is vital and was extremely important through the pandemic with the Directorate starting a daily information briefing which reduced over time and was designed to bridge clinical and non-clinical staff. Their weekly team brief allowed staff the opportunity to share with Managers their thoughts and concerns. As an example of Best Practice Mrs Kavanagh mentioned the Staff

Wellbeing Group formed in 2020 with Pharmacy having their own wellbeing tools and champions. They also have their own Staffside Pharmacy representative and were grateful for their positive relationship and that of their Human Resources Advisor and Human Resources Manager. The Directorate also was facing the challenge of the increasing demand for pharmacy staff with trained staff not necessarily coming through. They were, therefore, going out to schools locally to attract staff from the local area eg through apprenticeships. Mrs Kavanagh used as a case study the example of the Bitesize Leadership Course introduced over a year ago offering a good opportunity for all the team to be involved. Over 40 had signed up and had now completed the first cohort with another group in cohort 2. To build on the enthusiasm and in order to put to use learning they had established a Leadership Development Group and were looking at what they might be able to do in terms of further development going forward.

- 5.2.2 The discussion was opened out to the Committee with all thanking Mrs Kavanagh for an excellent presentation, a commendable scorecard and for highlighting many areas of good practice including the work done on wellbeing, diversity and modern apprenticeships. Clarification was sought on whether staff were regularly asked for their thoughts on wellbeing priorities and also whether the Directorate were considering further diversity sessions on additional characteristics. As an action Mrs Kavanagh would again request their Wellbeing Champions to seek staff feedback on future priorities and that assured the Committee she was happy to do future diversity sessions on whatever staff would like to receive on. Mr Hogarth informed the Committee of work currently being carried out, with support from Staffside, regarding Band 6 and contractual “on call” requirement in order to improve work/life balance for staff involved.

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6. South Health & Social Care Partnership Recruitment and Retention

- 6.1.1 Mr Eltringham provided the SGC with an overview of current pressures on the Health and Social Care Partnership with a particular focus on workforce challenges, top of their risk register. He advised they were about to publish a full Workforce Plan which took into account this issue, also other demographic pressures and would detail proposed actions to address the current vacancies. His team with working along with NHS Ayrshire & Arran and SA Council HR teams, plus other partnerships and were currently awaiting word from the Scottish Government (SG), hopefully by end of September, with a formally published plan going to the Integrated Joint Board (IJB) in October. Mr Eltringham highlighted a number of points from

Paper 5 which were challenging and impacted on the current situation, these included:

- South Ayrshire having one of the highest dependency ratios, a very large number of older people, deprived and small working age population.
- An aging workforce. The number of staff looking to retire and the difficulty in filling these posts.
- Following a piece of work in February 2022 an average of 200 vacancies was identified which was 10% of the total workforce with a large number of staff in care roles.
- Allied Health Professional - significant issues recruiting, in particular risks in relation to physiotherapy
- Time and effort for management team involved in the recruitment process.

Mr Eltringham advised he had chaired a short life working group in the spring looking at a whole raft of changes to help with recruitment and retention including shift patterns. A Public Engagement Officer had been recruited and this has had a very positive impact. He assured the Committee there was a significant focus on this issue and they were continuing to do their best to publicise and encourage people to work in Health and Social Care.

- 6.1.2 The discussion was opened out to the Committee with clarification on arrangements to conduct Exit Interviews thereby allowing the establishment of reasons for leaving and informing any changes required. Mr Eltringham advised this was reflected in their Workforce Plan but that most staff left either due to retirement or a different job opportunity. Staff feedback through iMatter, which had been a good return rate, had not highlighted any intrinsic negative experience with the index being good for people working with them. Mr Eltringham was also asked for clarification on the balance of in-house and external staff. He discussed the challenges they were experiencing to fill the high number of vacancies they had and the increasing demand for Care at Home. In-house staff were paid a higher rate including benefits compared to external staff. Mr Hope thanked Mr Eltringham for the update report.

Outcome: The Committee noted the challenges and were assured by the work being done in relation to the Partnership's recruitment and retention proposals.

7. Committee Workplan

- 7.1 The Committee noted the Forward Planner for each meeting of the SGC through to their November 2023 meeting.

Outcome: The Committee noted the current version of the workplan.

8. National Workforce Strategy for Health & Social Care in Scotland

- 8.1 Mrs Leslie summarised previous decisions taken by the SGC along with Mr John Burns to refresh the People Strategy against the 5 pillars of the workforce journey from the National Workforce Strategy for Health and Social Care in Scotland. She sought the SGC's support to take forward a review and work to a timeline to refresh the Peoples Strategy to 2025 and detailed the timeline with submission to the NHS Board in October 2022. The SGC supported and endorsed the proposal.

Outcome: The Committee supported and endorsed the refreshing of the People Strategy and People Plan to be in line with the National Workforce Plan.

9. People Plan 2022/23 – Retain Theme

- 9.1 Mrs Leslie highlighted the key items describing progress against the Retain objective and the longer term actions to support NHS Ayrshire & Arran's ambition to be an exemplar employer. These included:

1. iMatter – The survey had closed with a 53% response. There were areas of good practice and equally areas of variability with support being provided to these teams.
2. NHS Scotland eESS Exit questionnaire had been implemented to help identify reasons for leaving and trend analysis which was really important if NHS Ayrshire & Arran wish to position themselves as an employer of choice.
3. Restarted the new Start Survey which had been paused during the pandemic. This was providing powerful feedback addressing how the person felt supported and their overall employee experience.
4. Recommencement of policy and management development work to ensure managers have had all of the appropriate management training and support managers in discharging their People Management responsibilities.

Mrs Leslie concluded advising there was a need to build a robust policy training programme to ensure consistency of experience and compliance with the People Strategy and Staff Governance Standards.

- 9.2 Mr Hope thanked Mrs Leslie for the very detailed paper. The Committee considered ways the uptake of the Exit questionnaire

could be improved and the importance of this if the organisation was to really understand cultures and change the workforce. Rather than leaving it up to the staff member it was considered if it could be factored in to their process of leaving. Mrs Leslie agreed to discuss ways of encouraging staff members with Mrs Kenmuir and or the Peoples Strategy Steering Group report back to the SGC at the next meeting.

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Outcome: The Committee welcomed and noted the report on actions against the “Retain” programme of work.

10. iMatter

10.1 Mrs Leslie thanked Mrs Crumley and Mrs Aileen Boyd for their work in navigating the iMatter data and providing the current report. Mrs Crumley provided a summary of the overall response for NHS Ayrshire & Arran after Run 3 which provided a comparison from 2021 when services were still responding to COVID pressures, although she highlighted the system pressures Acute Services were currently experiencing. They were disappointed that the response rate was no higher than 53% and, therefore, they were focussing on understanding the reasons and ensuring iMatter was at the heart of the NHS Board with a target of 77%. Mrs Crumley highlighted the top 3 scores for 2022 which she considered were healthy indicators:

- 89% of staff stated their direct line manager is sufficiently approachable (+2% from 2021)
- 88% of staff stated they are clear about their duties and responsibilities (+1% from 2021)
- 86% of staff stated they have confidence and trust in their line manager (+2% from 2021)

Other areas highlighted included:

- 56% felt board members were sufficiently visible with visible walk rounds just being reintroduced following the pandemic and Ms Burden carrying out “Ask Me Anything” sessions.
- 57% felt sufficiently involved in decisions relating to the organisation
- 62% stated that they had confidence and trust in Board members

Mrs Crumley wished to add a caveat to the 3 lowest scoring points with the pandemic necessitating a specific style of leadership. They were reaching out to teams with low scores and facilitating development sessions. Now that the organisation was coming out of its focus on COVID they were keen to start

work looking at the data and having a commitment to understanding the staff experience. They were now beginning the process of planning for 2023 and Mrs Crumley assured the Committee that action was being taken to address the areas not scoring highly.

The Committee thanked Mrs Crumley and considered the employee engagement was good in light of what management and staff had been dealing with over the past few years. Mr Hope advised staffside would be happy to support and help. Mrs Crumley noted the Annual Report would contain more information allowing further analysis and work was ongoing with action planning.

Outcome: The Committee noted the actions to improve the findings for 2022 and to note the recommendations for improvement for 2023.

11. NHS Ayrshire & Arran Workforce Plan 2022-25

- 11.1 Mr Lean provided an overview of the draft Workforce Plan 2022-2025 for the consideration of the Committee advising it would be presented for approval to the NHS Board in October 2022. He emphasised the significant risk within NHS Scotland in relation to workforce planning. Within NHS Ayrshire & Arran they were taking a truthful and pragmatic approach and advising Scottish Government (SG) their submission was a suite of 4 Workforce Plans (3 Health & Social Care and 1 NHS) making one composite overall Workforce Plan. In order to address the challenging position work was ongoing at a pace looking at new ways of thinking and service reforms to meet workforce shortages eg new roles not used in NHS Ayrshire & Arran before, growing new starts, apprenticeships, multidisciplinary teams and different skill mixes and ways of allocating tasks. Some of these actions might happen quickly and others would take time even up to 3 years to take traction. The focus was on how NHS Ayrshire & Arran provide a strong foundation for the Annual Delivery Plan and a forward thinking piece for Caring for Ayrshire. Following the submission of plans to the SG they will undertake an analysis of all plans and provide formal feedback and, thereafter, final plans should be published on organisations' websites by 31 October 2022. He welcomed the Committees input and emphasised although they were getting there a significant amount of work still required to be done.
- 11.2 The Committee thanked Mr Lean for his presentation and considered it was a very detailed, interesting but also a concerning report. Areas of concern discussed by the Committee included:

- Medical Workforce Consultant vacancy numbers and use of locums. Members queried if international recruitment and trainee development were being looked at.
- Robust Job Plans etc to attract staff to the West of Scotland as opposed to areas of high population.
- Mr Carragher used the Healthcare Science (HCS) situation as an example and the difficulty they had attracting staff with one area of impact being that training for certain HCS posts was not funded or available in Scotland, therefore, affecting where staff would chose to work.

Mr Lean reassured the Committee they were addressing these areas including working cross hub with the Queen Elizabeth Hospital. He again emphasised the risk with the real impact on the population of Ayrshire and the need to do something more than plug the gap. Mrs Leslie advised she would discuss with Dr McGuffie and the IMGs.

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Outcome: The Committee approved the Workforce Plan for 2022-2025 and its submission to NHS Board.

12. Culture Programme and Implementation Plan

- 12.1 Mrs Leslie reminded the Committee the Extreme Team for Culture had originally been commissioned February 2020 with the programme being paused during the pandemic but relaunched in September 2020 with a revised brief to 'consider and identify the next step culture priorities to build a psychologically safe health and care system'. This new brief included the three Health and Social Care Partnerships within its scope as well as NHS Ayrshire & Arran. They had met with the CEO to discuss the report and were now developing a cultural route map for NHS Ayrshire & Arran. Following the pandemic and the impact on staff it was considered even more important to revisit how NHS Ayrshire & Arran engaged with their workforce, how Managers developed and maintained meaningful productive relationships to ensure staff felt valued, listened to and understood their part in the organisation's vision. Different streams of work were being undertaken eg Joy at Work, Civility, Kindness all linking with NHS Ayrshire & Arrans values of safe, caring and respectful to help promote a clear message of a just culture. The PDR process was a vital way to promote this and they were currently looking at TURAS to make it more user friendly. There was also a piece of work ongoing in terms of leadership and management development, including a handbook which was flexible and would allow teams to look at the culture in their own area. The work/life balance of staff was also being looked at including ensuring staff were supported and had opportunities to obtain sufficient rest. Mrs Leslie informed the

Committee the aim for the next 12 months was to establish a solid foundation for NHS Ayrshire & Arran's and to ensure the organisation was moving in the right direction they had asked internal audit for their help to ensure they were capturing what was needed.

- 12.2 The Committee welcomed the "Ask Me Anything" sessions being held by the CEO with the expectation that from September Directors will provide similar events and considered that this level of access would be appreciated by staff. It was agreed that in-person meetings were important to gauge staff temperature and change the culture of any organisation.

Outcome: The Committee approved the proposals of the Culture Extreme Team to take forward the organisational culture.

13. Imaging Department – Assurance Report

- 13.1 Mrs Leslie reminded members the background to the report was the combined complaint made by Imaging Services staff in 2019 of Bulling and Harassment. Following internal and external investigations SGC members were assured NHS Ayrshire & Arran accepted all reports including their actions. There was a commitment to extract the key learning and recommendations from the reports and include these in the actions and improvements for Imaging Services and to facilitate this a learning and improvement plan had been developed. In summary the recommendations covered partners, culture, workforce issues and management. The appendix detailed areas of work and actions underway. It was emphasised that it was important these issues and experiences did not happen again. For transparency Mrs Leslie informed the Committee they would be updated in the future once all was considered complete and that this had been a difficult experience for the team and for the Imaging Department.
- 13.2 The SGC thanked Mrs Leslie for the update. It was noted that in the Improvement Plan "Psychological Safety" was marked as complete and following the discussion the Committee considered this journey was starting and the Improvement Plan should reflect this. Mrs Leslie agreed to refresh the plan along with Mrs Crumley. Another area questioned by members was the section on Page 9 detailing the use of MS teams on personal devices and the impact on the work/life balance of staff. Mrs Leslie informed the Committee there had not been universal offering of work mobiles to staff but the department understood the issues and were trying to facilitate this for all. Mr Hope considered there was still work to do on the journey but would continue to support

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the direction of travel and looked forward to seeing a complete resolution.

Outcome: The Committee were reassured by the actions taken in response to the internal and external review and looked forward to a complete resolution of matters.

14. Area Partnership Forum (APF) update

14.1 Mr Hope provided an overview of the highlights from the APF held on 16 May and 11 July 2022:

Test and Protect (T+P) Workforce changes - T+P Workforce Transition Group had been set up and were meeting weekly to lead the changes in the workforce to ensure T+P staff were supported through redeployment and finding alternative opportunities with their contracts ending on 30 September 2022. Mr Hope commended Lisa Davidson and her team for the work they have done and requested she attend a future SGC to provide the Committee with a presentation.

Paid as if At Work (PAIAW) - The APF had been advised of a number of collective and individual grievances in relation to the switch on of the SSTS calculator. They had been provided with assurance from the work being undertaken by the Working Group to resolve these issues in line with published guidance.

Attendance at Work report – The APF held concerns regarding attendance stats and Staffside still held concerns despite the work being done on wellbeing. A discussion also had taken place regarding the changes to COVID special leave ceasing on 1 September 2022 and the impact this possibly could have on overall absence rates.

Outcome: The Committee noted the update from the APF and the reassurance that NHS Ayrshire & Arran were progressively supporting staff during remobilisation.

15. Strategic Risk Register

15.1 Mr Currie discussed highlights from the Risk and Resilience Scrutiny and Assurance Group (RARSAG) held on 22 July 2022. Appendix 1 detailed 6 Strategic risks with one being missed off and, therefore, he requested the permission of the Committee to resubmit the paper for their consideration including the extra risk making a total of 7 Strategic Risks. The Committee agreed. For ease of understanding a tick box had been included to show Committee members the areas that had changed. Further into the paper more detail of risk was included giving a timeline of actions taken to help provide a bit more understanding at a

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glance. Mr Currie wished to provide assurance to the SGC all these risks were discussed at RASAG and with each of the Directors in the run up to the meetings and they were well in focus going forward.

Outcome: The Committee were assured with the work being done to manage the strategic risks under the governance of the SGC and would await an updated paper.

Key Updates

16. Whistleblowing

- 16.1 Mrs McCulloch advised she would address all three Whistleblowing items together. The Whistleblowing Annual Report for 2021-2022 provided a summary of organisational activity and emphasised the smooth rollout with focus around the importance of robust communication and ensuring staff know how to raise concerns and that the process was secure. A number of Improvement Plans had been devised following completion of investigations. They were carrying out a review of their processes at the end of Year 1 to confirm these were fit for purpose. Following this and discussion with national colleagues it was considered that the current Confidential Contacts were not necessarily appropriate. Work was being done to find the best fit and best practice. A report will be presented to the SGC once this had been realigned. Included in the report would be work being done on modifying the process of 20 day response timeline with some complex investigations requiring a longer period of time to complete. Following discussion with Internal Audit as a Department they were looking at seek staff's awareness and thoughts on the Whistleblowing process but to try and avoid survey fatigue they were in talks with the Public Health Team to build on to an existing survey. Regarding Whistleblowing training Mrs McCulloch noted to date 24% of staff and 39% of managers had accessed the Turas Learn modules with all being encouraged to complete the appropriate modules. In light of current pressures for staff with ongoing issues and to support uptake of the mandatory training Mrs McCulloch sought the SGC's support in changing Line Manager training as mandatory and staff as awareness.
- 16.2 The discussion was opened out to the Committee with all supporting the excellent work carried out by Mrs McCulloch and Mrs Karen Callaghan in implementing the Whistleblowing Process in the middle of the pandemic. Dr Das highlighted that it was just the beginning of the Whistleblowing journey. Members considered this had been let down by the low uptake of training. Mrs Bowie raised her concern regarding the low completion rates versus zero investigations with it raising alarm bells for her. How

to encourage Independent Contractors to comply with this mandatory legislation was highlighted and discussion held about how this could be encouraged more. Mrs McCulloch reassured the Committee they were working with Primary Care to ensure their processes were robust and that all Independent Contractors complied in a timely way and were aware they had no choice. The Committee considered that in light of Caring for Ayrshire and the whole system approach that contractors required to be on-board and ensure that all staff were treated equally. Members supported the proposal that the Confidential Contacts be independent of the Board if possible and the actions being proposed by the Whistleblowing Team to ensure the processes were more robust. In light of the HIS report it was vital that staff felt supported, confident about how to raise concerns and psychological safe. Training was again emphasised as a key issue impacting on culture and NHS Ayrshire & Arran being an employer of choice and exemplar.

Outcome: The Committee noted the work undertaken and the current performance for Whistleblowing concerns received.

17. Whistleblowing Annual Report

17.1 Discussion included under Item 16.

Outcome: The Committee welcomed the paper and the awareness and scrutiny it provided.

18. Internal Audit Reports

18.1 Discussion included under Item 16.

Outcome: The Committee noted the Whistleblowing compliance with policies.

Items for Information

19. Staff Governance Monitoring Report – Read and noted by the Committee.

Outcome: The Committee noted the streamlined approach to the 2021/2022 monitoring process and the requested areas for reporting.

20. Remuneration Committee Update – Read and noted by the Committee.

Outcome: The Committee noted the discussions from the 14 July 2022 meeting.

21. **Employee Relations Report – Q1 2022/2023 – Read and noted by the Committee.**

Outcome: The Committee noted the Q1 2022/2023 report.

Governance Arrangements/Reporting to NHS Board

22. **Risk issues to be reported to the Risk and Resilience Scrutiny and Assurance Group (RRSAG)**

- 22.1 The Committee agreed there were no risks requiring to be reported to the RRSAG.

Outcome: The Committee noted there were no risks they wished to be reported to the RRSAG.

23. **Key issues to report to the NHS Board**

- 23.1 The Committee agreed to highlight the following key issues from the current discussions, using the template provided, at the next NHS Board on 15 August 2022:

1. Whistleblowing – concerns regarding uptake of training by managers.
2. NHS Ayrshire & Arran Workforce Plan and key priorities.
3. Pharmacy Directorate update – areas of good practice.

Outcome: The Committee agreed the key issues to be reported to the next NHS Board summarising the SGC discussions.

24. **Any Other Competent Business**

- 24.1 **Current Mandatory and Statutory Training (MAST) Compliance** – Mrs Bowie had asked for this item to be included under AOCB due to her own concern, and that of many others across the organisation, regarding NHS Ayrshire & Arran’s MAST compliance and the impact this could have to safe service provision and working environment for all. Previously the SGC had received quarterly reports on the current compliance levels and had supported efforts to improve this. Due to the organisation meeting the standards this had been taken off the agenda and now Mrs Bowie proposed the reporting structure should be reinstated to allow the Committee to monitor any improvement plan thereby providing assurance and confidence the low compliance was being actively addressed until the organisation was once again compliant. Paper 21 provided data on the percentages for each module with both Fire Safety and Infection Control remaining the lowest, Fire dropping from 66% in December 2021 to 64% in April and Infection Control falling from

67% in December 2021 to 65% in April, both were currently at 63%. The recent Healthcare Improvement Scotland's (HIS) report had highlighted several areas improvement was required and the Board were fully committed to addressing these issues with one main way being staff compliance with mandatory training and, therefore, a strong organisation with safe practices.

24.2 Among points discussed by the Committee were:

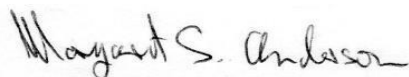
- Despite pressures on the system and Managers the necessity of Managers supporting staff and encouraging them to complete their mandatory training.
- How to emphasis to Managers this fundamental step to keep staff and patients safe.
- Ownership by staff and awareness of necessity to complete modules.
- Responsibility of Directors of Services to monitor and address non-compliance.
- Fundamental to management control and delivering safe systems of work.
- Monitoring of face-2-face training as MAST figures recorded for Learnpro only.
- Areas of good practice involved "Keep it Simple" and "Walk Through Talk Throughs (WTTT)"

24.3 Mrs Crumley advised she was happy to bring the reports to future SGCs for scrutiny and discussion. Following a full discussion by the Committee all were in agreement with Mrs Bowie meeting with Mrs Leslie and Ms Burden to discuss and devise a plan to improve the MAST compliance and support Managers to encourage and facilitate staff to complete their mandatory training. They would report back to the SGC at a future meeting for assurance.

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25. Date of Next Meeting

Tuesday 1 November 2022 at 2.00 pm, MS Teams



Chair

Date 01.11.2022