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**NHS GRAMPIAN**  
**Minute of the Staff Governance Committee**  
**held on Tuesday 19 December 2023 at 2pm**  
**via Microsoft Teams**

Board Meeting  
Open Session  
14.03.2024  
Item 11.3.2

**Present:**

Mrs Joyce Duncan, Non-Executive Board Member (Chair)  
Mr Bert Donald, Whistleblowing Champion  
Mr Steven Lindsay, Employee Director  
Ms Alison Evison, Chair  
Mr Dennis Robertson, Non-Executive Board Member

**In Attendance:**

Dr Adam Coldwells, Interim Chief Executive  
Mr Tom Power, Director of People and Culture  
Ms Gerry Lawrie, Head of Workforce and Development  
Mr Philip Shipman, Head of People and Change  
Mr Alistair Grant, Partnership Representative  
Mr Jamie Donaldson, Health and Safety Partnership Representative  
Dr June Brown, Executive Nurse Director  
Mr Jason Nicol, Head of Wellbeing, Culture and Development  
Ms Chantal Wood, Acting General Manager (for agenda item 74/23)  
Mr Keith Grant, Partnership Representative (for agenda item 74/23)  
Ms Ann Mudie, eRostering Programme Manager (for agenda item 75/23)  
Ms Elizabeth Wilson, Programme Manager (for agenda item 75/23)  
Ms Tracey Hicks, Recruitment Manager (for agenda item 75/23)  
Ms Pauline Rae, Workforce Service Manager (for agenda item 75/23)  
Ms Sandra MacLeod, Executive Portfolio Lead (for agenda item 76/23)  
Ms Lucy MacLeod, Strategic Interface Lead (for agenda item 76/23)  
Dr Rebecca Docea, Consultant (for agenda item 77/23)  
Ms Mary Agnew, Programme Manager (for agenda item 77/23)  
Ms Luan Grugeon, Strategic Development Manager (for agenda item 78/23)  
Mr Stuart Humphreys, Directors of Communications and Marketing (for agenda item 80/23)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>71/23</b>	<b>Apologies</b> Apologies were received from Mr Ian Cowe, Acting Head of Health and Safety; Dr Katherine Targett, Consultant Occupational Physician; Professor	

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	Lynn Kilbride, RGU representative; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
72/23	<p><b>a. Minute of meeting held on 24 October 2023</b></p> <p>The minutes were approved as an accurate record.</p>	
73/23	<p><b>Matters Arising</b></p> <p><b>Action Log</b></p> <p>Ms Duncan highlighted that actions SGC42, SGC48, SGC49, SGC50 and SGC52 were all complete. Updates for actions SGC44, SGC47 and SGC51 were scheduled for meetings in 2024, with SGC46 in progress.</p> <p>The Committee raised that as the information provided on the risk of insufficient training accommodation post covid (SGC49) did not give a solution, it should not be marked as complete. Following discussion, it was acknowledged that as the action was to obtain more information it was appropriate to note as complete. However, as the matter raised was not resolved it was agreed that an update would be provided within the Culture and Staff Experience risk register, when next presented to the Committee.</p>	<b>JN</b>
74/23	<p><b>Staff Governance Standard Assurance – Facilities &amp; Estates, Infrastructure</b></p> <p><b>a) Staff Governance Standard Assurance</b>  <b>b) Workforce Information</b></p> <p>Ms Wood presented to the Committee the Facilities &amp; Estates, Infrastructure Staff Governance Standard Assurance report. This was return visit after first presenting at the 25 May 2022 meeting. The following was outlined:</p> <ul style="list-style-type: none"> <li>• Following the BPA survey results, staff had been consulted on a number of measures to “stop, start and continuing doing” to move to a culture of consolidation. In advance of the relaunch of the BPA survey there had been an evaluation of improvements as there was the need to improve on the governance and follow up of action plans. Thereafter it was important to communicate the follow up with the aim to improve on the engagement of staff.</li> <li>• A Health, Safety &amp; Wellbeing monitoring template had been introduced and under the wellbeing section services gave a RAG rate for cultural aspects which was challenging as not entirely tangible.</li> <li>• Dr Turner had delivered a bespoke civility saves lives session.</li> <li>• One of the aims of the General Manager Townhall talks was to help staff feel better and to give a ripple effect when they help someone else. This approach was liked by staff.</li> <li>• Commitment for all staff to have a recorded face to face annual performance appraisal, with staff being listened to.</li> <li>• Introduction of a values based recruitment approach, ensuring new recruits are aligned to our values to improve on retention.</li> </ul>	

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- Partnership working and the Staff Governance Standard are promoted through the General Manager, Deputy General Manager and Staff Side visiting areas.
- Open invite to all staff to the Talking Tuesday at noon where staff are asked how their week has been. The purpose of the session is not to avoid normal escalation routes.
- Increasing numbers of staff with NHS login account and access to email address (Domestics now at >90%). Empowering staff to have access directly to information so they do not have to ask.
- Other initiatives were a quarterly newsletter, use of notice boards and huddles to share key information and Globals and three workshops around the financial position recognising that staff 'on the ground' often have great ideas.
- In response to iMatter work undertaken to improve on Board member visibility, this had been addressed over the past year by inviting Board Members to visit Teams, and featuring a Board member each quarter in our newsletter. Derrick Murray featured in Q4 newsletter and visited the Energy Centre, Decontamination & Linen Teams in early December, Alison Evison is authoring an article for Q1 2024. Previously Bert Donald visited various teams around Whistleblowing and also has featured in our newsletter.

Mr Grant outlined the following:

- Health and wellbeing for all staff had never been so important due to the nature of some of the job tasks. Safety Learning Briefs and Safety Golden Rules had been introduced to share good practice and reinforce that no job is so important that it cannot be done safely.
- There is a need for the services to be able to react as it is a demand led service.
- Following the BPA survey results, a Porter Culture Workshop was commissioned where a live action plan was created. Staff participation creates the reports received therefore it is important to listen to staff.

The Committee gave the following comment:

- When a Board member is visiting prior identification of matters for review during the visit and guidance of what Committee members can do to assist in the visibility at Board level, complementing the ongoing work.
- Why the uptake in the Timeout for Wellbeing was less than anticipated. Ms Wood responded that Timeout for Wellbeing was delivered with We Care and it was an opportunity to step out to participate in an activity such as Tai Chi, finance session, Horseback UK or a health walk. The options were assumed to be what the staff wanted however there was an issue with the filtering of information, the need for greater buy-in from middle managers and supervisors with also the challenge of release given the covering of colleague absences. Once there was targeted communication and a strong promotion there was more engagement. Mr Grant added that it was a

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	<p>balancing act between service provision and given time away to participate.</p> <ul style="list-style-type: none"><li>• The social media campaign of promoting a different staff member each week was appreciated</li><li>• More information on work experience being considered as a way to encourage a more diverse workforce. Ms Wood responded that there was the need to address the stereotypical image of Estates being a male environment and that they are inclusive environments. The Work Experience Team is now managed by Douglas Andrew, Facilities and Estates Learning and Development Manager therefore there was the opportunity to do things differently.</li><li>• How long the Townhall Talks and Talking Tuesday has been occurring and did the members of staff differ at each session, including was there engagement across all areas or not. Ms Wood responded that the Townhall Talks had been occurring for 3 to 4 years and were attended by a diverse range of staff. It was an opportunity to share information and what work was taking place against targets/actions; ask how staff were feeling; and shout abouts to celebrate success. With regard to the Talking Tuesdays there were some frequent attendees with some attendees differing each session. All services were represented and individuals were asked to take a friend. By holding such sessions, staff recognised the General Manager and Deputy General Manager and made management really accessible. It was difficult to assess how successful but the feedback was staff liked to attend. The sessions were planned to continue with a review in due course. Mr Grant added that members of staff are also asked to bring a friend to the local partnership forums. It was acknowledged that those converted to having the right culture may attend rather than those who would benefit from attending.</li><li>• The assessment of compliance against the Standard was close to being fully assured rather than partial.</li><li>• What use was being made of the workforce information? Ms Wood responded that the workforce information tells a story such as stability in Estates reflects the activity in the oil industry. Data such as absence and turnover levels in domestic services is used to decide what can be done differently. Stress and anxiety is the reason for 20% of absences therefore it was important that staff are signposted to the right services. When calling in to report a sickness absence, the member of staff speaks to someone or receives a phonecall back to ensure they are offered the right services. When musculoskeletal is the reason for an absence the member of staff is directed to complete the moving and handling eLearning to help going forward. It was hoped that results would be seen from this action. Within Domestic Services values based recruitment had been implemented to combat the increased turnover. In addition part time staff with more than one domestic assistant post had their posts consolidated into one. The other reasons for turnover had been examined such as the employment of a high number of students and providing finance</li></ul>	
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	<p>sessions due to the demographic of lower incomes. It had also been observed that when annual leave had been refused, the member of staff may then be off sick on those dates, which required delicate handling as sometimes the absence was covered by a fit note.</p> <ul style="list-style-type: none"> <li>• Impressed with the amount of work ongoing and the respective actions being taken to involve staff.</li> <li>• How many staff do not have direct access to Teams so cannot engage. Ms Wood responded that for the relaunch of the BPA survey all Facilities and Estates staff would have an email address. As there was not sufficient access to IT, a training room was being created to allow staff to drop in to use the IT. It was recognised that completing a survey using IT without support may be daunting therefore it was attempted to be as inclusive as possible. Mr Grant added that another solution may be to ask work areas if PCs could be used by Facilities and Estates staff when their staff are not using them.</li> <li>• Assurance was sought that there was no unintended consequences for those with protected characteristics from participating in the BPA survey via email addresses. Ms Wood responded that a multi-faceted approach was being taken to avoid this.</li> <li>• The main cause of long term absence was highlighted as musculoskeletal, asking why this might be the case and what was being done to prevent these injuries. Ms Wood responded that most of the roles are physical with work undertaken to ensure the equipment was not contributing. Examples were ceasing the use of disposable mops as not good for backs and automating the use of scrubbers to avoid the need for a member of staff to ride on the equipment. Moving staff for example from cleaning a corridor to an area which delivers direct patient care to cover for colleagues can be a contributing factor to the absence level. This was necessary as there was a finite number of staff with the teams. Ms Wood had been briefed there had been a slight improvement in the absence rate and this would be monitored. The Committee acknowledged this was a difficult cycle to break.</li> </ul> <p>The Committee noted that the first report to the Committee had been commended however this had been improved upon with this report. Ms Wood and Mr Grant was thanked all for the informative information and their enthusiasm. The Committee confirmed that they were assured.</p>	
<p><b>75/23</b></p>	<p><b>Delivery Plan assurance for Objective 2: People</b></p> <p>Mr Power referred to the three flash reports from the most recent round of meetings, highlighting the following:</p> <p>Occupational Health, Safety &amp; Wellbeing Committee</p> <ul style="list-style-type: none"> <li>• Progress in governance arrangements through the approval of the terms of Reference for the Portfolio H&amp;S Committees. The updated Facilities and Estates terms of reference had been a good benchmark for this work.</li> </ul>	

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	<ul style="list-style-type: none"><li>• Important to ensure prepared for any potential HSE visits for PMVA or Manual Handling in 2024 through a focus on the reporting of KPI's. The exception to reporting PMVA KPIs were the face-to-face PMVA training due to limitations in Turas reporting functionality, which was now being addressed by NES.</li></ul> <p>Culture and Staff Experience</p> <ul style="list-style-type: none"><li>• Recommending to Chief Executive Team a top down approach to engaging with appraisal, through modelling by asking managers who manage other managers to seek assurance that appraisals were taking place and recorded in Turas, given the low level of participation.</li><li>• Assured on the relative performance in iMatter in terms of participation and EEI, with action planning now exceeding annual delivery plan target. It was noted that action planning was a key Scottish Government KPI.</li><li>• Escalation to the North of Scotland HR Directors concern regarding provision of leadership development beyond senior levels by NES and the return to face to face delivery which did not support colleagues in the North/Islands nor the financial position.</li></ul> <p>Mr Power referred to the distributed paper, which was to provide assurance to the Committee on the Sustainable Workforce 2023/24 deliverables from the Annual Delivery Plan. There had been minor delays due to national programmes of work, complexity of work and limitation of funding.</p> <p>At the end of quarter 2 the position with 23/24 deliverables was:</p> <p>On track:</p> <ul style="list-style-type: none"><li>• Subject to national system integration, implement Allocate e-Rostering tools to enhance workforce visibility and use of capacity</li><li>• Reduce reliance on agency staffing as part of supplementary staffing use in line with value and sustainability plan</li></ul> <p>Minor delay:</p> <ul style="list-style-type: none"><li>• Widen access to employment through entry level roles, recruitment from diverse backgrounds, and Apprenticeships.</li><li>• Subject to national resourcing, prepare NHS Grampian and HSCPs for full implementation of the Health &amp; Care Staffing (Scotland) Act (HCSA) from April 2024</li><li>• Improve reach of recruitment and efficiency of onboarding processes, increasing the pool of applicants and reducing time to hire</li><li>• Deliver workforce information and service led workforce planning that supports NHS Grampian priority transformation programmes, regional working and workforce diversification.</li><li>• Ensure statutory and mandatory training complete for at least 70% existing staff and 90% new starts, with 80% of colleagues completing appraisal</li></ul>	
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Appendices 1 to 7 gave progress against the milestones in Q1, Q2 and Q3 to date, with a look ahead to 2026.

The Committee asked how the membership of the Staff Equality Network could increase in 2024. Mr Power responded that Elizabeth Howarth Engagement and Inclusion Manager had been extending the focus of the Staff Equality agenda beyond race, with a focus on disability being prioritised this year which may encourage broader participation. Mr Shipman advised that as a consequence of a session on neurodiversity, delivered by a Trade Union representative, a neurodiversity empowerment group had been created with a schedule of activity, one of which was to raise organisational awareness. This work would extend the reach of the Staff Equality network, with staff able to participate in the part of the network in which they held an interest in.

The role of the Committee during the implementation of the Health & Care Staffing (Scotland) Act (HCSA) was clarified. HCSA will report to the Sustainable Workforce Oversight Group, with updates to the Chief Executive Team and the Committee on a frequency to be agreed. There will be reporting to the Clinical Governance Committee, subject to agreement with the Clinical Professional Directors Forum, and escalation as appropriate via either route to the Board.

The Committee asked if there was an understanding why individuals choose to be a bank worker rather than be a substantive member of staff and what the impact was of asking bank workers to do additional shifts. Dr Brown stated that Health Board substantive staff cannot work as an agency worker in their own Health Board, to encourage internally working additional. There is continual offering of substantive contracts to bank workers as their circumstances may change.

The Committee asked if undertaking statutory and mandatory training was being presented as important for career progression. Mr Power informed that as part of the three year Agenda for Change pay deal agreed in 2018 there was agreement to review the current approach to appraisal and incremental pay progression. Statutory and mandatory training was to be embedded into the appraisal process and pay progression may be paused if through employee choice training had not been completed within agreed guidelines. There is a concern that this method may coerce members of staff, so the key question is how could staff be compelled to participate by understanding the benefits, such as keeping themselves and colleagues safe, and recognising that as a professional they should prioritise time to undertake the training important to their role.

The Committee raised the need to record appraisal information in Turas. Mr Power agreed, as this was about our knowing that these activities are happening, though it is important not to make the appraisal about ticking a box on the system. Mr Nicol referred to the current non-pay elements of the Agenda for Change pay deal, which was to give protected learning time, thus potentially removing a barrier. He also referred to the newly formed statutory and mandatory SLWG which was discussing a new approach. The

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	<p>need to have only relevant up-to-date topics of appropriate length was acknowledged. Ms Wilson informed that there was a duty with the HCSA of providing training and education so staff have the appropriate skills to deliver high quality care.</p> <p>The Committee was informed of two actions which improved the situation. Firstly a reduction to statutory training by amalgamating existing level 1 child, adult and public protection training into a single integrated e-learning package and secondly the introduction of a competency assessment for refresher training.</p> <p>The Committee noted the content of the comprehensive paper, agreed the information provided was sufficient and was assured by the progress outlined at the meeting.</p>	
<p><b>76/23</b></p>	<p><b>Update from the Joint Staff Governance and Clinical Governance 21 September 2023 meeting</b></p> <p>Ms MacLeod referred to the distributed paper which provided an update on the work underway across Medicine and Unscheduled Care portfolio and Unscheduled Care Programme Board which had specific relevance to the joint committee meeting on 21 September 2023.</p> <p>Ms MacLeod gave assurance to the Committee of the arrangements to continue the programme of work on her departure from NHS Grampian. Arrangements to ensure the transition was robust had been discussed at the Chief Executive Team, there were joint Senior Responsibility Officers and robust action plans in place.</p> <p>Mr Power highlighted the high level of staff engagement with the element of the work being led by the external company, which was good for the credibility of the outcomes with the services.</p> <p>The Committee noted the paper contents.</p>	
<p><b>77/23</b></p>	<p><b>Doctors in Training (DDiT) rotas</b></p> <p>Ms Lawrie referred to the distributed paper, highlighting the following:</p> <ul style="list-style-type: none"> <li>• The background was that in 2000, DDITs terms and conditions of service were updated (referred to a New Deal) and implemented across NHS Scotland. The purpose of the new contract was to ensure the wellbeing of trainee doctors in a safe and supported way within compliant rotas, with regular rota monitoring.</li> <li>• Ongoing work to reduce the number of non-compliant rotas across NHS Grampian (covering approximately a third of DDITs), thereby avoiding the working of long extended hours. There had been gradual rise in non-compliant rotas due to insufficient or delayed breaks being taken during the monitoring periods.</li> <li>• With the increase in non-compliant rotas a number of risks had been identified.</li> <li>• Work was underway with services to take forward a number of actions on the implication of non-compliant rotas. These covered the</li> </ul>	

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wellbeing and financial implications including a team approach to ensure breaks are taken and emphasising at induction the importance of taking breaks.

- Work with NES for Boards to retain the funding for a full time post when the current incumbent was a less than full time trainee, in order to recruit to the gap in the rota.
- Learning from Boards who had a significantly less non-compliant rotas.

The Committee made the following points:

- What feedback is being received from the DDITs given this would be affecting their health, wellbeing, performance and ability to complete the academic aspects. Ms Lawrie responded that it had been a challenge to engage with DDITs at both pre-monitoring meetings and at the BMA Junior Doctor JNC to have the conversations with regard to the impact. Dr Docea stated that an attitudinal change had been observed recently however a different solution was required to encourage breaks were taken. Ms Agnew informed that different approaches to obtain engagement had been tried, with feedback received on the pressure and workload in the service and that it was a choice not to take breaks even when being supported to do so. Taking breaks has been highlighted as good working practice, and there is work ongoing regarding creation of a SOP for taking breaks and finishing on time. There was also the need to raise issues with taking breaks before the monitoring period.
- Is the number of non-compliant rotas likely to improve? Ms Lawrie responded that improvement was hoped for, however it requires a joint approach between NES who recruit and allocate trainees and NHS Grampian as the employer.
- Is NHS Grampian receiving the night number of DDITs to meet our needs? Ms Lawrie responded that the North had not done as well from the allocation as the East and West of Scotland but there had been a recent increase in North trainee places, as it had been weighted in this manner.

It was acknowledged that non-compliant rotas did have a financial implication for NHS Grampian, as each DDIT on the rota was paid a 100% salary supplement. The need to understand what may have contributed to an increase in non-compliant rotas was important, through conversations with DDITs, in order to move forward. It was believed to be a combination of factors rather than one over-riding influencer. The system of monitoring rota compliance had been in place for over 20 years, with implementation continuing in a different context than when devised, leading to unintended consequences linked to the pay reform agenda.

Mr Lindsay highlighted that he was a joint chair of a NHS Grampian group with the aim of analysing why staff do not take breaks and identify solutions. He noted the frustration of the unintended consequences of the terms and

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	<p>conditions of DDITs however these cannot be changed locally and that the inability to take breaks was not isolated to the DDIT cohort.</p> <p>The Committee noted the update provided, with an update to be provided at the 6 June 2024 meeting, when the focus again would be Sustainable Workforce.</p>	
<p><b>78/23</b></p>	<p><b>Strategic approach to colleagues and citizens engagement</b></p> <p>Ms Grugeon delivered a presentation to the Committee, highlighting the following:</p> <ul style="list-style-type: none"> <li>• The work underway set outs the ambition in Plan for the Future: “Our people are our most important asset and we need to invest our time and efforts into creating a different conversation and relationship with the people of Grampian, to ensure we can provide sustainable health and care services for the future while also meeting the health and wellbeing needs of the population” to enable wellness.</li> <li>• The focus of the work was the appreciative enquiry of NHS Grampian will have agreed an approach that engages and involves colleagues and citizens in more equal partnerships which deliver good quality care and more preventative approaches with communities.</li> <li>• Why engaging and involving people matter – when there is more engagement with staff there is less absences and accidents for example.</li> <li>• From engaging with communities there can be a change in the demand for services.</li> <li>• The high level plan commenced in November 2023 concluding by 31 March 2024 with the vision and intent. During this time flexible, responsive and iterative conversations with leaders, staff, citizens and partners, aiming to yield colleague and citizen-led insight and intelligence, to inform, shape and influence the direction of NHS Grampian’s approach to engagement. A review had been undertaken of the evidence base for effective colleagues and citizen engagement.</li> <li>• The need to shift engagement from being a project to being the core business of everyone in NHS Grampian.</li> <li>• It was key to support community planners who are engaging with communities however it may be on single episodes or topic specific.</li> </ul> <p>The Committee asked how the message should be delivered to citizens that they have a key role to play in their own health and wellbeing. Ms Grugeon responded that there should be clear transparent narrative on what the public can expect, working together within the resources available including the need to work differently. The need for education and raising awareness of taking responsibility for self was acknowledged. Ms Grugeon added that younger people were a key group which perhaps need different messaging. There was the need to use a range of doors to engage.</p> <p>The Committee noted the work underway to develop a new strategic approach to colleagues and citizens engagement for NHS Grampian.</p>	

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	<b>Statutory Information, Reports and Returns</b>	
<b>79/23</b>	<p><b>Data pack that supported evidencing compliance with the Staff Governance Standard</b></p> <p>Ms Lawrie referred to the distributed workforce information flash report, produced in this format for the Chief Executive Team. The Committee agreed the format was sufficient for assurance purposes.</p>	
<b>80/23</b>	<p><b>Timescales for statutory equality and diversity monitoring returns</b></p> <p>Mr Humphrey informed the Committee that compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, required all Health Boards to produce four detailed Statutory Reports:</p> <ul style="list-style-type: none"> <li>• Gender Pay Gap Report (every 2 years)</li> <li>• Diversity Workforce Monitoring Report (annual)</li> <li>• Equality Outcomes Report (full review every four years, with an update every 2 years)</li> <li>• Mainstreaming the Equality Duty Report (every 2 years)</li> </ul> <p>NHS Grampian had been reporting on a financial year however as there is no nationally mandated month in which data should start/finish, there is variation across Scotland, with some Boards publishing data gathered January-December. NHS Grampian had struggled to publish these Statutory Reports by the end of April for several years largely due to the volume of data extraction and analysis required in the time available. The recommendation was to change the reporting periods for all four reports, to the calendar year January-December from 2024 onwards. This would ensure publication to meet the April deadline. The initial overlapping of reporting would be explained in the reports.</p> <p>The Committee agreed it was a sensible recommendation. Mr Power confirmed there was no consequence of changing the reporting period with the safeguarding in place regarding the initial overlapping reporting, as it would not affect the monitoring of themes. As the risks were low, he expressed support of the recommendation.</p> <p>The Committee accepted the recommendation.</p>	
<b>81/23</b>	<p><b>Remuneration Committee 12 December 2023 agenda and assurance statement</b></p> <p>Noted by the Committee.</p>	
	<b>For Information</b>	
<b>82/23</b>	<p><b>a. BMA Joint Negotiating Committee Minutes – 13 September 2023</b></p> <p><b>b. Culture and Staff Experience Oversight Group minutes – 4 September 2023</b></p> <p><b>c. Occupational Health, Wellbeing and Safety Committee – 11 May 2023</b></p>	

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	<b>d. Sustainable Workforce Oversight Group – 15 August 2023</b> <b>e. GAPF Board report – October and November 2023 GAPF meetings</b> Noted by the Committee.	
<b>83/23</b>	<b>AOCB – none raised</b>	
<b>84/23</b>	<b>Date of next Meeting</b> Tuesday 20 February 2024 2pm to 4.30pm via Teams	