

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Workforce and Organisational Development Committee
held on 9th August 2022 at 9.30am
Microsoft Teams**

Present:

Tom Crick	Independent Member (in the Chair)
Steve Spill	Vice-Chair
Nuria Zolle	Independent Member

In Attendance

Debbie Eytayo	Director of Workforce and Organisational Development (OD)
Richard Evans	Executive Medical Director
Alison Clarke	Assistant Director of Therapies and Science (until minute 99/22)
Julian Quirk	Assistant Director of Workforce and OD
Kay Myatt	Acting Assistant Director of Workforce and OD
Sharon Vickery	Assistant Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Liz Stauber	Head of Corporate Governance
Delyth Brushett	Audit Wales
Donna Morgan	NWSSP Internal Audit

Minute	Item	Action
83/22	WELCOME	
	Tom Crick welcomed all to the meeting.	
84/22	APOLOGIES	
	Apologies for absence were received from Christine Morrell, Director of Therapies and Health Science, Jackie Davies, Independent Member and Hazel Lloyd, Director of Corporate Governance.	
85/22	DECLARATIONS OF INTEREST	

	There were no declarations of interest.	
86/22	MINUTES OF THE PREVIOUS MEETING	
	<p>The minutes of the meeting on the 14th June 2022 received and confirmed as a true and accurate record except to note the following typographical error:</p> <p>(i) <u>53/22 Organisational Culture Programme</u></p> <p>Nuria Zolle highlighted the importance of the ‘Just Culture’ and ‘Speak up’ programmes featuring in developments as <i>these were</i> a good opportunity for inclusion.</p>	
87/22	MATTERS ARISING	
	There were no matters arising.	
88/22	ACTION LOG	
	The action log was received and noted .	
89/22	WORK PROGRAMME 2022-23	
	The work programme was received and noted .	
90/22	COVID-19 UPDATE	
	<p>A report providing an update on Covid absences was received.</p> <p>In introducing the report, Julian Quirk highlighted the following points:</p> <ul style="list-style-type: none"> - It appeared the peak for the Omicron variant of Covid-19 had passed; - Staff absences had peaked at around 450 and had now reduced to 230; - The executive team was provided with a weekly update; - The numbers of cases were just monitored, with no actions being taken; 	

- The guidance around sickness absence pay had now changed and this was in the process of being worked through;
- The levels of cases in the community were mirrored in the numbers of staff absences, so should the latter rise, this would be indicative of another peak.

In discussing the report, the following points were raised:

Nuria Zolle queried what messages were in place for hotspot areas. Gareth Howells responded that measures were in place for outbreak areas as there was a risk if someone was asymptomatic, the virus could be spread to a high number of people, and affect the ability to provide appropriate staffing levels. Daily reviews were taking place as to establishments and where necessary, bank and agency staff booked to cover the gaps. Infection control was an important part of the Covid response.

Nuria Zolle sought clarity as to the number of staff who would be affected by the sickness policy changes cases. Julian Quirk advised that around 150 staff were currently receiving the extended sick pay for Covid and would be effected by this ending. Some would be able to return to work and others would not, and these would now be managed in the same way as other sickness absences – full pay for six months, half pay for six months, depending on length of service. Support would be put in place for these staff and redeployment options were being considered as the new risk assessment guidance from Welsh Government was yet to be received.

Nuria Zolle asked the number of staffing currently awaiting treatment for general medical conditions. Julian Quirk responded that data was not collected as to staff whose wait for hospital treatment was affecting their ability to work. Gareth Howells added that there was currently a group active on social media which felt that NHS staff should have priority over other cases for treatment, but it was important that all cases were prioritised based on clinical need. Debbie Eytayo advised that occupational health were receiving queries constantly from staff to see if they were able to go to the front of their queue for treatment and while this was not possible, there was potential for them to be added to a list for short-notice cancellations which needed to be filled quickly.

Tom Crick referenced the national approach to Covid and queried the service available at a local level. Debbie Eytayo responded that the health board had a long-Covid service which staff were able to access and it was one of the only NHS Wales organisations to be providing this. Alison Clarke added that the occupational health approach was innovative and part of a suite of services for staff and the local population,

	<p>which also included webinars, two GPs and social prescribing options as well as a variety of other interventions.</p> <p>Steve Spill queried the thoughts of those affected by stopping of the extended sick pay for Covid/long-Covid and whether they felt it was fair. Julian Quirk responded that one of the main issues was if it was compared with another long-term condition, such as leukaemia, those staff would only receive the standard six months full pay then six months half pay. Some staff on the extended sick pay were approaching 30 months of full pay which was unsustainable. The view differed amongst staff, particularly for those who caught Covid while in work, but they were receiving sick pay which was far in excess of what the contract provided, and this needed to come to an end, particularly as some may never be able to return to work. Discussions had been undertaken with trade unions and there would be difficult decisions to have with some people. The best solution for all concerned needed to be found and would be dealt with on a case-by-case basis to make returning to work as easy as possible, even if the relationship needed to be terminated for a short-period of time.</p>	
Resolved:	The report be noted .	
91/22	CHANGE IN AGENDA ORDER	
	The agenda order be changed and item 4.3 be taken next.	
92/22	WORKFORCE METRICS	
	<p>A report providing an update on workforce metrics was received.</p> <p>In introducing the report, Julian Quirk highlighted the following points:</p> <ul style="list-style-type: none"> - A focus would be given in the October 2022 report to turnover; - Sickness levels had started to decrease in May 2022, but risen again due to Covid, and a reduction was now starting to be seen; - Work was continuing to improve compliance with statutory and mandatory training; - Guidance and training was being developed to support managers with pay-related PADR (personal appraisal and development reviews) as staff would not receive their increments without a current PADR which should help improve compliance. <p>In discussing the report, the following points were raised:</p>	

	<p>Tom Crick commented that while it was a positive that PADR-related pay would improve compliance, it was important that the PADR process was a valuable one and not just to aid with pay progression. Julian Quirk agreed, adding that the health board was not where it wanted to be in terms of PADRs and it would be a long journey until it was considered a normal process.</p> <p>Tom Crick queried if there were still challenges to PADR dates being added to the electronic staff record (ESR). Julian Quirk responded that as supervisor self-service function was rolled-out, managers would need to be supported to do this themselves rather than rely on administration staff.</p> <p>Nuria Zolle referenced the time taken from a vacancy to be recreated to an unconditional offer being made and queried the issues. Julian Quirk advised that not all of that metric was in the health board's control as some of it was reliant on the NHS Wales Shared Services Partnership (NWSSP) recruitment services and the majority of the performance was good. One area in which the health board did fall down was actually outside of this process as data showed significant delays between a resignation being handed in and a new advert created, with the average time taken 50 days. Business partners were now working with services groups to help them start the process much sooner. Sharon Vickery added that the central resourcing team was helping to improve the key performance indicators and timescales but it could not take responsibility for all health board activity, however it was providing training for managers to undertake the process.</p> <p>Nuria Zolle noted the reduction in compliance with the domestic and sexual abuse training and queried what was being done to prioritise it. Kay Myatt responded that compliance was at 70% for that module as there had been a national issue as the video was not playing as it should and compliance not being recorded. Where possible, the data was being input manually but if an improvement did not become evident, a bigger push would be given.</p> <p>Debbie Eytayo commented that turnover numbers were increasing and as a result, the workforce team was undertaking a deep dive to determine the reasons why. This would be reported to the committee at its next meeting as it was pointless focussing on recruitment if people did not stay. She added that sickness absence rates had been raised at the recent board meeting as part of the risk register discussion, linked with staff availability. An improvement in attendances had been evident and it was hoped that this would continue but it was possible the risk level would need to be reviewed if it was not sustained.</p> <p>Tom Crick highlighted that the medical and dental group seemed to be the lowest for statutory and mandatory compliance and queried if there</p>	<p>DE</p>
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	were any barriers to address. Richard Evans responded that he was discussing the issue with the service group medical directors with a view to aligning it with study leave, which would not be approved unless there was 100% compliance with statutory and mandatory training. A process would need to be implemented to enable clinical directors to cross-check compliance, for example a screenshot of ESR provided with the application form, rather than make it a bureaucratic process.	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - Deep dive on staff turnover be received at the next meeting. 	DE
93/22	WORKFORCE AND OD RISK REGISTER	
	<p>A report setting out the workforce and OD risk register was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The committee last received the risk register in April 2022 and an updated version was presented to the board in July 2022; - Four risks remained allocated to the committee and no changes had been made to the scores since the last iteration, with recruitment of medical and dental staff and nurse staffing levels both at a score of 20. The mitigating actions remained in place; - Midwifery services and closure of the burns services had been referred to the committee for information as both related to workforce issues. <p>In discussing the report, the following points were raised:</p> <p>Richard Evans referred to the risk around the burns service, advising that the original agreement with the intensive care staff had been to cover the service until the autumn of 2022, but this had now been extended to the spring/summer of 2023 to enable the capital works to be completed.</p> <p>Nuria Zolle queried how the committee could gain assurance around the partnership with trade unions. Debbie Eytayo responded that the board was required to have independent member who was a staffside representative and the current postholder was a member of the committee as well as the partnership forum. She added that the partnership forum also provided a regular update to the board on the issues it discussed. Liz Stauber suggested that this report be shared with the committee as well going forward as an opportunity to discuss any concerns in detail and this was agreed.</p> <p>Alison Clarke informed the committee that biomedical sciences had escalated a risk the previous week in relation to workforce availability in</p>	DE/LS

	<p>the automated system. This had temporarily transferred to Morriston Hospital from Singleton Hospital for three months while locum staff were recruited.</p> <p>Tom Crick highlighted the risk around workforce resilience and queried if was confident that it was on a downward risk trend. Debbie Eytayo responded that there was insufficient evidence to determine this currently and a wider debate would take place at the Workforce and OD Delivery Group that week as to whether it was correct or if it was reflective of a point in time.</p> <p>Tom Crick raised the issue of the workforce availability and queried if there was any other concerns to be raised. Gareth Howells responded that often people tended to see the health board's workforce as the clinical workforce and not take into consideration other functions, such as estates, cleaners and other non-clinical services, upon whom the organisation was also reliant.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The summary board report from the health board partnership forum be shared with the Workforce and OD Committee. 	DE/LS
94/22	ORGANISATIONAL CULTURE PROGRAMME	
	<p>A verbal update on the organisational culture programme was received.</p> <p>In introducing the report, Kay Myatt highlighted the following points:</p> <ul style="list-style-type: none"> - Consideration was being given to modifying existing mechanisms to facilitate more accessible conversations and embed healthier working relationships across the health board; - Sessions were taking place with the business partners on the wider organisational development programme rather than just focus on sickness absence and the principles of 'Just Culture'; - Interactive training sessions were in development to support facilitated conversations; - The work around 'Freedom to Speak Up' was progressing; - Plans were in development for a 'Big Conversation' across the organisation to determine what staff felt the current culture was and what it needed to be. These would be shared with the executive team and Management Board for approval by early September 2022. Consideration would then be given as to how the results would be shared; 	

	<ul style="list-style-type: none"> - Regular meetings were taking place with Welsh Government to provide updates on progress. <p>In discussing the update, the following points were raised:</p> <p>Gareth Howells commented that the developments were exciting progress as staff were keen to improve the culture of the organisation. It was really important to be clear with staff on why this work was so important and he was taking forward similar work with the ‘What Matters to Me’ programme, which had included a learning summit earlier that week with trauma and orthopaedics. This was an opportunity for the specialty teams to raise their issues as well as solutions to address them over the next couple of years. This could provide valuable learning for the process. Kay Myatt agreed, adding that a process was in place to link with such initiatives as well as identify any learning from the acute medical services redesign programme.</p> <p>Nuria Zolle referenced the important of language when developing a culture, adding that another health board recruited a social anthropologist to undertake some of this work. Kay Myatt concurred, adding that the impact of language was an important consideration in the organisational culture programme and would be explored further.</p>	
Resolved:	<ul style="list-style-type: none"> - The report was noted. 	
95/22	RACE ACTION PLAN	
	<p>A verbal update on the anti-racist Wales action plan was received.</p> <p>In introducing the update, Kay Myatt highlighted the following points:</p> <ul style="list-style-type: none"> - The anti-racist Wales action plan was published by Welsh Government earlier in the year; - This would be shared with the Workforce and OD delivery group later that week as part of the consultation to identify the areas relevant to the health board; - It had also been shared with the BAME (black, Asian and minority ethnic) network and SAS doctors as well as other key staff groups to engage with the health board’s plan; - A formal draft of the health board’s plan would be shared with the committee in December 2022. <p>In discussing the report, the following points were raised:</p> <p>Tom Crick stated that the health board’s work tied in with that of Welsh Government and it was good to see the programme getting the</p>	DE

	<p>prominence it needed. He queried if the health board had the resources that it needed to make an impact. Debbie Eyitayo responded that was an element of the action plan which was wider than the workforce and OD function and the new communications, engagement and insight directorate would have a dedicated equality, diversity and insight resource to manage some of the work needed but until the action plan was finalised, it was unclear whether this would be sufficient resource.</p> <p>Nuria Zolle commented that it was pleasing to see that that focus was wider than the workforce and OD function as consideration was needed as to how this was embedded across the health board, including delivery plans and a focus on population health.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The health board’s action plan in response to the national anti-racist Wales action plan be received by the committee in December 2022. 	<p>DE</p>
<p>96/22</p>	<p>WORKFORCE RECRUTIMENT AND RETENTION</p>	
	<p>A report providing an update on workforce recruitment and retention was received.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> - The central recruitment team was now a permanent function and was growing as quickly as possible; - Teams were being encouraged to use the service to support recruitment but this did require an investment; - An external company had been commissioned to develop recruitment branding to make the health board of an employer of choice and the approach had been agreed by the Management Board; - Key areas of recruitment supported by the central team were nursing, therapies and theatres; - There was potential for it to support areas in which recruitment was challenging, for example in the community, where the time it was taking to recruit meant candidates applied elsewhere instead; - A SharePoint site had been established to promote the achievements of the central recruitment team; - Progress was being made in terms of medical recruitment and the first specialist grade in oncology had been appointed and a 	

	<p>significant increase in the number of applicants for consultant posts;</p> <ul style="list-style-type: none"> - The recruitment and retention group had received a presentation from psychology as to how they were redesigning roles to boost the number of applicants for posts; - Work was ongoing with nursing to develop band four roles in areas where band five posts were difficult to fill for acute wards and community services. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle sought clarity as to why line managers needed support with the recruitment process. Sharon Vickery responded that line managers were able to use the Trac system to recruit staff but the central recruitment team was there as a support to accelerate the process, train managers in how to recruit and provide pastoral support for staff.</p> <p>Steve Spill queried the size of the central recruitment team. Sharon Vickery responded that there were currently three substantive members of the team and one fixed-term.</p> <p>Steve Spill referenced the overseas nursing recruitment programme and some of the delays being experienced. He queried how this could be progressed more quickly. Sharon Vickery advised that the number of nurses to be recruited from overseas had increased from 200 to 350 and robust process was in place, but this was constrained by limited accommodated, OSCE (objective structured clinical examination) training amongst other challenges. It was £10k to recruit through an agency but £5k via direct appointment so focus was to be given to using the latter.</p> <p>Gareth Howells added that a cohort of 20 new recruits had recently joined the health board and were undertaking the necessary training through a specialist centre now established at headquarters. Overseas recruitment was now starting within Welsh Government but the health board had already progressed with its own plan and was therefore ahead of the curve. It would never be able to reach zero variance but it had aspirations to achieve the right establishments, but knowing what these were was the biggest challenge. There was good synergy between the corporate nursing team and central recruitment team which put the overseas recruitment programme in good stead to increase the numbers further the following year.</p> <p>Debbie Eytayo stated that work was ongoing to triangulate the data around establishments and the numbers of nurses needed for the next 10 years as even if the health board continued to recruit at its current rate, it would likely still have a gap of 200-200 nurses. It was important to have a full picture in order to be able to plan for the future.</p>	
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	<p>Tom Crick commented that it was important to consider workforce transformation on an adhoc and service group basis and how to achieve this effectively. This would be a long-term piece of work and would not be achieved in this year's annual plan.</p> <p>Tom Crick commended the work of the central recruitment team for the achievements to date and queried how sustainable was the reduction in recruitment time.</p> <p>Tom Crick noted the high calibre of overseas nursing applicants and queried how this process would be managed going forward given challenges around visas. Sharon Vickery responded that around 20-30 applicants were recruited via direct award due to funding issues and there was scope to increase this. Gareth Howells added that there needed to be a change in mindset as the overseas recruits were significantly qualified and experienced nurses but they were being brought in as band fives and asked to undertake training. In addition, it was important that the overseas recruitment was ethical and nursing staff were not recruited from countries which also needed nursing staff. Tom Crick agreed, adding that it was important that the experience of the overseas recruits was maximised and used for roles wider than the generic band five. Debbie Eytayo commented that 350 applications had been received and the team had been challenged to arrange the interviews as soon as possible. The challenge was around the infrastructure which limited the number which could be brought in at any one time. The service groups were being encouraged to fast-track the nurses, where appropriate, to more senior roles. Not only would this take full advantage of the skills and experience they had to offer, but it would also align with the anti-racist Wales plan.</p>	
Resolved:	- The report be noted .	
97/22	CHANGE IN ORDER OF AGENDA	
Resolved:	The agenda order be changed and item 5.3 be taken next.	
98/22	THERAPIES AND HEALTH SCIENCE GROUP	
	<p>A report providing a summary of the discussions at the Therapies and Health Science Group was received.</p> <p>In introducing the report, Alison Clarke highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The student streamlining process had been more positive this year following engagement with Health Education and Improvement Wales; - 76 graduates across Wales were left without jobs and 134 posts were unfilled, but primarily these were within other organisations; - An issue had been raised around domicile students and adult learners who could not be interviewed for any roles unless they went to a Welsh university and this would be challenged for next year to open up the process more widely. <p>In discussing the report, the following points were raised:</p> <p>Tom Crick commented that it was encouraging to hear that challenge would be given to enable domicile students and adult workers the opportunity to interview for posts as this would bolster recruitment and retention. Alison Clarke agreed, adding that there was a limited number of university places within Wales so some students would need to attend English institutions in order to qualify, but a large proportion would want to return home.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
99/22	MEDICAL WORKFORCE EFFICIENCIES	
	<p>A report providing an update on medical workforce efficiencies was received.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> - Vacancies were the reason for 49% of medical locum usage despite the high levels of ongoing recruitment. This was to be reviewed to determine the reasons why; - Locum costs had increased since the last update and this was mostly due to internal locums as Medacs expenditure was broadly in-line with the rest of Wales and there was a significant reduction in the amount of locum costs below the cap; - General medicine and psychiatry were the biggest users of locums and costs were reducing in the emergency department; - Work was needed with the service groups to reduce the amount of off-contact agency locums used; - The roll-out of ‘Medic on Duty’ was continuing and this would incorporate job planning. 	

	<p>In discussing the report, the following points were raised:</p> <p>Tom Crick referenced the costs of the off-contract locums and queried how this could be recovered. Sharon Vickery responded that this would be part of the roll-out of locum on duty as all activity would be logged on the ledger. There would always be some exceptions to the rule, for example oncology currently had off-contract locums but to replace this would destabilise a critical and fragile service.</p> <p>Tom Crick noted the all-Wales agency data included in the report and asked for an update on the negotiations. Sharon Vickery advised that there was still a desire to have a 'once for Wales' contract. While the majority of health boards used Medacs, there were one or two which differed. The task and finish group to progress the work had been stood-down during the pandemic but had now started to meet once again to progress the procurement process so all health boards were in the process of extending their current arrangements in the interim. If the all-Wales contract was not with Medacs, the health board would need additional time to be up and running with the alternative while it 'unpicked' all its arrangements with Medacs to ensure the new process worked as it needed to. Nuria Zolle provided assurance that the Audit Committee was monitoring the procurement process.</p> <p>Nuria Zolle highlighted that Singleton Hospital seemed to be bucking the trend in terms of high locum costs and queried if the reason why was known. Richard Evans responded that this was most likely due to the fact that costs in Morriston Hospital were driven by the challenges of covering high-pressure areas (emergency department and acute medicine) and shortage specialties where hourly rates were at a premium, and possibly some cultural issues of using higher tariff off-contract agencies, but that various processes were now in place in each service group to review. Sharon Vickery added that the new Medacs contract would include provision for junior doctors but there was yet to be agreement about their terms and conditions and there was potential for industrial action.</p>	
100/22	MEDICAL WORKFORCE BOARD UPDATE REPORT	
Resolved:	The Medical Workforce Board highlight report was received and noted .	
101/22	NURSING AND MIDWIFERY BOARD UPDATE REPORT	
	<p>The Nursing and Midwifery Board highlight report was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The Nursing and Midwifery Board met on a monthly basis; 	

	<ul style="list-style-type: none"> - Work was ongoing to develop band four assistant practitioner roles and use the healthcare support worker framework to see an increase in staffing numbers across all sectors in the next 12-months. <p>In discussing the report, the following points were raised:</p> <p>Tom Crick stated that it was useful to see the national approach to preceptorships as well as the digital system for nursing documents. Gareth Howells concurred, adding that the health board was leading the way in Wales around e-nursing documents, with the system already available in Neath Port Talbot and Singleton hospitals. The benefits were significant, particularly the ability to know how services were running.</p>	
Resolved:	<ul style="list-style-type: none"> - The report was noted. 	
102/22	WORKFORCE DELIVERY GROUP UPDATE REPORT	
	<p>The Workforce Delivery Group update report was received.</p> <p>In introducing the report, Debbie Eytayo highlighted the following points:</p> <ul style="list-style-type: none"> - The report covered the first meeting of the group; - Its purpose was to bridge the gap between the committee and operational services in order to provide assurance; - Service groups were represented within the membership to relay the discussions back; - The agendas covered the workforce priorities in the annual plan. 	
Resolved:	<ul style="list-style-type: none"> - The report was noted. 	
103/22	ITEMS TO REFER TO OTHER COMMITTEES	
	<p>While there were no items to refer to other committees, Tom Crick advised that the Welsh Language Delivery Group, of which he was the chair, had discussed the shortfall in staff reporting Welsh language skills. This was a priority for the Welsh language commissioner and there would be a baseline minimum requirement for Welsh language skills for some roles in the future.</p>	
104/22	ANY OTHER BUSINESS	

	<p>(i) <u>Industrial Action</u></p> <p>Debbie Eyitayo referenced the recent announcement of the pay deal and advised that one trade union (Royal College of Nursing) was in the process of balloting its members with a view to undertaking industrial action in October/November 2022. Discussions were being undertaken between the trade union and the emergency planning team to ensure plans were in place should this go ahead.</p> <p>Gareth Howells stated that the NMC (Nursing and Midwifery Council) does not prohibit nurses undertaking industrial action, but all nurses and midwives must adhere to its code, which outlined their responsibilities as regulated professionals. This did not prevent nurses and midwives from taking part in lawful industrial action but the NMC does note that they have a duty to uphold their professional standards at all times, and the Code would continue to apply in the event of industrial action. He added that the industrial action in Northern Ireland had manifested itself as ‘work to rule’ so while they may not strike, they would ensure they arrived/finished on time, took their breaks and did not cover shifts etc. The RCN had confirmed that they would work with employers to ensure patients and service users were not harmed</p> <p>Tom Crick commented that patient safety was key and a watchful eye was now needed on the other trade unions to see if similar action was to be taken by their members.</p> <p>Sharon Vickery queried if a response had been issued by Welsh Government as the pay deal was out the hands of the health board as it was a national issue. Debbie Eyitayo advised this would be discussed through the all-Wales directors of workforce and OD/directors of nursing forum and while the impact felt by each organisation would be different, responses should still be aligned.</p>	
105/22	DATE OF NEXT MEETING	
	The date of the next meeting was noted as 11 th October 2022	