

 **People Leadership and Culture Committee**

**Minutes of a meeting held on**

**RR/App 15/2023**

(Agenda item: 27(f))

**Thursday 13 October 2022 at 13:30**

**virtual meeting via MS Teams**

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| **Present:** |  |
| Mindy Sawhney  | Non-Executive Director (Chair) (**MS**) |
| Andrea Young | Non-Executive Director (**AY**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Grant Macdonald | Executive Managing Director, Mental Health & Learning Disabilities **(GM)** |
| Heather Smith  | Chief Finance Officer (**HS**) |
| Marie Crofts  | Chief Nurse (**MC**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**) |
| Martyn Ward | Executive Director – Digital and Transformation **(MW)** |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Amelie Bages | Executive Director of Strategy & Partnerships **(AB)** |
| David Walker | Chairman (**DW**) |
| **In attendance:** |  |
| Lucie Le Faou | Good Governance Institute - Consultant **(LL)** |
| Neil Mclaughlin | Trust Solicitor and Risk Manager **(NM)** |
| Hannah Smith  | Assistant Trust Secretary (**HSm**) |
| Alison Cubbins | Head of HR Policy, Reward and Projects **(AC)** |
| Joe Smart  | Head of Organisational Development (**JS**) |
| Becky Elsworth | Interim joint Head of Learning & Development **(BE)** |
| Matt Edwards | Director of Clinical Workforce Transformation (**ME**) |
| Ian Ferry | Assistant Project Manager (**IF**)  |
| Shafik Nassar | Head of Service for Vaccination and Population Health **(SN)** |
| Stephen Finn | PPE Operation Manager **(SF)** |
| Jill Castle | Head of HR, Community & Corporate (**JC**) |
| Goldie Prince | HR Consultant, Policy & Reward (**GP**) |
| Emma Short | Governor **(ES)** (*observing)* |
| Vicki Power | Governor **(VP)** (*observing)* |
| Evin Abrishami | Governor **(EA)** (*observing)* |
| Shirley Innes | Executive Assistant to Chief People Officer (**SI**) *(note taking)* |

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| **1.****a.****b.** | **Introductions and apologies** The Chair welcomed the Committee members and introduced new attendees. The Chair also welcomed the Governors who were observing today’s meeting and a Consultant from the Good Governance Institute (GGI) who are working with the Trust’s Board to help us reflect on our practice.Apologies for absence were noted from: Nick Broughton - Chief Executive, Ben Riley – Executive Managing Director – Primary, Community and Dental Care, Sigrid Barnes - Head of HR Systems & Reporting, Karl Marlowe – Chief Medical Officer | **Action** |
| **2.** | **Declarations of Interest**No interests were declared.  |  |
| **3.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.****l.****m.****n.****o.****p.****q.****r.****s.****t.****u.** | **Minutes of the meeting on 07 July 2022**The Chair proposed the minutes of the previous meeting were noted as an accurate record. **Item 2.b (2.d) Action:** Martyn Ward to advise when a strategic review of Food provision will be undertaken and provisionally set a date to update PLC.Status: This item was on the agenda for the July 2022 meeting and a paper circulated but the Chair was notified at the start of the meeting that it needed to be deferred to October as MW unable to attend the July meeting due to other urgent priorities. **Substantive item on October 2022 Agenda. Action closed.****Item 2.d (2.g) Action:** Martyn Ward to advise of a provisional date when the Committee will be updated on the project to look at our different data sources as part of ‘an early warning system’.Status: Nic McDonald advised lots of work is underway. The Chair asked for a paper to be brought to October PLC to include time frame for key milestones, particularly early warning system. **Update – postponed to January 2023 meeting due to System outage.** **Action remains open. MW/NM1****Item 2.i Action: CPO to redraft Terms of Reference for this Committee for review at July PLC meeting. Substantive item on October 2022 Agenda. Action closed.****Item 2.p (10.a) Action:** HOD to determine and advise how we will keep track of Wellbeing Guardian responsibilities prior to November 2022 audit.Status: A mid-point audit has been conducted looking at how we track metrics of the 9 principles. The Chair advised we need to proactively check how we evidence these principles. Further discussions needed with CPO, HOD and Chair. MS/CDS/JS met 6.9.22. Report updated. Assurance needed from KR re governance/evidence of this, as it is an organisational responsibility that we are asking a) the Board, and b) the Committee chairs to consider how they are including and evidencing staff wellbeing in their deliberations. Update – work has been done since the last meeting to address and track the metrics to the 9 principles for the midpoint audit. The Chair added that the responsibilities for Health and Wellbeing extend beyond one individual and this Committee and asked for the update to be taken to Board.**Action for CDS to take update to Board and check in with other sub-Committee Chairs in relation to how it is woven into their Agendas.** **Item 2.r (12.f) Action:** DCWT to discuss with CPO and CN and provide information at July 2022 PLC for IQRA; what is the target, the trajectory, and the progress.Status: Included in substantive item on the July PLC agenda. The paper provided is an interim stage towards this and further discussion to take place with MC, CDS, MS. MS also to consult FIC. **Update: MS/CDS/MC/CH met 9.8.22. Substantive item on October 2022 Agenda. Action closed.****Item 2.s (13.k) Action:** Mandatory training review to be brought to October PLC meeting. **Update: Substantive item on October 2022 Agenda. Action closed.****Item 5.d Action: CPO to follow up in writing with JP with regard to the issues she has raised. Update: CDS response sent to JP 10.8.22. Action closed.****Item 6.j Action: CPO to investigate why:**1 - there is such a difference in ‘time to hire’ between the Oxford and Bucks areas and by role type, and2 – how these benchmarks have been set and what levels of performance are being achieved by other Trusts and private sector. **Action remains open. CDS/TO****Item 7.e Action: CPO/CMO to identify an experienced consultant to speak to PLC in the ‘voice of’ slot about their experience in the Trust. Update: AC to confirm for January 2023 PLC. Action remains open. CDS/KM/AC****Item 7.h Action: ME to bring update to October PLC on how managers are supported and held accountable for Agency usage in their areas.** **Update – postponed to January 2023 meeting. Action remains open. ME****Item 7.k Action: CPO, CN, MS to discuss the IQRA report**; there is good progress towards providing the overview needed and further conversations will now take place to finalise. **Substantive item on October 2022 Agenda and duplication of action 2.r, Action closed.****Item 9.c Action for NM/JS to reframe Risk 1020 (work related stress)** which has sat at a high level for a long time. **Update: NM/JS met 2.9.22, risk was reviewed in detail with discussion around out of date and unrealistic commissioning service specs resulting in untenable work pressure (examples from the Culture Change scoping groups highlighted managers who reported their caseload had increased by 75 – 100% without any change in commissioning contracts or funding increases) which results in high levels of staff stress. included in substantive item on October 2022 Agenda. Action closed.** **Item 9.e Action for NM/CDS/AC to formulate a cost-of-living risk.****Update: AC/NM met 16.8.22, risk formulated and included in substantive item on October 2022 Agenda. Action closed.****Item 9.g** The Chair suggested if the RESUS training numbers are not improving at the next meeting, we will need to look at this further and maybe increase the risk. **Action: To be combined with Mandatory Training paper coming to October PLC.****Update: Substantive item on October 2022 Agenda and combined with action 2.s, Action closed.****Item 9.h Action for NM to provide an analysis of how long things have been at a red rating.** **Included in substantive item on October 2022 Agenda. Action closed.****Item 10. Action: Meeting to be arranged for September to discuss full discovery phase of Culture programme.****Update: discovery phase paused due to cancellation of non-essential meetings during System outage. Action closed.** **Item 12.e Action: Brief progress report on HR Policy review to come to January 2023 PLC. Action remains open. AC/GP****Item 13.a Action: Food Strategy deferred to October PLC.** **Update: duplication of action 2.b, Action closed.****Item 14.e Action: DCMO and CPO to agree when/how a touchpoint could be created for Medical Appraisal and Revalidation report. Action remains open. KL/CDS/AC**The Chair requested that an action is taken to add a standing item to this part of the meeting to track actions that are given to this Committee by both Internal and external audits, and from other Committees. **Action CDS/SI.** | **MW/NM1****CDS****CDS/TO****CDS/KM/****AC****ME****AC/GP****KL/CDS/****AC****CDS/SI** |
| **4.****a.****b.****c.****d.** | **PLC Terms of Reference (ToR)**The Chief People Officer (CPO) highlighted that the ToR have now been brought in line with other ToRs for sub-Committees in tone and format. We have made clear the substantive work the PLC will have oversight for, with the links to other Committees and groups. This will be kept under review. The membership has been simplified, and the Chair encouraged the Committee to keep under review and advise if further changes are needed.The Chair requested an action is taken to map out within the ToR, the governance structure that sits underneath the PLC so we can track the hierarchy of assurance. **Action: CDS**  | **CDS** |
| **5.****a.****b.****c.** **d.****e.****f.****g.****h.****i.****j.****k.****l.** **m.** | **Chief People Officer’s strategic update (incl. People Plan update)**The proposed People plan was first brought to PLC in July for review, and it was useful to hear feedback from the Committee and how the People Plan dovetails with our current Strategy. This update includes the high priority areas, progress that has been made, how we propose to bring it to life, and deliverables we hope to achieve. The last 3 months have been dominated by the systems outage, which has had a serious impact on the Trust, and some non-essential work and meetings were paused.We were able to introduce some measures to support staff; creating a database of internal admin staff who could be redeployed, ensuring staff could be paid additional hours; food hampers will be sent out across many teams.  Good progress has been made on mandatory training compliance which now sits at 84%. The target is 95% and this is due to be achieved by the end of March 2023.We have completed a QI review of PDRs and have an agreed set of actions; this will be presented as a case study at the QI conference next week. This week is Gratitude week; our Chief Nurse has arranged Covid stars to thank staff, and there are a number of initiatives on offer to support wellbeing. We have a number of legacy Workforce systems that don’t link with each other, we have carried out an in-depth strategic review utilising expertise from external IT systems consultancy and will be working through the implications of their findings. The NHS Pay award was implemented in September, certain grades were negatively impacted by the change in Pension contribution rates, so we have allowed pension arrears to be spread to ease hardship for staff affected, particularly in light of the cost of living pressures this autumn/winter. This flexibility was well received.We are looking at how we innovate and ensure we are using the correct framework and thinking to improve HR processes and 20 members of HR will be doing QI level 2 training in November.The Chair reflected that there is lots of opportunity for the People function to enable the achievement of the Trust’s aims. This is the first People Plan the Trust has created in some years, and it has been recognised that there is a need to narrow the focus of effort to ensure the key issues agreed are progressed. She asked the CPO to outline the next steps to finalise the Plan.The CPO confirmed that the plan has been formed by feedback from services, managers, and users of our service; we have formulated the deliverables and now need to take time to test and check that with Managers and socialise the plan over the next month and then refine some of the actions. This will help us set out our goals to the ICB and how we interact with the region.The Chair would welcome the return of the People Plan to PLC in due course with milestones identified to enable progress to be followed.  |  |
| **6.****a.****b.****c.** **d.****e.****f.****g.****h.** **i.****j.****k.****l.** | **Voice of slot** The Chair welcomed Stephen Finn (**SF**), PPE Operations Manager to the meeting and invited him to share his experiences of working for the Trust. She noted SF and his team had received the Exceptional People Team award in December 2021. SF shared with the Committee that he has previously worked for OUH and CCG and has been with OHFT for 4 years. His substantive role is a project manager within Estates, but he is currently working in the unique role of PPE Operations manager, leading a small team, who are all temporary staff. One issue is that as they are a temporary team, SF couldn’t be seconded into it, which means his manager is unable to backfill his substantive role. SF finds his manager very supportive.The PPE Operations team go above and beyondSF also manages the Access Control team and gave the example that if some of the doors go offline, he would log a job with IT, but as Network is via OUH, IT have to talk to OUH and it can take up to 3 weeks to resolve; existing staff can still access the doors, but new staff are unable to. The AC Team sometimes receive rude, upsetting emails as people don’t necessarily understand the constraints. The CN commented that SF goes above and beyond in his role. The Executive Director – Digital and Transformation (EDDT) added that SF created a very effective operation and works proactively.SF added that there is a feeling in Estates that they are expected to clear up things that other people don’t want to do. SF commented that there is a hierarchy with medics at the top and that in Estates they can be treated as less important at times.The Chair apologised that this was sometimes the experience of the team and emphasised that Oxford Health was actively working to ensure every member of the team knew and felt that they and their work was appreciated – we each play a critical part in delivering our services and need each other to do our jobs well. His team are all temps, but they don’t just work to the letter – they go beyond what’s required and proactively help colleagues to manage stocks etc. However, as temps they have felt left out with gratitude week. The Chair thanked SF for the work he and his team do and particularly for their efforts during Covid. She also thanked him for his being candid in sharing his perspective and experiences and noted that the Committee would write to him in response to the specific issues he raised.  | **CDS** |
| **7.** **a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.****l.****m.** | **HR Workforce Report:** The Chair pointed out that this is the first iteration of the new Workforce report in format and content. The CPO invited comments and observations.The Chief Nurse (CN) praised the L&D team for the success of their Ofsted inspection and rating. The CN commented there are a lot of slides but showed very good information.The Executive Director of Strategy & Partnerships (EDSP) added that the structure of the slides was very helpful. The Executive Managing Director, Mental Health & Learning Disabilities (MDMH) commented the % of Staff accessing support seems disproportionately low. The Chair added that it would be useful to know the proportion by directorate who are accessing support services. **Action: CDS/SB to add.**The CN commented that Staff also have access to the BOB wide You Matter service, but we don’t have access to how many people use this.The Chair recognised that the People promise has 10 promises each of which required a basket of indicators to assess performance and progress. Perhaps we can consider if there is an opportunity for us to have a more summary view, linked to our strategy and/or risk register. The Chair suggested that The Director of Clinical Workforce Transformation (DCWT) picks up in the IQRA segment, how we’ve achieved substantial reduction in use of agencies from more expensive frameworks.The Chair asked for her thanks to be passed on to the team for the huge amount of work.The CPO thanked the Committee for their feedback and confirmed we will refine and consider how we can make the report more concise. The Chair added it would be helpful to see an explanation of how targets are formulated and to show the overall planned trajectory to targets where these are identified.  | **CDS/SB** |
| **8.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.****l.****m.****n.****o.****p.****q.****r.****s.****t.****u.****v.** | **IQRA update**The Director of Clinical Workforce Transformation (DCWT) introduced the IQRA papers which contain further detail as requested by the Chair.The Chair observed that our current agency spend is over 14%, with our comparators at 6%, and asked if our target is to reach 6%, and if so, when? The Trust has not yet defined what the end target should be, nor over which period it would be achieved.The Chair advised that the multi-year view needs to be formulated and go to Board to agree targets and review the range of actions and resources required. Given the information available, in this meeting of PLC we can focus on the in-year activity and specifically if we are assured, as PLC, that the remedial action being taken is sufficient to get us back on track to achieve the £11m in year savings planned for the current FY? The DCWT confirmed that the Executive are on the verge of making two, quite strategic decisions which will affect the impact for this year and next; some are multi-year phased plans. **Action to bring back to January PLC for ME**The Chair clarified that this needs to sit within an articulated ambition for Board about what it is we are trying to get to and when.  Andrea Young (AY) acknowledged that we have made some progress against our target of £11m saving for this year. AY added that we would expect as a Board to review this in the operational planning phase, along with other multi-year targets. The CPO reflected that whilst these workstreams are being led by corporate colleagues, the delivery of the targets is resting in services, so we are dependent on a range of Managers changing their behaviours and ways of working; and asked the MDMH how this is reaching into front line services. The MDMH commented that our innovation to get people in the roles is key, but that local leadership decisions are the main cultural and behavioural changes needed. The CN agreed that cultural changes will take time. Each time we delve into a problem, it’s like “peeling an onion”; each workstream is large and we need to ensure the next 12 / 24-week workstreams are focused on what we know will work. There are key things that we can do differently, review our processes, and focus, and include Staff on the ground as part of the workstream.The Chair commented that we now understand the problem better and differently, which will be helpful in going back to Board. The Chair asked if we were confident, that by breaking down into 12-week blocks, we will be on track for the £11m saving? The Chief Finance Officer (CFO) advised that she and the EDSP are joint SROs for the planning programme. The CFO added the importance of having a clear vision and a sense of what good would look like for the Trust, and that we are not aiming to eliminate Agency completely. There needs to be a control environment with agreed expectations for budget holders. The Chair confirmed there is a c/f action for January PLC for DCWT to provide an update on how managers are supported and held accountable for Agency usage in their areas. The Chairman commended a rich discussion and added that the OHFT Agency problem is endemic. In order to reduce our Agency spend, we need to understand what changes in behaviour are required, and we will have pushback from Staff in using less Agency. The MDMH countered that both he and the CN reviewed and challenged these decisions but the scope to reduce Agency use at this level was marginal and was driven by patient acuity. The Chair asked the DCWT – we are £1.5m adrift of target currently, do you have confidence that the measures you have identified in your update, are sufficient to deliver us to the £11m savings? The DCWT commented that specific action was being taken to reduce spend on locum agency costs. What we can deliver will depend on the Executive decisions that will be made in the next couple of weeks. The intervention trajectory around Staff bank has a whole year saving of £17.5m. The DCWT added that one of the aspects driving our Agency spend is that we are delivering services to a Patient need that is far higher than we are commissioned to provide. We need to become more aware of our Patient need for acuity.The Chair acknowledged this is a complex problem and confirmed the following actions: **Action**: A timeline to be provided for the conversation at Board about: reconfirming the key drivers for our use of temporary staffing, quantifying the contribution of each driver to the headline figure, our target use of temporary staffing and the trajectory to achieve that target - and how that interconnects with other strategic priorities. **MC/CDS****Action:** Review the results of the first of the two 12-week sprints planned for this FY at the Jan PLC in relation to the 4 areas that have a red rag rating. **ME** **Action:** Update to be provided to the PLC Chair once the Executive decision has been made on the 2 major areas that will determine the achievability of the in-year targets. **MC/CDS** | **ME****MC/CDS****ME****MC/CDS** |
| **9.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.****k.** **l.** | **Strategic and Corporate risks**The Trust Solicitor and Risk Manager (TSRM) asked the Committee to note these risks are in an advanced draft form and would invite comments. **Risk 1020** - this is the long-standing red risk, having been formulated in March 2015. We have reformulated it, identifying all the controls we have and renaming from ‘Work related stress’, to ‘Impact on workforce of levels of demands for services’The Committee was asked to consider:Is the risk appropriately titled? Is the risk appropriately formulated? Do we agree with the risk rating it has been given? The CPO confirmed the risk has been refreshed, particularly in relation to some of the work with Staffside re HSE Management standards. The CPO suggested we should be addressing the problems and correct definitions through planning process.The Committee was in agreement with the considerations. **Formulation of Cost-of-Living risk** - The TSRM invited any observations. The MDMH felt the phrasing could be improved on. **Workforce training, Appraisals and Supervision risk** **1063–**the TSRM requested a decision on the next steps, and proposed this is split into 3 risks and brought back to the next PLC. The Committee agreed. **Action NM**The CPO asked the Committee to recognise the work that has been done in relation to the risks and acknowledged the work the CN has done in relation to Clinical supervision. The Assistant Trust Secretary (ATS) reminded the Committee that the 3 new risks being considered are day to day operational risks, and there are also Board Assurance Framework strategic risks, and this is covered in the 2.5 BAF risk, Retention of Staff. The Chair thanked the ATS for the context given.  | **NM** |
| **10.****a.****b.****c.****d.****e.****f.****g.****h.****i.****j.** | **Financial Wellbeing support update**The Chair invited any comments or questions.The Head of Policy, Reward and Projects (HPRP) highlighted that this has to be a live plan, we need to continue listening and adding to this. The Chair thanked the timely work that has been done, we are conscious of staff concerns and wondered if we could try and understand how many staff this may affect, whilst preserving people’s privacy and dignity. The Chair observed that rather than ‘within 3 months’ actual dates would be clearer.The Chairman observed we need to be very clear with the message we put out if these is industrial action around pay, our choices are limited. If staff can’t afford to live, they are not being paid enough.  Andrea Young added that at the launch of the Nursing strategy last week, the regional lead nurse was clear there is a lot of work being done at regional level.The HPRP confirmed we are linking in with other organisations across BOB and nationally. The HPRP added that she is working with Finance to ensure initiatives can be brought in as soon as possible.  The Chair concluded that the Board needs to consider the implications of potential industrial action and service readiness, and that this would be looked at by Quality Committee and the Board.She noted that a number of additional measures to support are identified in the paper and again it would be useful to understand when these deliberations will conclude given that for some staff anxiety is already high and hardship is likely to peak in the few short weeks in the run up to Christmas. |  |
| **11.****a.****b.****c.****d.** | **Food Strategy update**The Chair confirmed this was originally raised by a now retired NED, that if we’re going to be a great place to work, we have to be a decent place to work, there has to be somewhere to get food, warm it up and to eat. The Committee had asked to understand what % of our sites currently have food provision and what the nature of that provision is – however, this has not yet been available.The EDDT confirmed there is inadequate Food provision, and we are working towards resolving this. We are doing a stock take and asking Staff and Staffside for views. The Assistant Project Manager (APM) has prepared a short presentation with additional information. The Chair apologised that there was not time to review a late paper and asked that this item comes to January PLC for a full paper and discussion. **Action MW**  | **MW** |
| **12.****a.** | **Flu Vaccinations**The CN advised that the Flu campaign has been launched. Data has been cleansed, which includes temporary staff and mass vaccination centre workers. We are running bookable Clinics and are trying to target team events; we have 30 fully trained peer vaccinators. If people go to get Covid jab, they will also be offered their flu vaccine.  |  |
| **13.****a.****b.****c.** | **Covid Vaccinations**The Head of Service for Vaccination and Population Health (HSVPH) confirmed there is not an enforced requirement for Staff to have the Covid vaccination at this time, but we are publishing and promoting. We do have responsibility to vaccinate our inpatients and we are offering to Staff to avoid any wastage.The CN confirmed that we are not allowed to access NIBS data, Staff need to tell us via Employee portal due to GDPR.  |  |
| **14./15.** **a.****b.****c.****d.****e.****f.**  | **WRES/WDES updates / Race Equality Programme action plan** The Head of OD (HOD) requested that the WRES and WDES was signed off for audit purposes ahead of submission. The Committee agreed.The HOD advised that the Cultural Ambassador and Fair Treatment at Work programmes were not having the impact we had hoped; and asked the Committee for agreement to pause these programmes so we can refocus our efforts into reviewing through an evidence-based QI programme. The Committee agreed.The HOD asked for sign off for the QI approach to the Race Equality Action programme to allow for work to commence. The Committee agreed and the Chair requested the discovery phase comes to the January PLC. The Chair offered thanks and recognition for the significant progress in this piece of work. She commented that it was very helpful to see the clear link between analysis, action proposed, and the metrics to monitor progress. The Chair requested that going forward we provide a) intersectional analysis for example with sex, gender, age and disability and b) different groups within ‘BME’, commenting that different groups may be experiencing different outcomes. The purpose of this additional analysis is not to get more detail but rather to increase the specificity of the strategies formulated to address these challenges. The HOD asked the Committee to note there is a similar development for the Disability programme which will be brought to January PLC.  |  |
| **16.****a.****b.** | **Mandatory Training compliance rates update**The Chair recognised there has been significant process and welcomed the trajectory included within the paper.The Chair asked for feedback to be supplied in writing to the Chair and CPO. |  |
| **17.****a.****b.** | **Resourcing and Onboarding Policy**The Chair recognised the importance of progressing the Policy.The Chair asked for feedback to be supplied in writing to the Chair and CPO, with the intention of approving the Policy virtually. |  |
| **18.****a.****b.****c.****d.****e.****f.** **g.** | **AOB**The Chair asked if the observing Governors had any comments or observations. VP said it was a really insightful meeting, and heart-warming to see the passion.EA was grateful to see how much hard work is being done. ES commented it was an interesting meeting and added that there are missed opportunities for staff to comment on ideas, i.e. new PDR process. The HPRP added she would welcome a discussion with Governors regarding the Cost-of-Living work. The Chair thanked everyone for the conversations this afternoon and added that any comments and suggestions about how to improve the work of the Committee would be very welcome. She confirmed the date of the next meeting was January 26th, 2023.  |  |