

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 12 October 2022 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mr J. Encombe**, Non-Executive Board Member; **Ms K. Kasper**, Non-Executive Board Member; **Ms T Miller**, Employee Director; **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Miss T. Gillies**, Medical Director; **Ms N. Akta**, Non-Executive Board; **Ms J. Clark**, Partnership Representative

In Attendance:

Mr J. Crombie, Deputy Chief Executive; **Mr J. Conaghan**, Chairman; **Mr A. McCann**, Non-Executive Board Member; **Ms Alison MacDonald**, Executive Nurse Director; **Ms H. Monaghan**, Consultant, Laboratory Medicine; **Ms A. Langsley**, Associate Director of OD & Learning; **Ms L. Barclay**, Business Manager Human Resources; **Mr D. Thompson**, Board Secretary; **Mr A. Short**, Director of Women and Children's; **Mr S Haddow**, Head of Medical Workforce Planning, Human Resources; **Ms N. Clancy**, Head of Employee Relations; **Mr A. Leckie**, Director LOHS, Occupational Health; **Ms M. Campbell**, Director of Facilities; **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 11.4); **Ms J. Balkin**, Regional Workforce Planning Manager; **Mr. A Ritchie**, Telecoms Project Manager; **Mr G. Ormerod**, Committee Administrator (minutes).

Apologies:

Mr C. Campbell, Chief Executive; **Ms R. Kelly**, Deputy Director of Human Resources; **Mrs J. Campbell**, Chief Officer, Acute Services;

Chair's Welcome and Introductions

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

26. Declaration of Interests

26.1 No interests were declared.

27.0 Minutes and Action Note of the Previous Meeting held on 27th July 2022

27.1 The Chair welcomed a number of guests to today's Committee including the Chair of the Board, Non-Executive Board Members, and Talent Management colleagues.

27.2 The Chair commented upon his enjoyment at attending the Celebrating Success Awards the previous week, which he described as a heart-warming event. He acknowledged in particular the Chair's award that was presented to Ms Rakiya Suleiman, Equality and Diversity Adviser; and the Tom Waterson Support Services Award which had been presented to Mr Santosh Rauniyar, Porter at Pennywell All Care Centre. The Chair thanked the HR and Communications Teams for their organisational efforts and noted that Tom's wife and sister had appreciated their invitation to the event and the opportunity to meet the recipient of the award in Tom's name..

27.3 The Chair noted one correction from the previous meeting under 20.3.1.1, that 7.5 WTE should be corrected to 750 WTE. The minutes of the meeting were otherwise approved.

28.0 **Matters Arising**

28.1 There were no further matters arising.

29.0 **Revised Terms of Reference for the Staff Governance Committee**

29.1 The Chair and Director of Human Resources and Organisational Development commented that they have reviewed the terms of reference (TOR) and have attempted to modernise and reflect the expanding roles now falling within the remit of the Committee, including whistleblowing, workforce and governance.

29.2 The Director of HR and OD said the suggested changes to the TOR will go to the board meeting for approval and noted the Committee will continue to see the Annual Report from the Remuneration Committee

29.3 The Medical Director highlighted that the Health and Safety meeting needs to be confirmed as a management committee. The Chair agreed that it would be sensible to see minutes of the Health and Safety meeting and recognised this as a management committee. **TAM/JB/BM**

29.4 The Employee Director confirmed that she was happy to provide a staff side representative to join the Health and Safety meeting if required. **TAM/TG**

30.0 **Staff Experience**

30.1 **Advancing Equalities Action Plan 2022/23 – update**

30.1.1 The Director of HR and OD presented an update on the Advancing Equalities Action Plan that was agreed at the meeting in May. She said a number of actions have been taken forward, but whilst some actions are 'off track', timelines and mitigation actions are in place to bring them back on track. It was noted that progress has been made with revalidating Disability Confident Employer Level 2 but further work is required with external sponsorship to reach Level 3 status by December.

30.1.2 The Chair highlighted the good progress, but asked if we were confident of securing an external sponsor? The Director of HR and OD said that external sponsor is required as part of the application and standards to reach Level 3 and scrutiny of the application to attain a higher level. The action plan is building the foundations and strengthening the work we do to move forward and progress for 2022/23.

30.1.3 A Non-Executive Board Member asked how do we encourage women to sign up to groups and what are the strategies, assurances and communication in place with the Staff Networks to reach out to different communities. The Director of HR and OD said there are well established staff network groups including BME, Carers and Disability Groups but these are not management run and are managed by staff on behalf of staff. Over the last year we have allocated 'time' to attend network meetings, to promote the meetings through inductions and communicate network events throughout the year.

30.1.4 The Women's Network is a new group and this group meets later this month with the terms of reference to be set out at the first meeting. The Deputy Chief Executive has and continues to attend network meetings, but network groups have their own local communication channels.

- 30.1.5 The Chair noted that the Committee had established a practice that, once established properly, each network group would attend a future committee to provide an update and asked for plans to be set for the Women's network to present in 2023. **JB**

30.2 Whistleblowing Report

- 30.2.1 The Director of HR and OD presented an update on whistleblowing and advised this is a standard monitoring report which sought to give the up-to date position at each SGC meeting. Since the last meeting there have been three stage 2 concerns raised.
- 30.2.2 In August 2022 there were new steps introduced to whistleblowing standards set by the Independent National Whistleblowing Officer (INWO). It was noted that if a whistleblower is unhappy with the board's response to stage 2, they can raise concerns with the Independent National Whistleblowing Officer. The Director of HR and OD noted this as an interesting process and advised that it will be helpful to improve learning to implement future standards but we need to be clear about handling and confidentiality.
- 30.2.3 The Director of HR and OD confirmed that she has been actively involved in setting up investigations and investigator packs for the Medical and Nurse Director who are normally the Commissioning Manager for cases that are raised and regular progress reports are presented at this Committee, PSEAG meeting (monthly) and at the Board meetings.
- 30.2.4 The Committee highlighted the importance of protecting whistle-blowers' identities but to share appropriate information and learnings widely to show the actions that we have taken. The Committee noted the evolution process and success to date but considered that we should want to be more transparent in order that more information is shared when an investigation moves to a next stage. They also recognised the importance of instilling a cultural perspective that allows people to speak up.
- 30.2.5 ACAS will also be running investigation training for managers starting in November on how to undertake a good investigation, not just specific to whistleblowing, and it was hoped this will improve the 'pool' of managers able to undertake effective investigations.
- 30.2.6 The Chair asked if there would be an opportunity to engage with INWO during the current follow up and confirmed that he was in favour of information presented at PSEAG to come to this Committee to better understand the issues that affect people and to take some assurance.
- 30.2.7 A Non- Executive Board member highlighted the encouraging information but highlighted cross reference of information including triangulate data such as staff retention, iMatter data and to identify hotspots.

30.3 Speak up Report

- 30.3.1 The Speak Up team presented an updated report covering the last two quarters and confirmed there has been a year-on year increase in contact numbers and whistleblowing contacts. During April the number of small concerns in Q1 rose by 30% due to increased awareness of the speak-up campaign, and pressures in the system. Speak-up support members have decreased to 18 staff with a number of staff leaving their roles, often as a result of career progression to more senior jobs.
- 30.3.2 The Committee noted the concerns raised by the Speak Up team in terms of resources and the impact on their time it takes for each whistleblowing concern that is raised. Due to this current workload, a third speak-up ambassador will join the team with recruitment to begin in the next few months as part of a similar role but linking to the Equality, Diversity, Inclusion, and Human Rights Lead.

- 30.3.3 Speak-up week took place in England and Wales during August and the first Speak Up week in Scotland took place on 3 October 2022 with support from senior team, communications, RIE Site Director, DATCC Director and the Employee Director.
- 30.3.4 The Chair thanked the team for the progress made and for putting forward new initiatives, but sought reflection on the fact that 30% of whistleblowing concerns had been escalated to stage 2. He asked if there was always mutual agreement between the lead speak up ambassador and whistle-blower about whether a move to stage 2 was the correct action in each case. The process for reporting was explained;
- Staff contact us through a confidential mailbox
 - Conversation is then offered to meet and ask questions to make an assessment if this is grievance or whistleblowing.
 - Offer advice if it is whistleblowing or grievance, but suggest staff members speak to their union and to come back and/or to reconnect with their manager.
 - If staff are able to raise the concern with their manager this would sit under stage 1 whistleblowing, if staff do not feel able to do this and wish to raise at the next level this would be stage 2. Anonymous concerns are also raised at level 2.
- 30.3.5 The Director of HR and OD congratulated the speak up team for their achievement. She explained that we are the only board to have had a speak-up in place for the last three years. She also confirmed that the Lothian speak-up team have helped other boards set up campaigns when the new standards were set and praised the infrastructure in place for creating a safe space for staff.
- 30.4 iMatter Board Report – Presentation and update**
- 30.4.1 The Head of Medical Workforce Planning presented a brief update and summary for iMatter including the background and history of staff surveys with an overview of key areas:
- Lothian rolled out iMatter in 2015, and in 2017 all NHS staff participated in the cycle, 2021 iMatter added four 4 health and social care partnerships into the improved model that supports improved engagement and openness about teams and values.
A series of events have taken place with training for 1500 managers and material produced so managers are able to take ownership of iMatter and so this becomes routine with success monitored through response rates.
iMatter is focused on good staff experience, staff components and governance standards, and the survey is anonymous and can be completed through email or SMS
The Questionnaire is completed annually and team reports are generated the next day if completed electronically or 2 weeks if written completion. Directors and boards see aggregated reports based on their level within the organisation.
 - KPI's are measured against the staff governance process at a National level and can target aspects of support and development that teams may require.
Overall, the EEI score has remained consistent despite the pandemic and the number of teams completing reports has increased with the 60% threshold (proportion of staff completing a response) removed. Action plans that have been agreed have fluctuated over this period.
- 30.4.2 A Non-Executive Board Member asked if iMatter could be used across other services and highlighted the low response rate for the 'lack of visibility in the board'. This may be something we want to highlight and see changes year to year. The Head of Medical Workforce Planning explained the tool was developed for NHS Scotland boards but we have received requests to use the tool from a children's hospital in Montreal and information on demographics for different staff groups including midwives is available.

- 30.4.3 The four questions around visibility of the board have always scored low in these ratings, but this is a similar picture for other NHS Scotland boards. We have 5 years of data that we can look at to compare trends. The Director of HR and OD said often the answer is we don't see the board members being visible but within a large complex organisation staff would be more interested in local managers rather than the board presence.
- 30.4.4 The Head of Medical Workforce Planning confirmed information in the report shows a combined board report; only 9 teams were marked red, 24 in yellow from a response of over 2,000 teams; we receive the EEG scores from the teams in red and this provides reassurance.
- 30.4.5 The Chair thanked the Head of Medical Workforce Planning for the overview and where iMatter sits within the organisation. He said one issue is that higher up the chain of management the less amount of detail is given, he said he would be interested in 5 year trends and suggested it would be appropriate for a development session to look further at this information.

30.5 Agile Working update

- 30.5.1 The Head of Employee Relations provided an update on Agile working and confirmed NHS Lothian have progressed since the last report with signed principles agreed through the Lothian Partnership Forum (LPF). She said the trials will take place at Waverley Gate and Comely Bank sites, although it was noted that some clinical work during the pandemic was supported.
- 30.5.2 The Head of Employee Relations commented that we will evaluate the trial but there has not been much change between home working and agile working or hybrid working and that this paper was more a recommendation on suitable, flexible approaches to working that balanced the needs of the organisation with the reasonable aspirations of employees coloured by the Covid working experience..
- 30.5.3 Training for managers and staff will take place for any issues around consistency of approach, but each team will be different in their approach and how they take this forward.
- 30.5.4 The Chair commented that through these pilots we will see how teams come to a view and whether there is agreement or disagreement across the organisation.

30.6 Joy in Work – Improving Staff Experience

- 30.6.1 The Associate Director of OD & Learning, Training & Development provided an update for Joy in Work and confirmed we joined a global learning network in March 2020 that was led by Dr Simon Edgar to improve methodology for healthy happy people. She said the programme has coached 40 people across 9 teams and had some success even through the pandemic.
- 30.6.2 Phase 2 of the programme was to develop the quality improvement and our own curriculum, but due to system pressures impacting on progression of this work we have decided to pause the cohort until Spring 2023.
- 30.6.3 The Committee approved the recommendations for moderate level of assurance that progress has been made in establishing this approach over the last two years and the programme is committed to continue to spread and scale as appropriate

30.7 Cost of Living Crisis – Organisational Response

- 30.7.1 The Associate Director of OD & Learning, Training & Development provided an update on the cost of living and confirmed she is working with colleagues in communications, public health and staff wellbeing teams to set up a group to focus the limitations and response to four areas of work including:
- Curation of resources;
 - Financial wellbeing and support;
 - Digital and print;
 - In person roadshows including:
 - Education and support for managers;
 - Reducing stigma;
 - Income maximisation.
- 30.7.2 The Associate Director of OD & Learning, Training & Development said a NHS leadership network and information went out last week with staff communications and weekly brief with early advice to staff.
- 30.7.3 A cost-of-living crisis response fund of £150,000 has been approved that will be used primarily to increase income maximisation access for staff with short term resources to progress this work and to seek reoccurring support.
- 30.7.4 The Committee accepted the actions are in place in responding to the cost-of-living crisis and supported a moderate level of assurance that support is available to staff. A further verbal update on progress will be given at the next and future meetings of the Committee.
JB

31.0. Assurance and Scrutiny

31.1 Corporate Risk Register

31.1.1 3455 – Management of Violence and Aggression

- 31.1.1.1 The Nurse Director presented an update on Violence and Aggression risk but asked the Committee to note the overall limited assurance for the risk. She said there has been significant work undertaken with internal audit that has identified the following work streams:
1. Policy review – A review of the extant policy, programme board formed and focus on wider policy for violence and aggression for December deadline and broaden scope by end of March 2023.
 2. Purple pack - NHS risk assessment for violence and aggression and documented evidence for V&A. Overhaul of the electronic system MEG trialled across nine areas across NHS Scotland to allow team training and manager review training.
 3. Training (limited assurance) - significant amount of discussion with a workshop held but without agreed actions, programme board to achieve outcome steps.
 4. Lone working- rolled out but significant issue around the learning, training and development of devices, work ongoing to manage the outcome and process to roll out across Lothian.
 5. Role and responsibility – input required from management and Health and Safety for appropriate 'buy in' to process in place.
 6. Conversation for stratification of risk. – How MEG will put information into context for violence and aggression so staff can be trained to mitigate the risk and allow us to target the areas of greatest risk. This remains limited risk but significant work ongoing to progress by end of March 2023.
- 31.1.1.2 The Chair thanked the Director of Nursing and Deputy Nurse Director for the update and for providing six measurable pieces of work to take forward in reaching targets.

- 31.1.1.3 The Committee highlighted that we will not achieve significant assurance under 3.4.8 without Q1 Health and Safety Audit and demonstration of compliance. Health and Safety hold an overview and all 12 key risks are discussed each Quarter and are the management team's responsibility. The Chair confirmed this Committee and Audit and Risk will likely want to reach a considered decision on whether this level of scrutiny would be deemed sufficient or whether it might require independent assessment.
- 31.1.1.4 The Chair said that NED colleagues had asked whether involving Central Legal Office or Police Scotland in devising policies or protocols for staff who are assaulted would be appropriate and send good signals of NHSL's serious intent. The Nurse Director confirmed there is a mixture of parties involved in framing policy, but we would take advice from experts advising on the specific policy and current legislation. If it were staff who had been assaulted, we had clear procedures on this and NHSL promoted adverse events to the police and staff would be supported by NHSL. It was well understood, especially in REAS and similar places, that Violence and Aggression may be part of the patient's medical condition, which is why training and support was so vital and that we had the systems in place to mitigate the risk to staff.
- 31.1.1.5 A Non-Executive Board Member highlighted the training capacity risk and that violence and aggression arising from neurodiversity challenges where staff can be provoked was a potential issue, and asked where is the joint governance for this?
- 31.1.1.6 The Medical Director confirmed where there is an adverse event to staff who are harmed, we have obligations to report as a RIDDOR and follow through Health and Safety minutes. She explained that staff must be trained, but deliberate harm to patients will be managed under staff conduct. If harm is caused to patients under care for moving/ handling or restraint, this is investigated, but it's important that the right training is offered and that it is meaningful to their areas. Adverse events are followed through the Healthcare Governance Committee with twice-yearly reports.
- 31.1.1.7 The Nurse Director mentioned that Police are more likely to be engaged in relation to incidents with the wider public rather than patients, but some staff in the community may have issues in a patient's home. It is important to tailor the risk to the situation and the importance of lone working alarms for these circumstances.
- 31.1.1.8 The Committee accepted the recommendations and noted the progress made under the findings of the internal audit.
- 31.2.0 3828 – Nurse Workforce – Safe Staffing Levels**
- 31.2.1 The Director of Nursing presented an update on Safe Staffing Levels and confirmed there is a significant risk to nurse staffing levels with the establishment gap at 10.39% against the 5% target. She said there has been an increase in funding establishment of 1,000 vacancies for support with wards and care homes but there is pressure across the system within acute, ED and community hospitals.
- 31.2.2 The Nurse Director explained there are initiatives to increase access to nursing and to support band 2 to 4 roles through working with the Open University for mental health training. This is working well but numbers of nurses are mandated by the Scottish Government. International nurse recruitment has had some success but due to the complexity of the programme training has been limited, but there is an agreement with universities to support.
- 31.2.3 Lothian has made final year offers to nurses that were supported through Corporate Management Team, with nurses appointed at band 4 level as a non-registered member

of staff. There has been enthusiasm from student nurses with around 100 applications and 400 newly qualified nurses coming into the system. She mentioned that we are using a lot of bank and agency staffing due to nurses leaving work to join agency with flexible working but a programme of work is underway to reverse this trend and to ensure we do this consistently and safely, with a Scotland-wide approach required to push back on agency.

31.2.4 A Non-Executive Board member asked if we are looking at volunteering in a strategic way. The Director of HR and OD said we do look at volunteering but this can't replace paid employment; there has been success with youth volunteers and we are often inundated with requests to begin volunteering, but the risk around staffing levels remains high as we are not able to achieve staffing levels that are we required.

31.2.5 The Committee accepted the recommendations and acknowledged the useful update, but highlighted concerns with the trajectory for teams at SJH with an aging profile of staff.

31.3.0 5020 – Water Safety

31.3.1 The Medical Director provided an update on water safety and confirmed this item is a statutory obligation under health and safety legislation to ensure that the water within our facilities is safe and does not contain high levels of Legionella that can lead to ill health.

31.3.2 Due to a reduction in footfall and the use of premises within the community, there is a risk of colonization and turnover of water systems and that documentation and evidence that we produce would not be adequate should there be any issues.

31.3.3 The Medical Director said that progress by the Director of Facilities has been made to obtain documentation and that testing is underway in community premises that have provided higher counts of legionella as a result of taking action. Work is underway to address the issues of high counts and so fit-for purpose documentation is in place. A further update will be provided at the December meeting. The Chair reminded the Committee that the update should be in the form of a document which summarised for each NHS location which named individual held the statutory obligation to certify that water safety standards were being monitored, what was the most recent date at which they had been measured, and the result.

31.4.0 3328 – Traffic Management

31.4.1 The Director of Facilities provided an update for traffic management across the sites, indicating there are six red rated risks for traffic:

- REH - Confirmation from Edinburgh Council who have raised parking concerns for accessing the building in the event of a fire.
- New barrier and location agreed with work progressing, with the red risk to decrease.
- WGH – A number of construction work/projects are ongoing for the site; the risk will remain red until building work is completed.
- Whitburn – Work has taken place to identify who has the land and proposals will go forward through the relevant committee with an appetite to buy the land for a safe delivery area. It has been accepted that this risk will remain red if we don't buy the land.
- RIE – Three risks on site and a subject matter review of the site and what we can do to mitigate and close the risks.

31.5.0 Health and Safety Assurance

31.5.1 The Medical Director reported that the report follows the standard update with minutes included as an appendix. She mentioned a minor change to the recommendations and

the level of assurance to reflect discussions at the Health and Safety Committee. The group is collecting evidence through the electronic system (MEG) to avoid paper-generated work and to allow for more meaningful discussions.

- 31.5.2 The Committee accepted the recommendations and accepted moderate assurance against the following risks for Q1: Violence and Aggression; Safe Bathing, Showering and Surface Temperatures; Control of Substances Hazardous to Health (COSHH) Review.

31.5.0 Occupational Health Annual Report

- 31.6.1 The Director LOHS, Occupational Health presented the annual report and confirmed more of a focus on main objectives and evidence across different disciplines. A lot of the detail has been removed but is included at the end of the report through web links based on feedback received last year with the 'ask' for progress to be tracked against agreed objectives. The plans and developments for this year have been included and prioritised for the organisation.
- 31.6.2 The Chair commented that the information is very digestible, but asked if quarterly visits and high referrals are coming through in the numbers. The Director LOHS said the 'hotspots' within the report show the referrals or investigations and departments for referrals including muscular injuries or computer on wheels (COWS) when people had to fit themselves to the machines rather than the other way around, and there is evidence of these visits.
- 31.6.3 A Non-Executive Board Member asked if Occupational Health are focused on diet for staffing, healthy eating and exercise and asked if the charity sector is used for support staff. The Director LOHS, Occupational Health said he would be interested in hearing more about charities but diet and exercise information is collected and we have exercise classes including Pilates, 'shake up to wake up' and weight management classes.
- 31.6.4 The Committee noted progress with the objectives and agreed on the development and delivery over the next year.

32.0 Sustainable Workforce

32.1 3-Year Workforce Plan – Scottish Government Feedback and progress with Action Plan

- 32.1.1 The Director of HR and OD provided an update on the three year workforce strategy and advised that it was helpful to get feedback from the Scottish Government. She said that we are now in the process of producing 12 month action plans for years 1, 2 and 3 and these are around 80% complete. The plans will go to the CMT meeting on 25th October and will be shared at the December Committee.
- 32.1.2 The workforce plans will be published by the Head of Workforce Planning and HR are working on a synopsis and a breakdown of service areas under LSDF for progression against the corporate enablers.
- 32.1.3 The Director of HR and OD commented that we are still waiting for feedback from the Scottish Government on issues raised for workforce and training.

32.2 Workforce Report

- 32.2.1 The Director of HR and OD presented the workforce update and advised that this is a standard report that was amended earlier in the year to allow one 'spotlight' to be the focus of each committee with bullying and harassment in today's report.

- 32.2.2 The Head of Employee Relations mentioned data has been provided for a number of years on employee relations cases. She said there is a small number (0.33%) of bullying and harassment cases within the organisation, but this does not take into account any informal discussions.
- 32.2.3 From the evidence highlighted within the report; 98 cases have been closed; 8 cases went to disciplinary and 48 cases not considered to be taken further but can still be considered as interpersonal but recorded under the bullying and harassment policy.
- 32.2.4 The Head of Employee Relations mentioned that we are doing a lot of work to early resolution, if we are able to have early conversations this helps and resorts to going through a formal process.
- 32.2.5 The Committee noted the high level of sickness absence within facilities, the lower than expected mandatory training and low staff appraisal in July at 39%. The Head of Employee Relations said that a team has been appointed in facilities to support managers for strategic cases and work is ongoing.
- 32.2.6 The Director of HR and OD said mandatory training was paused during the pandemic but there have been some improvements but it is taking time to get to where we need to be. Appraisals have been discussed at CMT and there have been agreed actions to push in this area with appraisal champions across the services for necessary improvements against increasing pressure.
- 32.2.7 The Committee noted the importance of capturing the balance of quality against quantity, so this does not just become a tick exercise. The Committee accepted the updated report and actions being taken to address issues.

32.3 Additional COVID Workforce – update

- 32.3.1 The Director of HR and OD confirmed the corporate objectives continue to track the Covid workforce and work continues to increase the workforce by 700 circa staff. She said that Test and Protect was 'stood down' in September, with a number of staff redeployed to new roles.
- 32.3.2 Work is ongoing with the finance team to match vacancies against the Covid money, but funding has been cut with ongoing costs now considered a system pressure and a financial risk.

32.4 Framework for CMT Succession Planning

- 32.4.1 The Director of HR and OD presented an updated on succession planning to cover current gaps and roles, corporate priorities and key actions for talent management.
- 32.4.2 It was noted that talent management sits in National space and leadership development for UK and Scotland and there is difficulty in filling executive posts in Scotland. The Committee noted the desire to have one internal candidate for each recruitment opportunity.
- 32.4.3 The Chair asked if the Director of HR and OD and Chair of the board were made aware of departure dates of senior staff in the organisation. She responded and confirmed that she and the Chief Executive were aware to a certain extent.
- 32.4.4 The Medical Director confirmed that progress has been made in appointing a deputy RO with experience in this area.

33.0 For Information and Noting

33.1 Staff Governance Work Plan 2022-23

33.1.1 The Committee noted its work plan for the current financial year.

33.2 Staff Governance Assurance Statement 2022-23

33.2.1 The Committee accepted the updated Statement of Assurance for 2022/23.

33.3 Staff Governance Monitoring Framework Return – Feedback from 2020-21 and Return for 2021-22

33.3.1 The Committee accepted the monitoring framework return for 2020-21 and 2021-22.

34.0 Reflections on meeting

34.1 Matters to be highlighted at the next Board meeting

34.1.1 There were no further matters arising.

35.0 Matters to be highlighted to another Board Committee

35.1 The Committee agreed to update the Audit and Risk Committee on the work undertaken by the Executive Nurse Director and Deputy Director.

36.0 Date of Next Meeting

36.1 The next meeting of the Staff Governance Committee would take place at 9.30am on Wednesday 14 December 2022.