

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 6 March 2024 via Microsoft Teams.

Present:

Ms V. de Souza, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Ms K. Kasper**, Non-Executive Board Member; **Ms E. Gordon**, Non-Executive Board Member and **Ms N. Akta**, Non-Executive Board Member and **Ms T Miller**, Employee Director.

In Attendance:

Mrs R. Kelly, Deputy HR Director; **Mrs A. Langsley**, Associate Director of OD & Learning; **Ms F. Ireland**, Deputy Director Nursing; **Ms M. Campbell**, Director of Facilities; **Ms L. Cunningham** Partnership Representative, **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Mr J. Shanley**, Outpatients Manager, Spittal Street Centre (Item 2); **Mr D. Collins**, Head of Health and Safety (Item 6.2); and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Mr B. Winterton, Cancer Performance Manager, Cancer Services; **Ms L. Hanlon**, Clinical Service Manager Surgery and **Ms Z. Starrett**, Clinical Service Manager, Cancer Services.

Apologies:

Mr C. Campbell, Chief Executive; **Mr J. Crombie**, Deputy Chief Executive; **Mrs A. MacDonald**, Executive Nurse Director; **Miss T. Gillies**, Executive Medical Director and **Ms H. Fitzgerald**, Partnership Representative.

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. The Chair also welcomed as observers some of the participants in the Talent Management and Succession Planning programme.

74. Declaration of Conflicts of Interest

74.1 No interests were declared.

75. Presentation - iMatter Story

75.1 The Outpatients Manager from the Harm Reduction team shared an iMatter story. He confirmed that his team consists of healthcare support workers and nursing staff and staff frequently feel exhausted after conversations with patients and this made the team more conscious of staff wellbeing. He highlighted that the teams iMatter has provided alerts of staff that do not feel like they are a part of a team or part of a decision-making process, which have been added to the teams story board.

75.2 To encourage staff well-being, funds were obtained from the Health Foundation Charity for furniture for the staff area, including a sofa and lamp purchased for a quiet space for staff to

spend time. Cheryl Cassidy from REH also visited the team to chat with them, and a silent disco was held to help increase staff morale.

- 75.3 The Outpatients Manager highlighted the team's developed a 'shout out' board using post-it notes, which were displayed at monthly team meetings and encouraged staff to write positive messages about their colleagues. He added that he thought this idea would run its course, but over the last three to four months, it has worked extremely well and has been a huge success with employees feeling valued, staff interact more with colleagues, and made this more a positive working environment. He suggested that this approach be replicated elsewhere in the organisation for a more positive working environment and positive listening with the team achieving improvement on the storyboard.
- 75.4 The Director of HR and OD congratulated the team on their efforts to discover something that works for them and expressed gratitude for the small successes. The Chair reiterated these points, highlighting the great domino effect and energy of role models, kindness, and appreciating everyone for their efforts and positive experiences.
- 75.6 The Employee Director agreed and emphasised the extremely cost-effective approach to taking time out to discuss the positive activities that staff engage in to boost morale.
- 75.7 The Associate Director of OD & Learning acknowledged that the Charities micro grant project funds local initiatives such as yoga classes or toasters for staff rooms and this is an ongoing programme of work.
- 75.8 The Chair expressed her appreciation to the team for their contributions to this work.

76. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 26 July 2023

- 76.1 The Minutes of the previous meeting were approved as an accurate record.
- 76.2 It was agreed that the Action note would be updated in advance of the next Committee.

77. Matters Arising

- 77.1 No matters arising

STAFF EXPERIENCE

78. Advancing Equalities Action Plan 2023/24

- 78.1 The Deputy Director of HR provided an update on the 2023/24 Advancing Equalities Action Plan, confirming that the vast majority of actions have been delivered. Discussions had begun with network chairs and the HR team regarding the development of the plan for 2024/5, with some initial thoughts about creating a 2 year plan. An update will be provided at the next meeting of the Committee.
- 78.2 The Annual Equality and Diversity conference was well-attended by staff from several networks. The conference covered the Equality, Diversity, and Human Rights Strategy, the launch of our anti-racism campaigning, as well a key note address on neurodiversity , and workshops on gender inclusivity, care experience, and LGBT.

- 78.3 Representatives from the staff networks met with the Workforce Planning team to consider improvements to the annual Equality and Diversity Monitoring Report for 2024, including an overview of past year. These improvements will be taken forward in future monitoring reports.
- 78.4 The Employee Relations Team participated in training to support neurodivergent staff, including supporting autistic wellbeing at work. The Equality and Human Rights Education Framework has been developed and will be implemented in 2025.
- 78.5 Goof progress in relation to understanding barriers to BME nursing and midwifery staff career progression, survey complete, collaborative workshop with senior nurse leaders and BME staff held in February to discuss actions required in 2024/25. The template for leaflets on sexual and gender identity issues is now complete, with input from the LGBT Staff Network.
- 78.6 The Committee noted significant assurance against the progress made in delivering the Advancing Equalities Action Plan 2023-24.
- 78.7 A Non-Executive Board Member inquired as to what additional work had been undertaken to measure the desired impact. The Deputy HR Director confirmed that success will be measured through engagement with the staff networks and feedback on initiatives such as the Disability Passport and Reasonable Adjustments. The Director of HR and OD commented that this extremely important but complex and assessment would be multifactorial. The Director of HR and OD agreed to discuss this further with the Head of Equalities and Human Rights to determine an appropriate set of actions in the 2024/25 plan to start to make some progress on measurement. **JB/RK**
- 78.8 The Chair congratulated the team on the success of the Annual Equality and Diversity conference, emphasising the significance of staff networks and conversations in moving the topics forward. She highlighted some important quotes from the conference, as well as motivating and uplifting moments when guests shared their personal experiences.
- 78.9 The Deputy HR Director acknowledged positive feedback from the conference, but recommended improvements for future events, such as better timing, signage, and better representation of middle to senior management.
- 78.10 It was agreed that there would be a fuller discussion on the wider Equalities and Human Rights work programme and progress at the next meeting of the Committee. JB/RK

79 Whistleblowing Report

- 79.1 The Committee received the Whistleblowing Report, which included the draft quarterly performance and monitoring report for approval as well as a summary of recent learning and improvement activity related to whistleblowing investigations. The Director of HR and OD set out some highlights from the Report, including:
- Since writing the report two new Stage Two cases have been received and investigators have been assigned.
 - One case remaining at INWO is still under investigation.
- 79.2 The Committee discussed the whistleblowing procedure, highlighting that if a whistleblower is dissatisfied with the Board's response, they may refer the case to the INWO for further investigation.
- 79.3 Members discussed the case, which had been with the INWO since August 2022, and confirmed that a draft report was received on 12 February. This is the INWO's first full

investigation of a case in NHS Lothian and access to the draft report is restricted. The summarised version will be released to the public in April and shared at the May Committee for learning. It was noted that due to the length of time this case has been with the INWO case, several improvements have already been made.

- 79.4 The Chair inquired whether anything more could be done with the primary care returns around 15%. The Director of HR and OD stated that great effort has been made to encourage and support independent contractors to engage with the process, however as independent businesses they are not accountable to NHS Lothian.. This is an imperfection in the standards, but there has been significant effort put into this area by HR and Primary Care Contractor Organisation colleagues.
- 79.5 A Non-Executive Board Member stated that the standards were designed to streamline the investigation process; however, the uncertainty and length of time will have an impact on staff who are looking forward to the case's completion. She highlighted that communications are critical to maintaining the whistleblower's confidentiality while maintaining transparency.
- 79.6 The Committee approved the report's recommendations.

ASSURANCE AND SCRUTINY

80 Corporate Risk Register

80.1 3455 – Management of Violence and Aggression

80.1.1 The Deputy Director of Nursing provided an update on the work plan intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed that a comprehensive paper was presented at the last committee, providing an overview of the two-year work programme, with the risk moving to moderate assurance. She highlighted the following themes in the report:

- The implementation plan and detailed action plan for moving to the revised training strategy have been agreed.
- Agreed to postpone the start of this training by one month due to an emerging V&A risk for bank employees who operate in mental health facilities.
- Trainer training for four bank workers in the first cohort has been completed, and another 10 trainers are being trained, as well as an NHS Borders employee who will complete the Lothian programme. The new programme will be introduced in May.
- Workshops will be scheduled for Health and Safety Committee chairs to outline the changes to the implementation plan and Q1 purple pack training for this year.
- The risk definition will change with the proposed wording that will be presented to the next Committee. The current definition is that "there is a risk in emergency departments, mental health, and disability settings"; this will be changed to "there is a risk in all areas, but especially in emergency departments, mental health, and disability settings."
- The Deputy Nursing Director confirmed that an updated report will be presented at the next meeting.

80.1.2 The Chair thanked the Deputy Nurse Director for the updating the Committee and agreed with postponing the training plan due to the increasing risk.

80.2 3828 – Nurse Workforce – Safe Staffing Levels

- 80.2.1 The Deputy Director of Nursing provided an update on the risk mitigation plan for managing the nursing and midwifery staffing risk on the Corporate Risk Register. She indicated that staffing numbers are in a good position at the moment, and there was a successful campaign with recruitment in late 2023 with newly qualified nurses
- 80.2.2 There is now a 6.67% establishment, the lowest since July 2022, with net gains in recruitment of over 600 nursing staff, with additional improvements expected at the end of the month. East Lothian and Midlothian requires additional work, with fewer new starts than anticipated. Three main areas were identified as contributing to workforce optimisation, introduction of the band 4 nursing role, skill mix review, and general housekeeping:
- Optimising spending across the organisation through local control systems and control processes and targeted measures
 - People overestimate the cost of establishing and implementing additional controls to be put in place.
 - Reviewing recruitment strategies, including generic recruitment and district nursing reviews.
- 80.2.3 The Director of HR and OD emphasised the significant effort by senior nurse leaders and their teams to achieve this position and the importance of recognising it. The Chair also praised the efforts made in getting to this position.
- 80.2.4 A Non-Executive Member inquired about how the transition away from agency staff has been perceived at the ward level. The Deputy Nurse Director stated that this has been beneficial in terms of limiting agency; however, she emphasised that agency will never be totally eliminated due to concerns about safety.
- 80.2.4 The Employee Director highlighted that staff employed through the bank now receive regular amounts of shifts and still enjoy that flexibility.
- 80.2.5 The Chair conveyed her appreciation and positive feedback to the senior teams for their continuous work, highlighting this as a positive whole-system change across Pan-Scotland.

80.3. 5020 – Water Safety

- 80.3.1 The Director of Facilities provided an update on the water safety risk, confirming that there have been no changes to the grading or controls for the associated risks. She indicated that a dedicated Estates & Facilities Assurance Manager and Water Safety Authorising Engineer are working together with the third party on a rigorous communication and meeting framework for additional support and maintenance responsibilities across estates.
- 80.3.2 Estates & Facilities have confirmed that third party compliance with water safety now sits at 61%. This relates to Legionella Risk Assessments and Water Safety Plans. The requirement for Legionella Risk Assessments asks for a review every 2 years but if the Third Party can evidence that they have closed out any remedials from their Risk Assessment and Pre Planned Maintenance checks then the board would be content to extend the review to every 5 years. This would also be predicated on no changes to the water system within that time.

- 80.3.3 The Risk, Quality, and Assurance Team has designed a new approach for any water-related non-conformances that occur after positive sample results are obtained. This ensures that any non-conformances are tracked and actioned appropriately until the outlet is returned to full compliance.
- 80.3.4 The Deputy Chief Executive currently chairs the water safety group and recent changes have been made to the membership, reporting assurance, and reporting structure.
- 80.3.5 The Chair acknowledged the report's complexity and difficulty to understand, but also noted positive progress in water safety, and was reassured by the dedicated water safety assurance manager.
- 80.3.6 A Non-Executive Board Member indicated that the risk is technically complex, but the Committee has gained greater assurance and focus as a result of the work done and the need for additional support and attention that was not previously received.
- 80.3.7 The Committee approved the paper and associated Risk Mitigation Plan with a limited level of assurance.

80.4 3328 – Traffic Management

- 80.4.1 The Director of Facilities provided an update on the traffic management risk, confirming that there have been no changes to the grading or controls for the associated risks at Western General Hospital (WGH) or the Royal Infirmary of Edinburgh. She highlighted that provisional costs at WGH will reduce the risk, but limited maintenance backlog funds are likely to delay this work. The RIE risks for the zebra crossing and QMRI corner are expensive solutions that are still being discussed, and the Emergency Department area is difficult to address with no solution, but traffic management resources are in place.
- 80.4.2 The Royal Edinburgh Hospital (REH) risk has moved from red to an orange grade with the traffic control restrictions in place. The Scottish Fire and Rescue Service (SFRS) has previously raised concerns about the turning circle, as well as additional parking and access to the building.
- 80.4.3 The risks for Whitburn Health Centre, Armadale Health Centre, and East Calder Health Centre will be managed locally through the Traffic Management Review Group and the West Lothian Community Health & Care Partnership (WLHSCP).
- 80.4.4 The Committee accepted the current key risks and risk mitigation measures in place for managing the Traffic Management risks.

80.5 RIE Fire Safety

- 80.5.1 The Director of Facilities gave an update on the RIE's fire safety risk. She indicated that conversations are ongoing with Consort and partners to return the facility to NHS Lothian before the PFI contract expires in 2027, with remedial works required across the site.
- 80.5.2 NHS Lothian, Consort, and delivery partner Equans are responsible for implementing the mitigation strategy and reducing the risk to an acceptable level through continuing infrastructure work. A short-term working group was formed with 50 areas of focus, and these actions are currently progressing and moving to a business-as-usual model under the RIE Site Director.

- 80.5.3 A dedicated fire risk assessment tracker has been established for the site, with actions delegated to appropriate managers. A Fire Safety Incident Responder and Supervisor will be recruited to conduct walk rounds and fire patrols to identify any areas of concern. Wards 203 and 201 have officially completed their lifecycle work. Ward 209 has now been decanted, and the programme will continue through 2024/25.
- 80.5.4 The Chair informed the Committee of the difficult position at RIE, emphasising the importance of keeping the Committee informed as the primary governance committee responsible. She mentioned that she planned to meet with the Director of Facilities and the Deputy Chief Executive to acquire a better knowledge of the water safety risk and fire safety risk, and welcomed members to join her. **VdS**
- 80.5.5 A Non-Executive Board Member inquired about the mitigation strategies on the action plan, noting that certain activities are dated for completion by December 2023. She also inquired about the status of fire responder recruitment. The Director of Facilities said that the positions will assist with fire evacuation and regular patrols, among other fire safety duties. She explained that some of the actions relating to December 2023 relate to the PFI provider and that updates have been sought.
- 80.5.6 It was agreed that the Committee should receive a formal written update on the risk mitigation plans for RIE fire safety at each meeting. . **MC/JC**
- 80.5.7 The Committee endorsed the paper and agreed to the actions in place, accepting a limited level of assurance.

81 Health and Safety Assurance Report

- 81.1 The Head of Health and Safety provided an update on behalf of the Medical Director. He requested that the Committee concentrate on the highlights of the report.
- 81.2 The number of reportable incidents of Violence and Aggression is low, and the V&A programme board has prepared and approved an education and training strategy. A meeting was held on 27 February to discuss a draft implementation plan. The programme board will now establish an impact measurement for work activities.
- 81.3 The Head of Health and Safety said that NHS Lothian will appear in court on 19 March for Health and Safety offences connected to two patient's death at WGH in 2017 and 2021 involving window restrictors and a patient who absconded from a ward and fell through a skylight.
- 81.4 The Head of Health and Safety reported a patient fatality at REH in January, with three investigations underway, David Herbert, Lead Health & Safety Advisor is investigating the non-clinical aspects and Kathleen Stewart, Clinical Nurse Manager for Adult Mental Health is investigating the clinical parts. It is likely that these investigations will continue for some time.
- 81.5 The Head of Health and Safety reported that a member of staff at Midlothian Community Hospital was struck by a patient, resulting in stomach and hand injuries. The incident was reported through RIDDOR, and contact was made with a health and safety awareness officer to obtain training records and care plans, which were later passed to an inspector, but no update has been received in the last several weeks.
- 81.6 A Non-Executive Board Member inquired about an update on the remedial work in relation to the prosecutions regarding the cases at the WGH. The Head of Health and Safety was unable to respond to the query. The Director of Facilities agreed to provide a short briefing to the committee via email. **MC**

- 81.7 Members noted the difficult circumstances due to funding constraints, but emphasised the need of maintaining a record of work as this progresses through legal procedures.
- 81.8 The Chair requested an update on nitroxide and safe legal limits. The Head of Health and Safety indicated that a plan of action is underway to address this across Lothian, with gas analysers covering all NHS Lothian locations over the next year. The service is also engaging with the British Occupational Hygiene Society (BOHS).
- 81.9 An update was provided for the affected areas.
- Active scavenging masks are in place to address RIE breach.
 - Bonnyrigg Dental Care implemented a mitigation plan and is no longer in breach.
 - Howdens Dental Care: No Breaching
 - St Johns Hospital (SJH), ongoing concerns are being addressed through an active plan and programme of work.
- 81.10 The Chair requested an update on the Gas Analysers at the next meeting. **DC**
- 81.11 The Committee noted the latest update on the Health and Safety Assurance Report, as well as the efforts being taken to put this work into action.

82 Employment Tribunal Cases – Annual Report

- 82.1 The Deputy Director of HR presented an update on the Employment Tribunal's Annual Report. She noted that lessons learned and education have been carried on from the first annual report, which was published last year. Because of the sensitivity and complexity of the cases, as well as any potential settlement, tribunal matters are discussed by the Remuneration Committee in more detail.
- 82.2 Members noted that there were 11 employment tribunal cases during the last year, six of which were won, withdrawn, or settled, and five of which are still ongoing. It was also noted that the total number of tribunal cases is lower than in previous years.
- 82.3 The Deputy HR Director stated that employment tribunal cases are frequently dismissed at the eleventh hour, and individuals agreed to withdraw their claim if Lothian agreed not to pursue legal expenses.
- 82.4 Members noted the position of recently closed tribunals, with one case closed on economic settlement in December.
- 82.5 The Deputy Director of HR confirmed that learning for each of these cases has already been implemented, including Reasonable Adjustment Guidance, management training, and the Disability Passport. A staff networks booklet has also been completed and will be included in the recruitment pack to describe the networks and services accessible to new employees.
- 82.6 The Chair emphasised the collaborative approach to learning and processing of actions.
- 82.7 The Director of HR and OD reassured the Committee that the Board does not often seek economic settlements, and that this was an exception due to the legal fees incurred to date and impact on staff in the organisation.

SUSTAINABLE WORKFORCE

83 Workforce Report

- 83.1 The Deputy Director of HR presented the Workforce Report for January 2024, which included data on sickness absence, retire and return and mandatory training across the organisation.
- 83.2 The Deputy Director of HR confirmed that the reports frequently focus on several key points and specialised data, this report gives a baseline workforce report that shows absence numbers and absences for each directorate in the short and long term. The report also includes an update on mandatory training, which is now at 75% across the organisation, which is a 6% rise, and appraisal compliance at 51%.
- 83.3 A Non-Executive Board Member asked about mandatory fire safety training at 66%, and whether further fire training is being provided at RIE or at other sites. The Director of HR and OD confirmed that fire safety is reported through LearnPro, and that additional training being provided at the RIE against the fire safety risk is not captured in this report but recorded separately.
- 83.4 The Chair stated that absences appear to be improving and asked why. The Director of HR and OD confirmed that there was no single reason for this. It was multifaceted: range of staff wellbeing support services, good management, seasonal fluctuations etc.
- 83.5 The Chair highlighted challenges at Midlothian with high levels of Covid special leave. The Director of HR and OD confirmed that Covid special leave will change on 1 April, when the Scottish Government policy is removed. The Employee Director stated that the World Health Organisation (WHO) declared Covid no longer a global emergency last year, and was in support of the change but highlighted a bigger problem is staff who have long Covid.
- 83.6 The Chair inquired as to whether there was anything that could be done to improve the staff appraisal compliance rates (49% reported, current rate 51%). The Director of HR and OD confirmed that CMT accept current perform has to improve, and that more targeted improvement actions are required. To date the appraisal format and process has been simplified with significant on-line resources to help appraisee and appraiser, an appraisal champions network has also been established. It was also likely that more appraisals are taking place than have been recorded.
- 83.7 The Associate Director of OD & Learning emphasised that staff are under pressure from multiple systems, but services must consider 'Why': what is in it for managers to have their employees appraised, and managers to feel valued for the work they put in.
- 83.8 The Committee noted the workforce update for January 2024.

84. Leadership Strategy

- 84.1 The Associate Director of OD & learning provided an update on the leadership strategy. The report contained a framework and strategy to leadership and core priorities, as well as a coaching approach to enhancing employee well-being, culture, and values.
- 84.2 The Framework and Delivery Plan were presented and accepted by the Corporate Management Team (CMT) last week with a focus on supporting leadership priorities and development opportunities for talent management and self-awareness, commissioning bystander training, and providing staff with the tools and capability to perform challenging work and to promote work.
- 84.3 The Chair emphasised the connection between this work and appraisals, as well as the importance of inclusivity and working together with middle managers. She welcomed the

Associate Director of OD & Learning's progress on the work and the timely crossing of recurring themes.

- 84.4 The Committee noted the update on the framework as well as the steps being taken to put this work into action for the associated delivery plan.

85 Financial Recovery – Workforce Programme

- 85.1 The Director of HR and OD provided on the workforce efficiencies programme. The workforce programme was established as part of the wider financial planning and recovery arrangement, and tighter vacancy controls were implemented in early February as a result of increasing workforce costs that have increased by 13% since 2019.
- 85.2 It was noted that the programme will focus on two key areas: reduction in workforce costs and workforce optimisation. Progress will be reported through the Financial Improvement Group and CMT.
- 85.3 The Chair welcomed the work and overview of the workforce programme in light of the financial recovery challenges. It was agreed that an update would be provided to each meeting of the Committee through to March 2025..

FOR INFORMATION AND NOTING

86 Staff Governance Work Plan 2023/24

- 86.1 The Deputy Director of HR confirmed that the Work Plan for 2023/24 was approved in May 2023. The work plan for 2024/25 would be pulled together, including aspects from the Staff Governance agenda and come back to the Committee in May 2024.
- 86.2 The Committee noted the Staff Governance Work Plan for 2023/24

87 Staff Governance Assurance Statement – 2023/24

- 87.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24.
- 87.2 The Deputy Director of HR stated that the information would be included in the Staff Governance Annual Report and Statement of Assurance, which would be presented to the Board.

88. Any Other Competent Business

88.1 Reflections on the meeting from Talent Management

- 88.1.1 The Cancer Performance Manager thanked the Committee for allowing him to attend today's meeting, highlighting the wide range of useful topics discussed that would benefit workers. In response to the leadership strategy he asked what else could middle managers be doing. In response, the Chair urged more middle management champions, to promote values based leadership, and encouraged middle managers to manage up rather as well as down. The Director of HR and OD emphasised the importance of good communication and engagement with staff, as well as understanding of the broader operating...

88.1.2 The Clinical Service Manager for Surgery and the Clinical Service Manager for Cancer Services echoed similar views, adding that it is encouraging to hear great news stories and celebrate achievements.

88.2 Pay Awards

88.2.1 The Director of HR and OD provided a brief updated on outstanding elements of the 2023/24 Agenda for Change (AfC) pay award relating to AfC reform: introduction of protected learning time, reduced working week and a review of band 5 nursing roles...

88.2.2 The Scottish Government have now decided that all three elements should be implemented on 1 April 2024.. Further tri-partite discussions are ongoing nationally to develop consistent guidance for employers and consider necessary national electronic system changes.

88.2.3 The Director of HR and OD confirmed that CMT would need to consider how it would support and implement what is a significant programme of work. It was noted that there was also significant additional costs associated with AfC review and that SG had confirmed that the risk would be held centrally. An update will be provided at the next meeting of the Committee.
JB

88.2.4 The Chair mentioned that International Women's Day is on 8 March and congratulated the Women's Network on planning to celebrate the occasion.

REFLECTIONS ON THE MEETING

89 **Matters to be highlighted at the next Board meeting**

89.1 The Chair indicated that the Equality and Diversity conference would be discussed at the next Board meeting, and that it is expected to be included in the Deputy Chief Executive's Board Executive Report (BET) on strategic alignment.

90 **Matters to be highlighted to another Board Committee**

90.1 There were no matters that required to be highlighted to another Board Committee

91 **Date of Next Meeting: Wednesday 29 May 2024**

91.1 The next Committee meeting would be held on Wednesday 29 May 2024 at 9.30am