

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 29 May 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 T Miller**, Employee Director.

In Attendance:

Mrs R. Kelly, Deputy HR Director; **Mr C. Campbell**, Chief Executive; **Mr J. Crombie**, Deputy Chief Executive; **Ms T. Gillies**, Medical Director; **Ms F. Ireland**, Deputy Director Nursing; **Ms A. MacDonald**, Executive Nurse Director; **Ms M. Campbell**, Director of Facilities; **Ms L. Cunningham**, Partnership Representative; **Mr D. Thompson**, Board Secretary; **Ms L. Hutchinson**, Equality, Diversity, Inclusion, and Human Rights Lead (Item 2); **Ms H. Monaghan**, Speak Up Advocate (Item 5.2); **Ms R. Weerakoon** (Speak Up Advocate) (Item 5.2); **Mr N. McAlister**, Head of Workforce Planning (Item 7.3); and **Mr G. Ormerod**, Committee Administrator (minutes).

Apologies:

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.

1. Declaration of Conflicts of Interest

1.1 No interests were declared.

2. Equality, Human Rights and Inclusion Strategy

2.1 The Equality, Diversity, Inclusion, and Human Rights Lead provided an update on the Equality, Human Rights, and Inclusion Strategy that the board approved in April 2023. The 5-year strategy has six key priorities set out in the report that will be taken forward over the next 4 years for improved outcomes.

2.2 The strategy, progress, and priorities over the last year have focused on areas including ethnic minority groups, improving access to services for disabled people, gender inclusion areas, and supporting people involved in decisions in care where they lack capacity. The annual report was presented and approved at the recent Healthcare Governance Committee.

2.3 This year, the team has recruited an additional member of staff focusing on information to identify indicators and make a difference across the organisation, with further work and progress to be presented in the year-two annual report.

2.4 The Chair highlighted that the word disability has a strong voice, but on reading the strategy, it is not that visible. The Equality, Diversity, Inclusion, and Human Rights Lead confirmed that

terms such as mental health and wellbeing are used. The definition of disability in the Equality Act is specific, and some people who may have a mental health condition may not be covered. By using a broader term, this will cover a broader range of people in our service.

2.5 A Non-Executive Board Member asked, given the current financial challenges, is the team sighted on impacts for the service and what this means for vulnerable communities, and how likely will there be groups of the population that are impacted by what we do. In response, the Chief Executive referred to the work in-progress relating to impact assessments and commented that Lothian appeared to be further ahead than any other board in carrying out equality and impact assessments as part of financial recovery plans. There is no concern, and the strategy is doing the right thing. He confirmed that this would come back through SPPC in September with appropriate mitigations for vulnerable groups.

2.6 The Chair thanked the Equality, Diversity, Inclusion, and Human Rights Lead for the update.

3. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 6 March 2024

3.1 The Minutes of the previous meeting were approved as an accurate record.

3.2 It was agreed that the Action note would be updated in advance of the next Committee.

4. Matters Arising

4.1 No matters arising.

5. STAFF EXPERIENCE

5.1 Advancing Equalities Action Plan 2023/24 – update and Action Plan for 2024-26

5.1.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2023/24. She confirmed the paper provides highlights of the advancing equalities work and communication over the last year for special weeks and promotion, including:

- A survey of BME nurses was undertaken to support the implementation of the career progression programme from 2024/25;
- The Equality and Diversity Conference took place in February 2024, covering a wide range of areas. The conference will continue annually as a business as usual activity;
- The Equality and Human Rights Education Framework has been agreed to be implemented in core training for 2024/25;
- Disability and Carer's Passports were approved, with ongoing training around Reasonable Adjustments.

5.1.2 The Deputy HR Director confirmed the action plan has been developed in conjunction with the HR and OD Equality and Diversity Group and staff network chairs and this will move to a 2-year period from March 2024 to April 2026, as some actions will take longer to implement. The HR and OD groups will monitor the actions and provide an update to each Committee using the RAG status.

- 5.1.3 The Committee accepted the recommendations set out in the report, including the moderate level of assurance against the delivery of the actions contained in the Advancing Equalities Action Plan 2023-24 and members endorsed the Advancing Equalities Action Plan for 2024-26.

5.2 Speak Up Report

- 5.2.1 The Speak Up Ambassador provided an update on the Speak Up service; she confirmed the service started in 2019. This was set up for all concerns for staff in NHS Lothian, but the role has expanded to include whistleblowing, with the ambassadors undertaking a confidential contact role for the whistleblowing standards. She confirmed that recently a third Speak Up Ambassador has joined the team, who will add a fresh perspective and bring a different skill set.
- 5.2.2 The Speak Up Ambassador provided an update on key highlights for service delivery and what the Speak Up Ambassadors and Advocates had done to promote the service in Q3 and Q4 in the last fiscal year, including:
- The number of contacts continues to increase, with Q3 having the highest number of contacts since 2019 and a year-on-year increase in complexity.
 - Speak Up promotion has been driven by services, and Speak Up Week, which was a big success in 2023, will take place again this year on 30 September focusing on enabling speaking up.
 - There has been an increase in whistleblowing cases, with six people raising level 2 concerns, although all of these staff members raised this through their line manager and discussed it against the standards.
 - The Speak Up Advocate confirmed that two out of the three advocates co-chair the National Speak Up group.
 - All advocates attend joint development sessions relating to human factors every 2 months and weekly drop-in sessions. Face-to-face meetings take place quarterly.
 - The INWO has also met with advocates around detriment.
 - The National Network Bulletin is produced by Speak UP Ambassadors in Lothian, who continue to be at the forefront of the network and have been asked to speak by the INWO team as part of the national programme for Speak Up Week 2024.
 - A programme of local activity for Speak Up Week 2024 is in progress and feedback will be provided to the Committee in due course.
- 5.2.3 The Chair welcomed the report, highlighting specifically the level of engagement and positive impact of co-chairing the national group and the overall learning benefit.
- 5.2.4 A Non-Executive Board Member inquired how the service links to primary care. The Speak Up Ambassador confirmed that the service extends to Primary Care colleagues and that the HSCP presence is well recognised in the community centres and contacts through small GP and dental practices, with support from the Director for Primary Care to promote and communicate the service. It was also confirmed that one of the Speak Up Advocates is based in primary care.

5.3 Whistleblowing Report

- 5.3.1 The Committee received the Whistleblowing Report, which included an update on the case that has been with the INWO since August 2022. This was the Board's first case subject to a full investigation by the INWO, with the full report being received in May 2024. The protracted timescales were concerning. The report was published on 22 May, with the first set of actions to be addressed by 19 June and some by Autumn 2024.. A complete update on progress against the recommendations would come back to the Committee in July.
- 5.3.2 The Director of HR and OD confirmed there has been a lot of learning about the standards since they were implemented in 2020. Since the concern was raised with the INWO in summer 2022 a number of process and practice improvements raised by the INWO have already been implemented in the intervening period. A summary of this would be included in the update to the Committee in July.
- 5.3.3 The Director of HR and OD confirmed there are four new Stage 2 concerns raised since the last Staff Governance Committee update, and these are at the planning or investigation stage.
- 5.3.4 Members discussed another case currently with the INWO since 2023 with similar patterns and timescales to the first case. NHS Lothian is required to investigate the case within 20 days and provide regular updates to the whistleblowers every 20 days. The report from the INWO is expected by the end of June.
- 5.3.5 The Director of HR and OD confirmed that she and the Executive Medical Director have met with the INWO on a few occasions to discuss process concerns, timescales and performance relating to INWO activity, with the INWO recognising there are some improvements required. Concerns have been raised around bullying and harassment concerns and whether they should sit under whistleblowing or would be more appropriately addressed under workforce policies. The Director of HR and OD has also raised this issue with the Chief People Officer for Health Workforce and it has been agreed that this matter needs to be explored as part of the imminent review of the National Whistleblowing Standards.
- 5.3.6 The Director of HR and OD confirmed that she understood that the National Whistleblowing Standards would be reviewed later this year, and it was important that employer experience and learning over the last four years was well articulated.
- 5.3.7 A Non Executive Board Member highlighted that there is a significant time factor if bullying and harassment issues span both the standards and HR policy there is a strong overlap with an allegation of bullying and harassment, and there needs to be a decision on whether this sits in the HR policy space and when the whistleblowing standards apply.
- 5.3.8 A Non Executive Board Member inquired if this is a resource issue at the INWO that's causing the delay in the investigation. In response, the Director of HR and OD confirmed that capacity appears to be a factor for the INWO team.
- 5.3.9 The Committee approved the report's recommendations.

5.4 Agenda for Change Review – Implementation Arrangements

- 5.4.1 The Director of HR and OD provided an update on the Agenda for Change Review as part of the 2023/24 pay deal. She confirmed there are three separate strands to this review, including: protected learning time ; reducing the working week by 1 hour and 30 minutes for agenda for change staff, but with the first 30 minute reduction to be effective from the 1 April 2024; and the Band 5 nursing review. It was noted that a programme management structure had been established to support and enable delivery, including a Programme Board co-chaired by the Director of HR & OD and the Employee Director.
- 5.4.2 Members noted the plan to implement the reduced working week, phase 1 being non-rostered staff by end summer and rostered staff before the height of winter.
- 5.4.3 The review of Band 5 nursing is expected to have significant resource implications and capacity modelling is under way. The Director of HR and OD advised that this programme of work is likely to take over 52 weeks and will depend on capacity to support the demand which is difficult to accurately predict but is expected to be more than 50% of eligible staff.
- 5.4.4 The Director of HR and OD commented that this overall programme of work was significant and that arrangements were underway to recruit a dedicated programme manager to support this work using project principles and programme management methodology to the planning, implementation and monitoring of the programme.
- 5.4.5 The Director of HR and OD confirmed that a progress update would be provided at each meeting of the Committee through to full implementation.
- 5.4.6 The Employee Director highlighted concern with clinical areas including rotas and the significant cost; there would also be a knock-on effect with shifts and areas including car sharing at RIE, which has been a focus of recent work. Once the changes have been implemented, there is concern that this work will have to start again next year and the following year.
- 5.4.7 The Director of HR and OD confirmed that £200M had been allocated across NHS Scotland to support implementation of the AfC reform programme and NHS Lothian's allocation was £30M.
- 5.4.8 The Executive Nurse Director highlighted that this will be difficult, but the board needs to look at who can provide input for job evaluations, and the benefit is that this is being done at a corporate level across Lothian and working together to implement the plan.
- 5.4.9 The Employee Director confirmed there would be challenges with the protected learning time and Band 5 nursing, and this will be very time-consuming, but there is a process in place to manage this, and work already underway. The difficult part will be to reduce the working week from 37.5 hours to 36 hours over a 3-year period.
- 5.4.10 The Chair asked if the Committee could help support this work. The Director of HR and OD advised that at this stage the key ask of the Committee was to note the operating context the work in progress and the potentially significant capacity challenges. She confirmed that she and a number of colleagues were members of national fora and were well placed to help influence national guidance and to flag any significant implementation issues from an employer perspective.
- 5.4.11 The Chair thanked the Committee for their honesty and fullness of the report. She praised the Director of HR and OD and the Employee Director's leadership in supporting this work, keeping communication open, and escalating any concerns within and out with the Board as necessary.

5.4.12 The Committee approved the recommendations in the paper and noted the current challenges and constraints

6. ASSURANCE AND SCRUTINY

6.1 Corporate Risk Register

6.1.1 3455 – Management of Violence and Aggression

6.1.1.1 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 the implementation phase work was delayed by 1 month, as there was a risk of a backlog for bank workers who hadn't received updated training. She confirmed there are currently 11 bank workers trained and progressing with work to upskill work-based trainers, recruit additional-based trainers, and implement the model agreed.

6.1.1.2 The purple pack risk assessment will be part of the Health and Safety Q1 report and will be completed by the end of June, with an expected increase in the new way of working and implementation over the next few years. The measurement framework and base line data are currently being worked on, and this will come to the next Committee. The programme board would continue to meet monthly while this work is being implemented, and all elements are currently at a moderate level of assurance.

6.1.1.3 The Chair thanked the Deputy Nurse Director for the update and highlighted the significant work undertaken and progress made.

6.1.1.4 The Committee approved the recommendations in the paper and accepted the moderate assurance level for each workstream.

6.1.2 3828 – Nurse Workforce – Safe Staffing Levels

6.1.2.1 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 confirmed that good progress has been made in recruitment and eliminating agency whilst maintaining good staffing levels with a good escalation process in place.

6.1.2.2 The current establishment gap is around 6%, and there has been an increase in recruitment of around 700 nursing staff and a recruitment plan to follow in September. The agency is in a better position than last year, with agency reductions of 91%. Discussions are ongoing with managers to reduce the risk rating from very high to high.

6.1.2.3 The Deputy Director of Nursing confirmed that safe staffing is heading in the right direction, with moderate assurance on escalations and professional oversight in place. Work is continuing on enabling work for health checks and work around additional duties to optimise resources available.

6.1.2.4 Members noted that the service needs to take the best of this year's graduates, as this is expected to decline in the next few years. Funding for Earn as you Learn will not be supported in 2024 as the National Taskforce pauses to review Nursing and Midwifery supply and retention; this is expected to start again in 2025/26.

6.1.2.5 The Chair commented on the high level of annual leave within the report. In response, the Deputy Director of Nursing confirmed the service is looking to smooth out annual leave across the year but to maintain the numbers for supplementary staffing and to avoid staff having to use up their annual leave in March.

6.1.2.6 The Committee approved the paper and agreed to adjust the risk level from very high to high with the work undertaken to reduce the establishment gap.

6.1.3. 5020 – Water Safety

6.1.3.1 The Deputy Chief Executive provided an update on the water safety risk, confirming that the risk remains high with limited assurance. He indicated that members have been briefed on the new approach to water safety, with changes to the safety group members and a focus on maintenance.

6.1.3.2 Members noted that compliance for engagement with third-party premises around water safety has progressed from 61% to 84%, with a zero-tolerance approach for non-compliance working well. Progress has been made against reducing the target risk, and this is expected to be achieved within the next year.

6.1.4 3328 – Traffic Management

6.1.4.1 The Deputy Chief Executive provided an update on the traffic management risk, confirming the risk remains high with limited assurance. He indicated that the ability to reduce the three red risks is linked to capital funding to support safe provision, but there is a focus on reducing the risk level.

6.1.4.2 Members noted there were no adverse events in the last quarter; however, there continues to be some bad behaviour by visitors towards traffic management teams, and this is a consistent message coming back from leadership teams.

6.1.4.3 The Chair thanked the Deputy Chief Executive for the update and proposed to continue with the zero-tolerance approach to visitor behaviour.

6.1.5 RIE Fire Safety

6.1.5.1 The Director of Facilities provided an update on the RIE fire safety risk, confirming that there have been no changes to the grading or controls for the associated risks.

6.1.5.2 The Director of Facilities set out some highlights from the report, including:

- Both NHS Lothian and PFI providers have submitted formal appeals to the enforcement notices issued; this suspends the notice for the duration of the appeals process but not the rectification, and the risks will continue to be addressed.
- A feasibility review has been undertaken and found that additional ventilation work is required for the basement rooms, with support from Site Director's office to address this.
- The Fire Safety Incident Support Team is in place, with patrols ongoing and escalating any issues to the Site Director. There are five vacant positions to be filled.

- The fire safety team continues to work with the Site Director's office to roll out training, including walk-and-talk and fire drills, to understand responsibilities in the event of a fire.
- Life cycle work continues with wards 203 and 209 completed and 201 ongoing with alarm replacement, but work is slower than expected as only 1 ward is available for decanting.
- A total of 3654 staff (79%) have now been trained in fire safety modules.

6.1.5.3 The Deputy Chief Executive provided an update on the NHS Lothian, Consort and Equans appeals against the SFRS Enforcement Notices that took place at Sheriff Court yesterday. He confirmed the Court has agreed to order the Scottish Fire and Rescue to lodge answers to the appeals within 4 weeks by 25 June 2024, fixed a mutual adjustment period of 6 weeks for the other parties to respond by 6 August 2025 and confirmed a further procedural hearing for early August.

6.1.5.4 A Non-Executive Board Member inquired on the timescales for decanting the wards. The Deputy Chief Executive confirmed that he is in discussion with Consort on a development proposal for additional ward capacity by either building on the Ward arc as a permanent solution or a modular building to connect to the ward arc. Both options have received formal sign-off and are subject to costs.

6.1.5.5 The Chair welcomed the work and commended the risk mitigations in place. She asked if the actions in the report could be updated as some of the actions had lapsed. The Director of Facilities agreed to take this forward.

6.1.5.6 The Committee approved the report's recommendations.

6.2 Health and Safety Assurance Report

6.2.1 The Executive Medical Director provided an update from the Health and Safety Assurance Report with information drawn from the local Health and Safety Committee reports, assurances, and minutes of the most recent meeting.

6.2.2 Health and Safety is currently in a transition period to focus on 12 key risks and any additional risks that have a targeted approach appropriate to the service area. This will take time to implement as the Health and Safety team works closely with each Committee.

6.2.3 The Annual Health and Safety Paper was presented to the Healthcare Governance Committee yesterday and included information on slips, trips, and falls, which was accepted by the Committee.

6.2.4 The Committee noted the latest update and accepted the recommendations in the Health and Safety Assurance Report.

6.3 Staff Governance Committee Annual Report

6.3.1 The Deputy Director of HR provided an update on the Staff Governance Committee Annual Report, which is a requirement for all Board Committees. She confirmed that the Statement of Assurance report has been pulled together and is updated after each meeting throughout the year.

- 6.3.2 The Committee Effectiveness Survey was circulated to members and provided feedback on how the Committee is functioning. Overall, there was a poor response, with only four Committee members providing feedback. The Deputy Director of HR commented that because there were only a small number of responses received, it was difficult to get a positive or negative overview, but there was nothing significant to report from the governance statements.
- 6.3.3 The Chair highlighted that the lack of responses was disappointing and asked for a more proactive approach next year. She pointed to a number of changes with Committee members that may have impacted responses.
- 6.3.4 The Committee approved the Staff Governance Committee Annual Report.

6.4 Medical Appraisal

- 6.4.1 The Medical Director provided an update on the Medical Appraisal paper that was circulated to the Committee, which underpins the process for revalidation.
- 6.4.2 The paper sets out the purpose of the appraisal and provides information on the designated body policy and definitions. The second Appendix provides data submission to GMC and information on the position of doctors appraised, referrals, and revalidation as of March 2024.
- 6.4.3 The MARQA data for NHS Lothian was in place pre-Covid, but this is the first submission since Covid. The Medical Director commented that she was pleased with the numbers in the report, as there is a significant level of turnover with this workforce as this applies to all doctors, including Locum and Bank.
- 6.4.4 The Medical Director highlighted that the reporting process is robust and that there is significant monitoring in place. She asked the Committee to take moderate assurance that all processes are in place.
- 6.4.5 The Committee accepted significant assurance that processes are in place for appraisal and revalidation within NHS Lothian.

6.5 Staff Governance Work Plan 2024-25

- 6.5.1 The Director of HR and OD provided an update on the Staff Governance Work Plan. She confirmed that the Committee has an annual work plan and a proposed plan for 2024/25, which focus on three areas: corporate workforce objectives, committee risks and annual review processes on a range of matters, such as medical appraisals and the review of the Remuneration Committee.
- 6.5.2 The Committee agreed the Work Plan for 2024/25.

7. SUSTAINABLE WORKFORCE

7.1 Workforce Report

- 7.1.1 The Deputy Director of HR presented the Workforce Report for April 2024, which included data on short and long-term absences, retire and returns, and mandatory training across the organisation.

- 7.1.2 The Deputy Director of HR confirmed the report provides data for absence levels, which are now at 5% across the organisation, down from March 2023, with a robust process in place for absence management. The most common absences are a cold or flu, a cough, anxiety, and stress.
- 7.1.3 Members noted that mandatory training across the organisation is at 75% compliance, and review Agenda for Change staff appraisals is at 50%. It was noted that more staff appraisals may have taken place but have not been recorded, and the importance of recording this information was important. Further data on Whistleblowing, Speak Up, and Junior Doctor compliance was presented in the report.
- 7.1.4 The Chair asked a question about the 'unknown' absences recorded on the system. The Deputy Director of HR confirmed this is a continuous housekeeping issue, and often when an employee calls to report an absence, they don't want to disclose the reasons for their absence or it simply is not recorded. Managers should follow up with that employee when they return to work and ensure the reason for absence is recorded on the system but often this does not happen.
- 7.1.5 A Non-Executive Board Member asked about the dip in appraisal compliance from the previous month but a better position overall from March 2022. She asked if this would plateau or if there would be a better level of compliance. The Director of HR and OD acknowledged that performance need to improve and confirmed this is largely a leadership and cultural issues, and corporate communications have been issued setting out the reasons why appraisal conversations are important and the benefits of doing this. CMT has also discussed the need for robust management as part of leadership team objectives and responsibilities.
- 7.1.6 The Committee noted the workforce update for April 2024.

7.2 Equality and Diversity Monitoring Report

- 7.2.1 The Deputy Director of HR provided an update on the Annual Equality Report, which is produced in line with the Equality Act and Public Sector Equality Duty and publishes information on race, disability, sex, age, religion, sexual orientation, and protected characteristics in relation to our current workforce. Since the report was circulated, it has been updated with information and data from the 2022 Census.
- 7.2.2 The chairs of the staff networks will meet to go through the report in detail to see if anything further can be added for the next year. The report and plan will be published on the internet, and a summary of the report will be shared widely with staff.
- 7.2.3 The Deputy Director of HR confirmed the report circulated is very detailed and asked if anyone had any further questions to contact her directly.
- 7.2.4 The Committee approved the report's recommendations.

7.3 Delivering Workforce Reductions to Support Financial Recovery

- 7.3.1 The Director of HR and OD provided an update on the workforce efficiencies programme, highlighting that there are a number of constraints, complexities, and interdependencies in reducing our workforce by the target 1200 WTE.
- 7.3.2 A programme board and a number of workstream's have been set up; including absence management and good housekeeping workshops to focus on some of the transaction people management and pay processes such as junior doctors hours of work, rotas, absence management, salary protection.
- 7.3.3 A Non Executive Board Member highlighted the helpful report and acknowledged the difficulty of reducing the workforce. She asked how redeployment can be managed in a positive way. The Director of HR and OD confirmed redeployment sometimes has negative connotations for staff and that the OD team were working alongside the employee relations team to develop a career and assets based approach.
- 7.3.4 The Chair highlighted a number of key reports presented at today's Committee that provide thoroughness and clear information for the Committee to support the executive team in challenging times. She commented that the Workforce Reductions report provides a full picture of the challenges at present.
- 7.3.5 The Committee accepted the recommendations in the paper.

8. FOR INFORMATION AND NOTING

8.1 NHS Scotland Staff Governance Standard Monitoring Framework and iMatter Staff Experience 2022-23

- 8.1.1 The Director of HR and OD confirmed that the Staff Governance Standard Monitoring Framework was submitted last year, and that response was received in the first letter. She explained that the current system for monitoring standards has been in place for some time; however, the framework is out of date. The second letter confirms that the monitoring framework will be paused for the next 12 months while improved monitoring is discussed.

8.2 NHS Scotland Staff Governance Monitoring Framework letter

- 8.2.1 Item was covered under item 8.1

8.3 Staff Governance Assurance Statement

- 8.3.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24.
- 8.3.2 The Deputy Director of HR confirmed information from the Statement of Assurance and the agreed work plan would be included in the new work plan for 2024/25.

9. Any Other Competent Business

- 9.1 No other competent business

10. REFLECTIONS ON THE MEETING

- 10.1 The Director of HR and OD confirmed a lot of information had been presented to the Committee with good discussion. It would be important to have full engagement from committee members going forward.
- 10.2 The Employee Director confirmed there are a number of challenges, but due to her position, she is able to challenge from a different angle.
- 10.3 A Non-Executive Board Member confirmed the papers at the meeting were candid, with a lot of information covering the risks and mitigations.
- 10.4 A Non-Executive Board Member underlined the importance of work at a national level to influence things and highlighted the violence and aggression and nurse workforce reports as key pieces of work.

11.1 Matters to be highlighted at the next Board meeting

- 11.1.1 The Chair indicated that she would update the Board on the key papers discussed at the Committee, including Delivering Workforce Reductions to Support Financial Recovery and the Agenda for Change Review: Implementation Arrangements; this would also be included in the Director of HR and OD Board Executive Report (BET).

12.2 Matters to be highlighted to another Board Committee

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

13. Date of Next Meeting: Wednesday 31 July 2024

The next Committee meeting would be held on Wednesday 31 July 2024 at 9.30am