

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Monday 15 December 2025 via Microsoft Teams.

Present: Ms V. de Souza, Non-Executive Board Member (Chair); Ms E. Gordon (Non-Executive Board Member); Mr J. Innes (Non-Executive Board Member); Ms K. Kasper (Non-Executive Board Member) and Ms T. Miller (Employee Director).

In Attendance: Miss T. Gillies (Executive Medical Director), Ms M. Campbell (Director of Facilities); Mr T. Power (Director of People and Culture, Human Resources); Ms A. MacDonald (Executive Nurse Director, Nursing); Mrs R. Kelly (Deputy HR Director); Ms A. Langsley (Associate Director of OD & Learning); Ms L. Cunningham (Partnership Representative); Dr H. Monaghan (Speak Up Champion) Ms R. Weerakoon (Speak Up Ambassador); Ms K. Morris (Specialist Education Lead, Staff Engagement and Experience); Ms S. Preston (Interim Head of Employee Relations); Mr D. Thompson (Board Secretary); Dr S. Robinson (Deputy Director of Medical Education); Mr D. Collins (Head of Health & Safety) and Mr G. Ormerod (Corporate Governance Team -Minute).

Apologies for absence was received from: Ms C. Hiscox (Chief Executive) and Ms T. McKigen (Director of Primary Care)

Observing (Talent Management): Mr A. Rideout; Ms T. Stewart; Ms L. Kirkpatrick; M O. Ahmed; Ms K. Paterson; Ms O. MacConnell; Ms C. Tudor; Mr L. Doult; Ms L. Bell; Mr J. Hollington; Ms E. McGiven; Mr A. Davie; Ms S. Smith; Ms L. Forrest; Ms J. Campbell; Ms S. Ahmed; Mr P. McGrane and Ms H. Johnstone.

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.

36 Declaration of Conflicts of Interest

36.1 None

37 iMatter National Health and Social Care Report

- 37.1 The Associate Director of OD & Learning presented an update on the national report and on Lothian's 2025 results, and highlighted the key findings:
- Responses: 17,000 responses across 2,500 teams; response rate consistent with last year.
 - Training: 338 managers trained; management sessions available on demand.
 - Good engagement overall and strong understanding with iMatter amongst staff.
- 37.2 The Associate Director noted significant structural changes across HSCP. There were concerns that the partnership could not run the survey because a number of staff had no confirmed line manager; despite this, the survey proceeded but required additional work to update manager roles.

- 37.3 Lothian was measured against KPIs, the index rating, and action plans and sits in the middle of the comparator groups and aligns with the national response rate. Greater Glasgow and Clyde (GGC) is a comparator with a 57% response rate. The following highlights were noted:
- EEI: 78, above the national average and a strong score.
 - Action plans agreed: 58%, which is 2% above the national average.
 - A breakdown was provided by each directorate.
 - Year-on-year response rates show Lothian's rate has been stable, improved since 2021–22, and largely static across recent years.
 - The Board EEI score is up +1 since 2024 and remains above the national average at 78%.
 - There has been an increase in action plans at 58% and higher than last year and above the national average, which is a positive outcome.
 - Year-on-year standards show staff feel well informed but not sufficiently involved in decisions, a pattern consistent with previous years.
- 37.4 The Associate Director highlighted the need to review data for teams with three or fewer responses; West Lothian has a lower overall response rate, but a higher EEI and better action plan completion.
- 37.5 The Associate Director of OD & Learning reported that the lowest-scoring themes remain confidence in performance, involvement in Board decisions, and visibility of Board members; these have been in the bottom four for several years. Overall staff experience for Lothian improved to a 7.0 rating, up from 6.9 last year, with further work required to reach the 8.0 target.
- 37.6 The Associate Director emphasised the need to improve iMatter year on year. For 2026, the plan was to investigate why 43% of staff did not participate, identifying themes and barriers to engagement. The year also introduced a new directorate level and short explanatory mini-videos to clarify iMatter and what was being asked of staff. Online training for managers and supporting materials were made available on the TURAS Learning Hub.
- 37.7 The Chair highlighted there has been some great presentations that show the good work across the organisation and suggested a link between two services to support improvement.
- 37.8 The Committee noted the Board results and 2025 update from the iMatter team.

38 Minutes and Action Note of the Previous Meeting held on 24 September 2025

- 38.1 The minutes of the meeting held on 24 September were approved as an accurate record.

39 Matters Arising

- 39.1 The Director of People & Culture announced this year's award winners for their contributions to organisational success:

39.1.1 Celebrating Success Awards

- **Staff Member of the Year** - Louise Elliott, Rehabilitation Assistant Practitioner, Major Trauma, Royal Infirmary Edinburgh
- **Team of the Year** - East Lothian Health and Social Care Partnership - Inreach Pathway, East Lothian Community Hospital
- **Chair's Award** - Emma Chalmers, Clinical Educator for Cancer, Western General Hospital
- **BEQI** -Oncology, Prostate Postal Service, Western General Hospital
- **Caring Champion of the Year** - Alison Rogers, Macmillan Cancer Support Centre Lead, Edinburgh Cancer Centre

- **Leadership Excellence Award-** Kelly Moffat, Lead Nurse - Acute Palliative Care for Lothian, Western General Hospital
- **Respect for Others -** Pamela Murray, Child Health Commissioner, West Port
- **Voluntary Service Award -** Lucy Lockhart, Clinical Support Worker, Ward 52, Western General Hospital
- **Health Hero -** Christine Newton and Lavender Martin, Visiting Team District Nurses, Astley Ainsley Hospital
- **Lynn Jackson Award-** Lorna Morrison, Senior Clinical Nurse Specialist, Dermatology OPD, Lauriston Building
- **Tom Waterson Award -** Irene Brown, Sewing Room Supervisor, Royal Edinburgh Hospital

39.1.2 Scottish Health Awards

- **Lucy Duns**, Community Midwife, NHS Lothian, who received the Midwife award
- **Laura Jess**, Head of Paediatric Respiratory and Sleep Physiology at NHS Lothian, has been awarded the Healthcare Scientist Award
- **Claire Yerramasu**, Physiotherapist and Advanced Practitioner leading the Midlothian Community Respiratory Team – won Allied Health Professional Award
- **Steven Swanson**, Senior Biomedical Scientist and Team Leader at Western General Hospital was named joint winner of the Leader of the Year Award

39.1.3 Queens Nurse Award/Title

- **Ashley Lawrence**, Health Visiting Team Manager
- **Leigh Williams**, Clinical Team Lead for District Nursing and the Bladder and Bowel Service

39.1.4 Scottish Healthcare Awards

- **Antimicrobial Management Team** won the Infection Management Team of the Year Award.

40 **Matters Arising**

41 **STAFF EXPERIENCE**

41.1 Advancing Equalities Action Plan 2024/26 update

41.1.1 The Interim Head of Employee Relations provided an update on the Advancing Equalities Action Plan 2024–26.

41.1.2 The action plan continued to make good progress. A short-life working group on reasonable adjustments linked with various teams to develop new guidance for 2026. The Women's Network ran a campaign for the 16 Days of Activism Against Gender Based Violence, from 25 November to 10 December. A weekly brief article promoted resources and training for staff to help them identify and support victim survivors, with input from HR, Public Health, and Medical Education. The Safe at Work programme was completed in March 2026 for submission; it was expected to reach development level and then progress to the bronze award.

41.1.3 A short-life working group on reporting and discrimination reviewed current reporting and data to improve processes and to inform the 2026 action plan. HR colleagues worked on the 2026 -28 action plan, with the final version due on 11 March and a closed report for 2024- 26 to follow.

41.1.4 Closing accounts for maternity was raised with Digital; there was no outcome at present and the matter was to be picked up again. Neurodiversity conference planning was underway. The event was likely to take place in May at WGH in the Paderewski Lecture Theatre.

41.1.5 LGBT and trans actions were not being taken forward as part of this action plan; a new action to support trans staff was to be included in the 2026–28 plan. The Interim Head of Employee Relations advised that a former member of staff had left the organisation with data; the trans staff experience was to be considered as a separate action for the 2026–28 plan. She confirmed that the data related to a personal resource and to information from doctors' training, and that the staff member had moved on through rotation.

41.1.6 A Non-Executive Board Member asked about GDPR and whether correct procedures were followed. **TP**

41.1.7 The Director of People & Culture noted that research had been undertaken for the role, and the team was working to link with staff networks to identify meaningful next steps. Several highlights regarding trans staff and the need to ensure appropriate guidance were noted; this was to be a focus in the next action plan.

41.1.8 The Committee accepted a moderate level of assurance. The Chair commented that good progress has been made.

42 Whistleblowing Report

42.1 The Whistleblowing report was circulated for information. Members noted the number of cases and the stage each case had reached at Board level. A Non-Executive Board Member observed that the standard report format limited its utility and highlighted the continued high number of referrals to the INWO. It was suggested that further analysis be provided showing the proportion of cases referred to the INWO and the potential reasons for referral. The Director of People & Culture noted the standard format's limitations and proposed an additional update report presenting this analysis. **TP**

42.2 The Non-Executive Board Member explained that staff compile the data but that the report currently lacks a clear "so what" analysis including insight into implications and next steps. He asked for a deeper understanding of sequencing and for clarity on the point at which the Committee became involved in ongoing reviews, ensuring staff governance is engaged at the appropriate stages.

43 Speak Up Service Report

43.1 The Speak Up Champion provided an update on the Speak Up service and its activity, confirming that the service supported staff to raise concerns, addressed barriers to conversations, and promoted speaking up across relevant organisations. The service had been active since July 2019 and had recorded a growing number of contacts.

43.2 The Speak Up service supported staff who raised concerns, often after those concerns had initially been raised with line managers but had not been followed up promptly. The service provided an advisory role and helped staff understand their options.

43.3 Challenges related mainly to delivering the process rather than to the quality of feedback. Individual feedback about the service was generally positive, but there were concerns that the process could be perceived as lip service in areas where whistleblowing had occurred.

43.4 The service remained focused on keeping cases on track, promoting speaking up, and supporting staff. It aimed to be transparent about what individuals could expect and worked closely with

partnership colleagues to coordinate support. A further challenge was that grievance processes often took considerable time to resolve.

- 43.5 Speak Up Week took place using a more coordinated approach across network lines to improve consistency across sites, HSCP, and Primary Care. The Speak Up Champion reported that in-person events were held, received positive feedback, and provided strong examples of good practice that were incorporated into communications.
- 43.6 There was a clear need to tighten the process and to demonstrate that it worked in practice through awareness activity focused on getting the process right and increasing visibility, as the organisation faced reputational and operational risk if people felt they were not being listened to.
- 43.7 The Non-Executive Board Member asked whether staff frustrations related to the timeframe or to the quality of the response after raising a concern. The Speak Up Champion advised that the 21-day target was unrealistic; staff were less concerned about a short deadline and more focused on a thorough investigation, which typically took around six months.
- 43.8 The Director of People & Culture noted that whistleblowing was often a last resort, which raised a strategic question about where to allocate limited resources: whether to invest more in early resolution to prevent escalation or to increase capacity to carry out faster investigations. Many factors affected the timelines of updates, and while these had been discussed previously, there was a clear need for consistent communication about progress and outcomes.
- 43.9 The Director of People & Culture noted that the People and Culture Framework highlighted whistleblowing and speaking up as priority areas. The current action plan provided a clear line of sight on the actions agreed by the service, but further review and adjustment of those action plans was likely required to ensure effective delivery and oversight.
- 43.10 The Chair emphasised that equality and disability elements must remain a priority. The issue was complex and had generated extensive discussion within the working group, including concerns about a possible culture of pressure. The Chair proposed a summary of actions to be brought back to the Committee in March 2026. **TP / HM.**
- 43.11 The Speak Up Champion thanked everyone for their comments and emphasised that continued awareness was required. Regular meetings with executive directors were planned to support this work. The Speak Up Champion liaised with the Director of People & Culture to develop a framework.
- 43.12 Members noted the Speak up report update.

44 Staff Engagement and Experience Framework 23-26 – progress report

- 44.1 The Associate Director of OD & Learning confirmed the programme was moving into the final year of the staff engagement and experience programme. In February the Terms of Reference were reviewed and a few amendments were agreed. A paper on local engagement plans was presented to the March Staff Governance meeting, and the Committee accepted significant assurance for the local areas and plans presented.
- 44.2 Corporate enablers and local delivery plans continued to be progressed, with updates received from Facilities, HSCP and other areas. A leadership festival was held in September as a corporate enabler: a three-day event covering culture, digital, and leadership and transformation.

- 44.3 Regular programme Board updates included exit interview survey data, the Work Well strategy and delivery plan, and emerging issues such as neurodiversity and the reduced working week. These activities had established a strong foundation going into 2026.
- 44.4 The Non-Executive Board Member commented that the programme board had been a valuable initiative and suggested it should set out clear challenges and objectives to achieve.
- 44.5 The Associate Director of OD & Learning considered how People and Culture was reflected within the programme, ensuring the plan aligned with LSDF pillars and areas of responsibility.
- 44.6 The Committee approved the recommendations with a significant level of assurance.

45 SUSTAINABLE WORKFORCE

45.1 Workforce Report

- 45.1.1 The Workforce report was completed at the end of October and included information on establishment gaps, sickness levels, long-term and short-term absence, and appraisal compliance. Employee relations data was not available at the time and was to be included in future returns.
- 45.1.2 Members noted the report for information. Two actions from the workforce plan were brought forward for the Committee's attention.

46 Agenda for Change Reform – Update

- 46.1 The Deputy Director of People & Culture provided an update on the Agenda for Change Reform, confirming that conversations about the reduced working week had taken place with services, finance, and the analytics team over the previous five months. Backfill funding for services that were at high and very high risk was to be provided on a non-recurring basis for 24 months. Notices had been issued to service areas to inform them of the position and to enable recruitment to vacancies.
- 46.2 Medium-risk areas were under discussion; some services were to be reviewed and a number of those might still receive backfill funding if they were assessed as higher risk and moved into an implementation phase.
- 46.3 The Deputy Director of People & Culture confirmed she was hopeful of appointing a programme manager for the reform agenda to oversee change and to monitor processes, risks and issues; this needed to be in place by 1 April.
- 46.4 The Band 5 nursing review was ongoing. The report showed 600 applications, of which 300 had been processed; unsuccessful reviews were being appealed and reconsidered. Panels were still finding it challenging to commit time; options were being explored to increase panel capacity to two to three panels per week.
- 46.5 Protected learning time was covered in the report, including information on mandatory training and the One Scotland approach.
- 46.6 The Chair highlighted the progress made, how complex this area is, and the pressure on staff.
- 46.7 The Committee approved the report's recommendations

47 Employability work

- 47.1 The Associate Director of OD & Learning provided an update confirming that employability initiatives were linked with partners for outcomes and funding. She confirmed the organisation had fifteen people on work experience, and one had moved into a permanent role. This was the second time the programme had run, having previously been delivered in collaboration with Public Health. The modern apprenticeship was scheduled to continue in January with 30 new participants, and the Board would continue to develop the internal workforce in business administration and cyber security.
- 47.2 Work began on in-work progression to better understand the realities of career development. Requests from schools for work experience placements continued to be received.

48 **ASSURANCE AND SCRUTINY**

48.1 Corporate Risk Register

48.2 Corporate Risk 3328 – Traffic Management

- 48.2.1 The Director of Estates and Facilities provided an update, confirming there were no changes to grading and no adverse events in the last period. Work proceeded with the traffic enforcement order in place at REH and with the turning circle. The red risk at WGH progressed through tendering, with completion expected by March 2026. Work continued with the Consort on the zebra crossing at RIE, and the short-life working group for A&E at RIE remained active.

48.3. RIE Fire Safety

- 48.3.1 The Director of Estates and Facilities provided an update on the RIE Fire Safety Risk, confirmed there was no change to the grading and assured the accuracy of controls. An updated enforcement notice dated 2 December had been issued and previous notices had been withdrawn. There was a smaller number of actions remaining, some of which were challenging to address.
- 48.3.2 Funding was agreed for additional staffing in the basement to close actions related to bins and the basement fire risk. An external fire safety specialist, Arup, was asked to review interim fire safety measures and had begun a risk assessment some time ago, which reduced the level of risk. All information was gathered enabling them to expand their understanding of progress and to reduce the consequence level from extreme to high.
- 48.3.3 The Chair reported that the fire and rescue service is now more engaged.
- 48.3.4 A Non-Executive Board Member said it was clear the site was gaining confidence and making progress, but that this did not address the central element of non-compliance. He commended the RIE team's work and asked what the plan was for a compliant fire safety plan. The Director of Estates and Facilities said the team was making progress and that significant work was ongoing, but that it was slow and complex.
- 48.3.5 A Non-Executive Board Member noted that the building fire risk assessment had been completed in April 2024 and needed to be kept up to date. She referenced the HIS report for the Simpson Wards and asked who was responsible for maintaining these assessments and whether the issues had been resolved. The Medical Director advised that HIS operated at a local level, so

responsibility lay with Lothian rather than the contractor. The Director of Estates and Facilities confirmed that NHS Lothian was responsible for fire risk assessments in the areas occupied and that the HIS fire assessments still required updating. She confirmed she would review the completion timelines.

MC

48.3.6 Members accepted a limited assurance level and acknowledged the continued risk rating of Very High (25) following ongoing review by the Estates & Facilities Fire Safety Team.

48.4 RWW Corporate Risk

48.4.1 The Director of People & Culture advised that wording for the corporate risk relating to the reduced working week had been agreed in October. A substantive update on managing this risk was to be presented at the December Board meeting, including identification of services at clinical safety risk that would be invited to seek backfill funding to mitigate the impact of the reduced working week. The Scottish Government was reviewing the residual risk and considering support for backfill. A further formal update was scheduled for March 2026

48.5 Maternity Risk

48.5.1 The Director of People & Culture provided an update confirming leadership practice was being implemented and that there was a culture shift toward speaking up rather than reporting concerns. A detailed update was to be provided at the Committee in March 2026; Executive oversight of maternity improvement work would continue with the Executive Medical Director, who was closely monitoring these issues and the substantial ongoing work.

48.5.2 The Executive Medical Director's paper had been submitted to the Board, but it was agreed a verbal update would be given that day, followed by a formal paper in March. The Director of People & Culture said he was happy to share information from Friday's presentation by the maternity group.

48.5.3 A Non-Executive Board Member noted the discussion about the HIS report timeline and the need to improve working relationships between Healthcare Governance and Staff Governance. The Executive Medical Director advised that if an issue concerned patient care it fell under Healthcare Governance; if it concerned staff it should come to the Staff Governance Committee. Actions were being worked through and there were discussions between the Chairs of each Committee, as required.

48.5.4 A Non-Executive Board Member asked about Corporate Risk and ongoing activities and whether there was any risk for sub-national board activity. The Executive Medical Director said there was no intention to raise a new risk at that time but urged awareness of the demands on already busy day to day roles.

48.6 Health and Safety Update

48.6.1 The Head of Health & Safety joined the meeting and provided an update on the Health & Safety report. He commented on the management of Violence & Aggression, on Medical Gases (nitrous oxide), and on the roles of nursing and medical officers

48.6.2 The Health and Safety Executive (HSE) had written to Boards concerning management of worker risk from Violence and Aggression and Musculoskeletal Disorders. Sixty trusts were investigated as part of a national campaign, with comparisons made across 2018–2022 and 2023–2024.

Lothian was invited to consider the report's findings. An internal audit was planned: 68 audits were to be undertaken and 23 had been completed to date. Proposed findings were expected to be available in Q1 2026/27. The review would examine the relationship between how risks in Violence & Aggression were managed and what happened in practice.

48.6.3 Work was ongoing for nitrous oxide. The UK workplace exposure limit of 100 ppm must not be exceeded, as exceeding it presented an operational health risk. Forty-eight sites had been identified; work remained at the RIE Birthing Centre, SJH and West Lothian. Control measures were ongoing at SJH. The Head of Health & Safety advised that work was continuing to assess whether catalytic mobile destruction technologies could be a future method of exposure control. There was currently no nitrous oxide gas present in the SJH and RIE maternity areas.

48.7 Staff Governance Monitoring Return for Scottish Government

48.7.1 The Interim Head of Employee Relations presented the Staff Governance Monitoring return, which included whistleblowing data, bullying and harassment information, and details on staff using the retire and return scheme

48.7.2 The top three challenges for NHS Lothian were the introduction of Agenda for Change pay reforms, meeting the 4% absence target, and managing an increased number of employee relations cases. The specifics of these challenges were to be developed and included in the return prior to submission.

48.7.3 The top three successes were the implementation of the first 30 minutes of the Reduced Working Week, the roll-out of the Band 5/6 nursing review, and achievement of Disability Confident Leader status. Staff Networks partnered to deliver Equality and Diversity Conferences in 2024 and 2025. Further detail on these successes was to be added to the return before submission to the Scottish Government.

48.8 Health and Care (Staffing) Act – Quarter 3 Report

48.8.1 The Executive Nurse Director reported broad activity in the area, including work by multidisciplinary teams and subgroups preparing annual reports. The next submission was to be the annual report.

48.8.2 The Committee approved the recommendations.

48.9 Director of Medical Education Annual Report

48.9.1 The Deputy Director of Medical Education attended the Committee and presented an update on the Director of Medical Education's Annual Report. The Medical Education Directorate oversaw delivery and quality assurance of medical education in partnership with the University of Edinburgh and NHS Education for Scotland. It supported approximately 1,000 doctors and 1,500 doctors in training.

48.9.2 Training survey results showed overall strong outcomes, with the directorate ranking in the top 2% nationally. Several specialties had improved over the year, notably Emergency Medicine and Intensive Care Medicine at WGH, which moved from lower-performing to top-performing positions and was described as a significant achievement.

48.9.3 Undergraduate feedback on placements was positive. Student numbers were increasing, and active consideration was being given to expanding community placements. AAH was highlighted as an area of excellence and had completed its first year of hosting medical students. Challenges remained, but the directorate was sharing learning from high-performing teams and increasing targeted support as detailed in the paper.

48.9.4 Three key risks:

- Recurring problems for doctors in training across all sites, including inadequate food, rest and safe travel provisions.
- Changing workforce patterns (more less-than-full-time working), rota gaps, and leave (maternity/paternity) creating staffing shortfalls
- Rising trainer workload and risk of burnout, highlighted nationally; supervisor capacity is strained.

48.9.5 The Chair noted that several risks were similar to the previous year. A Non-Executive Board Member asked whether neurosurgery required additional support. The Deputy Director of Medical Education reported there was ongoing work with neurosurgery, highlighting concerns about workforce and senior trainees. It was reported that NHS Education for Scotland was overseeing the situation; however, high workload was limiting the ability to deliver excellent training. Additional staffing at more junior levels had been provided and was expected to improve capacity for the foundation tier.

48.9.6 The Executive Medical Director confirmed several service-level changes were being progressed. She noted recurring themes around facilities gaps where expectations were not being met and said constructive engagement with facilities teams would be beneficial. She also highlighted that the Deputy Director of Medical Education co-chaired a short-life working group with the University to reduce the delay between developing teaching approaches and implementation by consultants. The Chair agreed to pick up the action with facilities. **VdS**

48.9.7 The Chair thanked the Deputy Director of Medical Education for the update. Members noted moderate assurance.

49 Single Sex Spaces- update

49.1 The Director of People & Culture confirmed a working group had met four times to address issues linked to single sex spaces and their provision. An initial audit of main sites had been completed; the outputs would inform provision for toilets, changing facilities and the wider estate. Outputs from the reviews were to be combined in early 2026, with recommendations to be considered by the Corporate Management Team.

49.2 The Director of People & Culture emphasised the need to support trans staff and those undergoing gender reassignment and to ensure appropriate measures were in place. The outcome of the NHS Fife case and the related Leonardo case had provided useful learning. There had been recent developments in the NHS Fife matter; this did not reduce the likelihood of an appeal, and the nurse involved was expected to appeal. Guidance and advice were to be reissued to staff, and staff had been asked not to draw conclusions from the NHS Fife case while it remained a live legal matter.

50 Annual Review of the Staff Governance Committee Terms of Reference

50.1 Members approved the current Terms of Reference.

51 Remuneration Committee Annual Report

- 51.1. The Deputy Director of People & Culture provided an update on the Remuneration Committee, a subcommittee of the Staff Governance Committee. The Committee met on three occasions in 2025. The July meeting reviewed appraisal ratings and discussed individual cases until the Committee was satisfied. A return was submitted to the Scottish Government; no national feedback had been received, although the recent pay uplift had been implemented.
- 51.2 The Committee considered a number of remuneration packages and noted some turnover among Executive Directors. Tribunals were discussed at the Remuneration Committee; a shared learning summary was to be circulated in March 2026. The Committee's Terms of Reference were discussed in December and approved.
- 51.3 A Non-Executive Board Member noted the volume of confidential information and the need for further consideration. The Deputy Director of People & Culture reassured members that Non-Executive Board members sat on the panel, while noting limits on the level of detail that could be shared.
- 51.4 The Executive Medical Director highlighted the interaction between Staff Governance, Remuneration and Healthcare Governance Committees and emphasised that Non-Executives should have a line of sight, while acknowledging the difficulty of keeping everyone fully informed
- 51.5 The Director of People & Culture highlighted the Committee's Terms of Reference and agreed to consider whether further detail on individual Executive remuneration packages or any other relevant information should be included for future reports. **TP/RK**
- 51.6 Members noted the business undertaken by the Remuneration Committee this year.

52 FOR INFORMATION AND NOTING

- 52.1 Staff Governance Assurance Statement - The Staff Governance Assurance Statement was noted for information.
- 52.2 Staff Governance Work Plan – 2025/26 - The Staff Governance Work Plan – 2025/26 was noted for information.
- 52.3 Implementation of Change in Employment Regulations Internal Audit Report - The Implementation of Change in Employment Regulations Internal Audit Report was noted for information.

53 REFLECTIONS ON THE MEETING

- 53.1 Matters to be highlighted at the next Board meeting – None
- 53.2 Matters to be highlighted to another Board Committee - None

54 Any Other Competent Business

- 54.1 The Chair thanked everyone for their involvement and for contributing reports and papers throughout the year.

- 54.2 Talent Management colleagues welcomed improvements and discussion in staff experience but highlighted an ongoing disconnect between frontline teams and the Board and stressed the importance of iMatter insights and increased Board visibility.
- 54.3 A Non-Executive Director offered to meet with services to share Board updates. **JI**

55 Date of Next Meeting

- 55.1 Date of Next meeting: Wednesday 11 March 2026 at 9.30am