

Approved at SGC 13 May 2024

Chief Executive and Chairman's Office
Eglinton House
Ailsa Hospital
Ayr KA6 6AB

Staff Governance Committee
2 pm Monday 12 February 2024
MS Teams

- Present:** Mrs Lesley Bowie, NHS Board Chair (Chair)
Mr Ewing Hope, Non-Executive Board Member
Dr Sukhomoy Das, Non-Executive Board Member
Dr Tom Hopkins, Non-Executive Board Member
Mr Liam Gallacher, Non-Executive Board Member
- Ex-officio** Ms Claire Burden, Chief Executive Officer
Mrs Allina Das, Staff Participation Lead
Mrs Frances Ewan, Staff Participation Lead
- In attendance:** Dr Crawford McGuffie, Medical Director
Mrs Jennifer Wilson, Executive Nurse Director
Mrs Ann Crumley, Assistant HR Director – Development
Mrs Kirsty Symington (minutes)
Ms Roisin Kavanagh, Director of Pharmacy
Ms Debbie McCard, Risk Manager
Ms Tracy Scott, Staff Wellbeing Lead
Ms Elaine Young, Assistant Director of Public Health

- | | | Action |
|-----------|---|---------------|
| 1. | Apologies and Welcome | |
| 1.1 | Apologies for absence were noted from Cllr Douglas Reid, Cllr Lee Lyons and Mrs Sarah Leslie. | |
| | The Committee agreed to co-opt Mrs Bowie as a member of the Committee for this meeting in order to act as Chair. Mrs Bowie introduced Mr Gallacher as the new Non-Executive Board Member and confirmed he would take over as Chair of this Committee from May 2024. | |
| 2. | Declaration of Interest | |
| 2.1 | The Committee was not advised of any declaration of interest. | |
| 3. | Draft Minutes of the Meeting held on 07 November 2023. | |
| 3.1 | The Committee approved the minutes of the meeting held on 07 November 2023. | |

4. Matters Arising

- 4.1 The Committee noted the Action Log for previous meetings with all matters complete, on the current agenda or future agendas for updates.

Governance

5. Directorate Assurance Report

5.1 Pharmacy Directorate

- 5.1.1 Mrs Roisin Kavanagh provided an update giving assurance on the work being done within the Pharmacy Directorate. Overall the Directorate has a headcount of 224 staff with a WTE of 205.47. However 102 WTE sit within the Partnership budget therefore it is a challenge for HR systems to pull together the information. Overall the total WTE for the service is 326. Year to date sickness absence is 2.98% which is a reduction on the previous year. There has been a slight increase in maternity leave at 2.9%.

Staff turnover decreased to 5.84% and PDR completion is currently 56% which is an increase from the previous year. iMatter response rate was 83% with an EEI score of 79. All action plans were completed and submitted on time. MAST completion of all modules is 92% however it is expected this will increase as more staff complete the new Cyber Security module which replaced IT Security.

- 5.1.2 There is a focus on staff development and retention and it was noted there are currently over 100 staff in formal training from pre-registration to post-grad Masters. Mrs Kavanagh advised it helps with staff retention to have the opportunities for training.

A signposting document has been developed for pharmacists aligned to the career pathway to support progression and similar documents are planned for pharmacy technicians and pharmacy support workers. Members noted that all pre-registration pharmacy technicians and Foundation Year Trainee Pharmacists secured permanent posts within the team.

- 5.1.3 Some of the challenges facing the Directorate included recruiting to Pharmacy Support workers becoming increasingly challenging, national insufficient pipeline for pharmacists and difficulty in finding capacity to implement protected learning time.

There are progressively less and less applicants for roles, therefore to try and raise awareness of the service and the various roles, they have been going to local schools to

encourage interest and are looking into technical and modern apprenticeships.

- 5.1.4 The introduction of a Pharmacy Leadership Development Group has been very well received and is open to all team members in senior roles (Band 5/7 and above). The Directorate has also introduced a mechanism for staff to anonymously make suggestions for change as this was highlighted as an area of improvement on the iMatter report for 2023. In addition, a new one-to-one template has been drafted which includes a section for feedback in order to encourage feedback as a part of daily life.
- 5.1.5 A Band 6 Pharmacist cross-sector rotational programme has been introduced involving 4 monthly rotations across acute clinical specialties, operational services, mental health and primary care. There are 12 staff in the 2 year programme and all have undertaken post-reg foundation training including an Independent Prescribing Certificate. This cross-sector experience is unique in Scotland with no other Health Board involved in anything similar. This rotation programme will prepare the staff for more specialist roles and the majority of the cohort were Foundation Year Trainees within A&A.

The Committee thanked Mrs Kavanagh for the comprehensive and positive update and felt the schools initiative was very encouraging. Members were advised the career pathway which shows clear progression from Band 2 all the way through to Band 8B should help with the challenges in recruitment.

There was a query around contingency planning with additional service pressures and how the gaps in the service are filled. Mrs Kavanagh reassured the Committee they have a robust Business Continuity Plan which describes the full service and how to taper it down, highlighting priority areas and which areas they can pull back from. Mrs Kavanagh assured members that patient movement is not affected but there can be delays at the point of discharge. Mrs Kavanagh also described the successful trial of a dispensing hub within Trauma & Orthopaedics which worked well and helped reduce delays at discharge however they do not always have people to staff it.

Outcome: The Committee noted and were assured by the work being done in relation to the Pharmacy Directorate.

5.2 Nursing Directorate

- 5.2.1 Mrs Jenny Wilson provided an update giving assurance on the work being done within the Nursing Directorate. Overall the Directorate has a headcount of 148 with a WTE of 120. Mrs

Wilson noted a change in the demographics with the majority of staff in the Directorate being in the 20-49 age range (61.6%). Year to date sickness absence was 3.63% which is a reduction from the previous year and staff turnover decreased to 6.03%. PDR compliance was 61% and iMatter response rate was 88% with an EEI score of 84. 80% of action plans were completed and submitted in time. MAST compliance on all modules was 90% with the introduction of the new Cyber Security module having an adverse effect on the overall number however it is expected this will increase as staff complete the new module.

5.2.2 Communication and engagement were highlighted as areas of best practice with a quarterly Directorate newsletter and Staff Governance group. An improvement in PDR performance was noted and the Directorate have introduced a local induction and staff handbook.

5.2.3 Some of the challenges highlighted included uncertainty around ring fenced funding and the impact on associated posts, continued financial constraints and changes in the Directorate structure causing a period of unsettledness for staff.

5.2.4 The Directorate enjoys strong collaborative working with Partnerships with Staff Side and HR representation at the Staff Governance Group and Business meetings.

They have established a Nurse Directorate Buddy System for new members of staff to partner up with more experienced staff for the first few months until they settle in.

The Directorate continues to explore employability opportunities including links with Ayrshire College to provide volunteering placements for Health & Social Care students. A Digital Skills Survey has been introduced to identify areas of expertise and to upskill the workforce and training is to be delivered on eESS, FOI, Risk and Finance.

5.2.5 Following feedback from new starts, a local induction & training pack was designed and managers felt a Staff Handbook would be helpful as a guide to internal governance arrangements and directorate processes.

A test of change was completed including Training Needs Analysis, Competency Framework and Secretarial Handbook. The Nurse Directorate Induction Pack has been designed as a generic resource for all directorate staff.

Following consultation with HR, Staff Side and management colleagues, the pack was finalised and issued in January 2024

and early feedback has been extremely positive. It is planned to review the Pack on an annual basis going forward.

The Committee thanked Mrs Wilson for the positive update and asked if it would be possible to have an overall picture of the entire nursing workforce including mental health, nursing & midwifery and community. Mrs Wilson agreed to look into the feasibility of bringing the overall picture to a future meeting.

Outcome: The Committee noted and were assured by the work being done in relation to the Nursing Directorate.

6. Committee Workplan

- 6.1 The Committee noted the new format of the Forward Planner for each meeting of the SGC through to their February 2025 meeting. Members approved the content and noted the new format now includes the Governance route of papers.

Outcome: The Committee noted the new format of the workplan and approved the content.

7. Terms of Reference (ToR) Annual Review

- 7.1 The SGC reviewed and endorsed the SGC TOR to be presented to the NHS Board for their approval without any additions or changes.

Outcome: The Committee approved the SGC Terms of Reference without any changes.

8. People Plan 2023/24 – ‘Support’ Theme

- 8.1 Mrs Crumley highlighted the key items describing progress against the ‘Support’ objective and longer term actions to support NHS Ayrshire & Arran’s ambition to be an exemplar employer. These included:

- Staff Health, Safety & Wellbeing – the Health & Safety service structure has been reviewed and high level plans for remobilisation of service workstreams were approved at the Health, Safety & Wellbeing Committee. There are ongoing challenges to recruit to Health & Safety Advisor roles which has led to further amendments to plans and proposed delivery timescales.
- Health Inequalities – 93% of staff have completed the Equality & Diversity MAST module. The E&D team have offered LGBT+ and Trans awareness raising sessions via Teams and an additional 4 sessions (2 of each) will be offered for all staff to join during LGBT History Month.

- Openness and Speaking Up – 439 managers have completed the online Whistleblowing training with a further 168 in the progress of completing. Planned development for Speak Up Advocates and Confidential Contacts has been delivered on a quarterly basis with further dates scheduled for 2024/25.
- Supporting Effective Working Across Health & Social Care – delivery of programme of leadership development for all nurse managers commenced January 2024 to be reviewed at end of February. Planned management development programme aligned to the 4 pillars is currently being developed for General / Assistant General Managers to be delivered in 2024/25. Bespoke activity was delivered for various services during 2023/24.
- Bullying & Harassment – 118 managers have attended management development sessions to raise awareness of Once for Scotland policies.
- Change Management – 12 delegates accessed Leadership 3; 5 delegates accessed Leading for the Future programme; 10 delegates accessed Step into Leadership programme. 6 sessions on Compassionate Leadership were delivered during 2023 with approx. 150 delegates attending. Due to the success, 2 additional sessions were scheduled for Q4 2023/24 and it is expected 200 delegates will have attended by the end of the financial year.

8.2 The Committee expressed their thanks to the OD team for all the support offered to staff.

There was a query around the wording in the progress of S1 relating to the pausing of non-essential work during the pandemic however it was confirmed this was old language and should be removed from the plan going forward to avoid confusion.

Outcome: The Committee welcomed and noted the report on actions against the “Support” programme of work.

9. Area Partnership Forum Update

9.1 Ms Burden provided an overview of the highlights from the APF held on 13 November 2023:

9.2 **Supporting the Wider Health & Care System in the Wellbeing Arena – Art Event & Covid Memorial Service** – art / photography event was very well supported and plans are ongoing with spiritual care colleagues to co-construct a Covid memorial ceremony with interested parties across the organisation.

Emergency Department, UHA – escalation from Senior Clinical Leaders of ED's to raise concerns for shortfalls in Middle Grade roster – been unable to close the gap despite several rounds of recruitment.

Winter Planning Update – Ms Burden advised everything went to plan in terms of winter planning however noted January had been a difficult and challenging month and work is ongoing to decongest the sites. A review is currently underway on what went well and areas to improve as we work towards the Easter break.

Vacancy Scrutiny – 6mth financial review highlighted a deficit of circa £55million against a Scottish Government target of £40million. Managers were being asked to review their spend and recruitment to establishments and/or cost avoidance opportunities.

TU Facilities Time & TU Capacity – progress has been made to create a facility time budget which is to be different from the partnership model. Directors supported the release of facility time.

Covid 19 Inquiries Update – an update was provided on both UK and Scottish Covid 19 inquiries and key points were highlighted. There were no specific actions for NHS Ayrshire & Arran Board over and above the national returns.

Outcome: The Committee noted the update from the APF

10. Strategic Risk Register

- 10.1 Ms Debbie McCard provided an update on the Strategic Risk Register and advised that, following the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 23 October 2023, a piece of work was undertaken to review the strategic risks managed by the HR Director.

As part of this review it was agreed that risk ID 741 (Staff Support) was closely linked to risk ID 219 (Promoting Attendance & Staff Wellbeing) and these could be combined. This was proposed to RARSAG on 25 January 2024 and approval was granted to close risk ID 741. All associated fields in risk ID 219 have been updated to reflect the changes.

- 10.2 Risk ID 351 (PDR Process) and risk ID 357 (MAST) were reviewed and the controls, assurances and review dates were updated.

The severity consequence matrix was included in the report which details how risks are scored and explained in detail how the risks are evaluated. Following a recommendation from the Audit & Risk Committee, the severity consequence has been included for all other Committees.

- 10.3 The Committee thanked Ms McCard for the update and discussion was opened up to members. Mrs Bowie welcomed the inclusion of the severity consequence matrix which was beneficial for non-exec members and gave clarity to the process of scoring the risks.

Members agreed with the decision to close ID 741 and were pleased to note PDR process and MAST were still being closely monitored.

Outcome: The Committee were assured with the work being done to manage the strategic risks under the governance of the SGC.

Key Updates

11. Whistleblowing Quarterly Report

- 11.1 Mrs Wilson provided an update on the Whistleblowing Report for Q3 October – December 2023.

Key updates from the report:

- 3 direct staff contacts made to the Speak Up mailbox all seeking advice and support on how to progress issues or concerns. Each individual was provided with guidance and directed to the most appropriate route to raise their concerns and information on who to contact to seek support.
- No immediate risk to patient safety was identified in the contacts received in Q3 therefore no action required.
- No Whistleblowing concerns were received in Q3.
- There was an increase of 8% in the number of managers completing the Turas Whistleblowing eLearning modules in Q3.
- A new poster with information on Confidential Contacts and how to contact them has been shared via email with all management level staff for dissemination to all staff groups.
- A refresh of Whistleblowing communications is in progress as a reminder to staff how to raise a Whistleblowing concern and includes refreshed and updated 7 minute briefings.

- 11.2 Mrs Wilson highlighted the roles of Speak Up advocates and Confidential Contacts were distributed throughout the organisation and were not Directors. Staff appear more comfortable raising concerns with those not in a Director role.

The Speak Up advocates and Confidential Contacts are well engaged and it is working well for the organisation. There is a plan to bring the Speak Up advocates and Confidential Contacts together in the next quarter and investment will be made in training and education for them.

Dr Das noted future meetings of the Whistleblowing Oversight Group may include bulletins and case reviews from the Independent National Whistleblowing Officer Group (INWOG) for shared learning and to benchmark our own processes against the region. Cases which are not settled within a Board are referred to INWOG and it would be these cases which would be shared.

Outcome: The Committee noted the work undertaken and the current performance for Whistleblowing concerns received.

12. Medical Appraisal and Revalidation

- 12.1 Dr McGuffie provided an update on appraisal and revalidation within NHS A&A covering primary care, secondary care and dental services. Revalidation is the process of renewing a doctor's licence to practice, every 5 years, based on the satisfactory completion of annual appraisal.

The report highlighted the significant ongoing challenges presented by the lack of available funding to retain experienced secondary care appraisers upon retiral and the challenges in maintaining and monitoring appraisal and revalidation in NHS A&A associated with competing pressures and these are kept under continuous review.

- 12.2 New doctors to the organisation are allocated an NHS Education for Scotland (NES) trained appraiser. NES also run a training scheme for Dental appraisers however it is not a GDC requirement that dentists have an appraisal.

There have been challenges with allocating appraisers to new starts in secondary care due to a lack of secondary care appraisers and this has steadily increased over the last few years. Dr McGuffie advised they have been actively recruiting new appraisers in secondary care however this is challenging due to workforce pressures and the lack of funding for secondary care appraisers.

- 12.3 Over 900 appraisals were undertaken in 2022/23. There are 71 NES trained appraisers in the organisation – 19 in primary care and 52 in secondary care. Between them they have the responsibility of appraising over 934 doctors each year. There is also a formal agreement to provide appraisal & revalidation support to the Ayrshire Hospice.
- 12.4 The Committee noted the significant workload for the 71 trained appraisers and were pleased with how well the team were performing and were being supported in challenging circumstances.

Outcome: The Committee noted the report and the assurance it provided.

13. Culture Plan Update

- 13.1 Mrs Crumley provided a verbal update on the Culture Plan and noted a formal paper would be submitted at the next meeting.

3 meetings of the Culture Steering Group had now taken place with the most recent meeting held on 6th February where it was agreed more definitive work was required to establish what the 3 strands of 'open & inclusive', 'just' and 'ambitious' actually mean. There was an agreement to formulate 3 sub-groups to progress each strand led by an appropriate Director.

- 13.2 Implementation plans were collated from each Directorate and these highlighted some of the good practices already in place however there were also some gaps and inconsistencies. The implementation plans were developed into a Plan on a Page and workbook to identify actions, outcomes and measures along with a risk register.

Mrs Crumley agreed to refresh, revise and reissue previously used slides & notes from culture workshops from 2019 to allow Directors to run these again during 2024/25.

It was agreed to develop a proposal to implement Values Based Recruitment (VBR) throughout the organisation as this was highlighted as an inconsistent area. This is to be drafted and submitted to the next CSG meeting in May.

There was a plan to create a Cultural library for all managers to access which would host all relevant toolkits, handbooks and case studies. It was agreed to enlist the help of the Comms team in pulling this together and assisting with the promotion side.

- 13.3 The Committee thanked Mrs Crumley for the update and discussion was opened to members. Mrs Bowie queried how the culture plan would tie in with the anti-racism work or if it was to be 2 separate pieces of work. Ms Burden confirmed it is 2 separate strands at present as the Scottish Government has a specific anti-racism programme of work. It is expected the work will dovetail when we have the narrative.

Dr Das advised he was aware of similar work being done in other Health Boards and queried whether we are working collaboratively with other Boards as it might be helpful to get an insight or a steer on what other Boards are doing. Mrs Crumley confirmed there are regular conversations at the National OD meetings and there is a plan for a collaborative venture in April to share learning.

Outcome: The Committee noted the update and were assured of the progress made in the culture work.

14. Health and Care (Staffing) Update

- 14.1 Mrs Wilson provided the Committee with an update on the preparation and implementation of the legislation and noted NHS A&A are in a strong position. The legislation and necessary monitoring and governance is due to commence 1st April 2024. Boards continue to submit quarterly reports with the first formal annual report due in April 2025.

14.2 Key updates to note:

- N&M Workforce Lead and Data Analyst continue to support the nursing workforce with the application of the professional judgement and specialty specific workload tools.
- Programme Board is established and continues to meet on a regular basis, chaired by Executive Nurse Director with multi-professional representation.
- NHS A&A continues to be well connected to and have the opportunity to influence the national direction of the Healthcare Staffing Programme through position of Chair or member of relevant groups.
- A suite of 12 specialty specific workload tools are named within the legislation and available to support Boards and there is a requirement to use the common staffing methodology as a minimum once per year. In NHS A&A the mandated tools continue to be applied in line with agreed timetables.
- NHS A&A has been strongly involved in the national development of a generic Real Time Staffing (RTS) resource, designed to support compliance with the legislation by any professional group.

- Awareness raising has continued through a number of mechanisms including Stop Press releases, LearnPro modules, awareness sessions, Board workshop and a SG led Board engagement session.
- Quarterly returns to SG in line with required timetable with formal feedback expected towards the end of February.

The Committee thanked Mrs Wilson for the update and discussion was opened to members. Mr Hope raised concern that staff may see the legislation as a solution to staffing levels and queried how the SG was going to address the issues when they are in possession of the information.

Ms Burden advised our main issue is the number of unfunded beds which our workforce are having to cover and the management team are working tirelessly to close these beds and reduce patient length of stay as NHS A&A is an outlier in this area. Mrs Wilson also noted a worrying reduction in the nursing workforce and the number of registrants is reducing.

Outcome: The Committee noted the ongoing work to progress towards readiness for the implementation of the Health and Care (Staffing) (Scotland) legislation

15. Staff Wellbeing Update

- 15.1 The Committee received an update from Ms Tracy Scott, our Staff Wellbeing Lead, on the Staff Wellbeing Services.
- 15.2 The Staff Wellbeing App continues to be well used and is available for all staff to download and includes wellbeing updates with links to support services along with sharing and signposting of any relevant wellbeing information including financial matters and healthy lifestyle.

Since the app launched in November 2023 there have been:

- 913 downloads
- 95,906 interactions
- Staff support was the highest visited tile with 16,999 visits
- Useful Apps had 14,052 visits
- Healthy Living – 9,838
- Healthy Minds – 7,781
- Financial Matters – 5,995

Feedback surveys have been posted on the app with alerts to try and reach a wide audience and encourage staff participation.

- 15.3 The Staff Wellbeing Service is one of 6 areas piloting Viva Engage which is a communication platform that allows

engagement and connection with staff through dedicated communities by sharing and posting information. It also encourages staff interaction as staff are able to comment, ask questions and create polls.

The site currently has 352 members and it has proved to be a successful and valuable tool for the service to connect with staff due to the ability to regularly post information in real time.

15.4 The Staff Wellbeing Centres are being well utilised by staff as a protected and dedicated 'staff only' space.

- 50% increase in referrals to staff psychology service since the mailbox became more visible.
- 80 staff psychiatry appointments with the main theme being the reaction to length of time for disciplinary process
- 714 staff care referrals, main themes being work related stress, anxiety & depression

There was a Staff Wellbeing Information week in December which was designed specifically on topics staff had suggested and was very well received.

Members thanked Ms Scott for the update and discussion was opened to the Committee. Mrs Bowie queried whether the staff care referrals were manager or self referrals. Ms Scott advised the service does accept manager referrals however staff are less likely to engage and it is more beneficial for self referrals as staff are ready for help.

Dr McGuffie congratulated the team on the breadth and depth of the work undertaken and advised he has visited multiple Boards and felt A&A was ahead in the services the Wellbeing team offered.

Mr Hope echoed the sentiments and queried if staff who have left the organisation due to long Covid could still access the service. Ms Scott advised if any staff member suffering from long Covid was being supported by the Staff Wellbeing Service, this support commitment would end once the staff member left the organisation. The Occupational Health Department would continue to support for a period of time after leaving, however Occupational Health have excellent links with the Long Covid Rehab Team for Ayrshire who accept referrals from staff and the public.

Outcome: The Committee noted the update on the ongoing Staff Wellbeing initiatives.

16. Financial Inclusion

16.1 Ms Young provided an update on Financial Inclusion and noted the negative impacts of rising costs are being felt with low income households being most negatively affected. A working group was set up in 2022 with representatives from across the organisation to develop a Financial Wellbeing work programme.

16.2 Progress to date includes:

- The group continues to promote staff benefits, NHS discounts and deals to staff via Daily Digest, eNews and Viva Engage
- Information has been added to the NHS A&A public website to encourage people to look after their own wellbeing
- Information on SG Mind to Mind campaign hosted on NHS Inform website
- NHS A&A and local authority partners continue to signpost staff to local and national financial wellbeing information and resources
- NHS A&A Staff Health & Wellbeing week took place in December 2023, providing staff with information and resources around financial issues, mental wellbeing and self care
- Inclusion of financial matters information on the Staff Wellbeing App has proven to be a major success with a high staff engagement rate
- Funding for training for employed parents available through Ayrshire Council and CEIS continues to be promoted
- New LearnPro Home Energy eLearning module is available to help staff keep warm at winter and save money on bills
- Work is ongoing with Home Energy Scotland to ensure community link workers are provided with training to help individuals concerned over energy efficiency, cold homes and energy bills
- NHS Credit Union continues to be promoted on the Viva Engage community, eNews and Daily Digest

16.3 The Committee thanked Ms Young for the update and noted the number of hits the Wellbeing App had received. Ms Young advised it was a more anonymised route and the preferred choice for staff seeking help.

Ms Young noted financial wellbeing contributes to our Anchor and Community Wealth Building ambitions. The team will continue to come up with initiatives going forward to help staff.

Outcome: The Committee noted the update on Financial Inclusion work and ongoing initiatives

17. Attendance Management

- 17.1 The report was tabled for information but not discussed due to apologies received from key HR staff. It was suggested if the Committee had any queries around the report to submit them to Mrs Symington and updates would be provided at the next meeting.

Outcome: The Committee noted the Attendance Management report

- 18. Employee Relations Report – Q3 2023/2024 – Read and noted by the Committee.**

Outcome: The Committee noted the Q3 2023/2024 report.

Governance Arrangements/Reporting to NHS Board

19. Risk issues to be reported to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

The Committee agreed there were no risks requiring to be reported to the RRSAG.

Outcome: The Committee noted there were no risks they wished to be reported to the RRSAG.

20. Key items to report to the NHS Board

- 20.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 26 March 2024:

1. Pharmacy & Nursing Directorate Assurance Reports
2. Strategic Risk Register
3. Health & Care (Staffing) Update
4. Staff Wellbeing Update

Outcome: The Committee agreed the key updates to be reported at the next NHS Board meeting.

21. Any Other Competent Business

- 21.1 Blueprint for Good Governance in NHS Scotland was tabled for information. This followed a Board workshop in January and a high level action plan is to be submitted by the end of March.

22. Date of Next Meeting

**Monday 13 May 2024 at 9.30am, Room 1, Eglinton House,
Ailsa**



Chair

... Date13.05.24.....