

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 June 2025
Title:	Staff Governance Committee Annual Report 2024/25
Responsible Director:	Sarah Leslie, HR Director
Report Author:	Sarah Leslie, HR Director Kirsty Symington, Executive Assistant

1. Purpose

This is presented to the Committee for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe, Effective and Person Centred.

2. Report summary

2.1 Situation

The Staff Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit. The approved Staff Governance Committee annual report for 2024/25 is presented to Board Members to report on progress and provide assurance that the Committee has delivered its remit.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit and Risk

Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

2.3 Assessment

The Staff Governance Committee assurance report details the membership of the Staff Governance Committee and provides information on the activities of the Committee in the past year. The report includes a Self-Assessment Checklist together with an Assurance Mapping Template and a Reporting to the NHS Board template.

Key Messages

- The Committee regularly reviewed corporate level risks relating to staff matters and progress against actions in the Board's annual People Plan.
- The Committee was provided with regular reports on trends, themes and quality improvements relating to Staff Governance.

2.3.1 Quality/patient care

Ensuring good staff governance supports the effective delivery of quality, patient-centred services throughout NHS Ayrshire & Arran.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - providing this assurance report supports compliance with objectives on attracting, developing, supporting and retaining skilled, committed, adaptable and healthy staff, and ensuring our workforce is affordable and sustainable.

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The annual report has been prepared by the HR Director and Executive Assistant, on behalf of the Chair of the Staff Governance Committee.

The Staff Governance Committee approved the report at its meeting on 07 May 2025.

2.4 Recommendation

For awareness. Board Members are asked to receive the annual report for assurance and note the progress of the Staff Governance Committee in 2024/2025.

3. List of appendices

1. Appendix 1 - Staff Governance Committee Annual Report for 2024/25
 - A1 – Self-Assessment Checklist
 - A2 – Assurance Mapping
 - A3 – Reporting to the Board

NHS Ayrshire & Arran Staff Governance Committee

Annual Report for 2024/25

1. Summary

- 1.1 Staff Governance is defined as **“a system of corporate accountability for the fair and effective management of all staff.”**

The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented. In addition to this, the Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained;
- involved in decisions which affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment.

- 1.2 The main topics covered during 2024/25 centred on the four high level themes within the Corporate People Plan. The themes comprised:

- ‘Retain’ ~ actions around staff engagement and feedback, communication, staff involvement in decision making and application of policies.
- ‘Develop’ ~ actions around staff and management engagement in support of staff’s personal development and effective people management skills.
- ‘Support’ ~ actions around dignity at work, openness and speaking up, staff health & wellbeing, inequalities, change management and effective working between different sectors within the service.
- ‘Attract’ ~ actions relating to local and regional workforce planning, reviewing and enhancing current recruitment practices.

The Committee received assurance from service on progress within implementing the Staff Governance Standard through receiving the Directorate Staff Governance Assurance and Improvement Plans.

2 Key Messages

- 2.1 The Committee recognises that getting the People Agenda right is fundamental to improving patient care and the quality of our services.
- 2.2 The Committee is assured that the organisation is dedicated to delivering the People Strategy through the range of activity detailed within the Corporate People Plan, highlights of which are detailed below. Pivotal to evidencing this is the iMatter Programme which is engaging, encouraging empowering and enabling staff to improve the employee experience.
- 2.3 During 2024/25, the iMatter programme was run across the Board as follows:

Run	Team Confirmation	Questionnaire Live	Team Reports/ <u>Action Plan Submission</u>
Run 1 Corporate Services	15/04/2024 – 10/05/2024	13/05/2024 – 03/06/2024	04/06/2024 – <u>29/07/2024</u>
Run 2 HSCPs x 3	06/05/2024 – 31/05/2024	03/06/2024 – 24/06/2024	08/07/2024 – <u>02/09/2024</u>
Run 3 Acute Services and I&CSS	27/05/2024 – 21/06/2024	24/06/2024 – 15/07/2024	29/07/2024 – <u>23/09/2024</u>

3. Membership

- 3.1 The Committee is composed of six Non-Executive Members.

The membership of the Committee during 2024/25 is given below:

- Mr Liam Gallacher (Chair)
- Mr Ewing Hope
- Cllr Douglas Reid
- Cllr Lee Lyons
- Dr Sukhomoy Das
- Dr Tom Hopkins

- 3.2 Mrs Sarah Leslie, HR Director, provided executive support for the Chair and members, and attended in an ex-officio capacity to provide Committee with advice and guidance.

Ms Claire Burden, Chief Executive, attended in an ex-officio capacity.

- 3.3 The Staff Side Co-Chairs of the Directorate Partnership Fora (DPFs) attended the Committee meetings acting in an ex-officio capacity.

- 3.4 Where required by the Chair or by the Committee, appropriate members of staff were invited to be in attendance for the purposes of verbal updates, information sharing, presentations etc.

4. Meetings

- 4.1 The Committee met on four occasions between 1 April 2024 and 31 March 2025.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates			
	13/05/24	01/08/24	14/11/24	11/02/25
Mr Liam Gallacher	X	X	X	X
Dr Sukhomoy Das	X	X	X	X
Mr Ewing Hope	X	X		
Dr Tom Hopkins	X	X	X	X
Cllr Douglas Reid	X			
Cllr Lee Lyons				X

5. Committee Activities

The Committee received the following reports during the course of the year:

5.1 Standing Reports:

- People Plan
- Area Partnership Forum update, including Staff Health Safety & Wellbeing
- Remuneration Committee update
- Directorate Staff Governance Assurance Reports
- Employee Relations Quarterly Reporting
- Corporate Risk Register – risks relating to Staff Governance
- Whistleblowing Quarterly Reporting
- Health & Care Staffing updates

5.2 Annual Reports:

- Staff Governance Committee Annual Report for 2023/24
- Staff Governance Committee Terms of Reference
- Employee Relations Annual Report 2023/24
- Whistleblowing Annual Report 2023/24
- Update on the local, regional and national approaches to Workforce Planning in 2024/25

- Organisational Culture
- Staff Wellbeing
- Equality & Diversity
- Financial Inclusion
- iMatter/Employee Experience
- Medical appraisal and revalidation.

5.3 In the performance year 2024/25 the Committee continued to focus its monitoring activities in respect of the People Strategy and the five elements of the Staff Governance Standard. The Committee members recognised their obligations to support a culture within NHS Ayrshire and Arran where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built on the principles of partnership.

5.4 **Directorate Staff Governance Assurance Reports**

5.4.1 To provide assurance to Committee that service areas were implementing the five elements of the Staff Governance Standard, Directors, Partnership Facilitators and Human Resource Managers continued to attend meetings, as required, to speak to their Staff Governance Assurance Reports.

Attendance at the Staff Governance Committee meetings afforded the opportunity for Directorates to provide a rounded report on actions taken in support of NHS Ayrshire & Arran's Corporate People Plan, and narrative around good practice.

These updates provided assurance to the Committee around good practice and actions being taken to address areas previously identified within iMatter reports for their respective operational areas.

5.4.2 *The attendance for 2024/25 is noted in the table below:*

<i>Committee Date</i>	<i>Directorate</i>
<i>13/05/24</i>	<ul style="list-style-type: none"> • <i>Finance</i> • <i>East Ayrshire HSCP</i>
<i>01/08/24</i>	<ul style="list-style-type: none"> • <i>Public Health</i>
<i>14/11/24</i>	<ul style="list-style-type: none"> • <i>Transformation & Sustainability</i> • <i>North Ayrshire HSCP</i> • <i>Infrastructure & Support Services</i>
<i>11/02/25</i>	<ul style="list-style-type: none"> • <i>South Ayrshire HSCP</i> • <i>Medical Directorate</i>

5.5 People Strategy

The People Strategy was updated to reflect the Board's commitment to the people agenda over the next five years, to 2025, including an Equality Impact Assessment. The Strategy was promoted to managers and staff at awareness raising sessions in Spring 2021.

Committee continued to receive updates from the appropriate operational lead(s) on one of the four high level themes within the Corporate People Plan. The themes comprised:

- 'Retain' ~ actions around staff engagement and feedback, communication, staff involvement in decision making and application of policies.
- 'Develop' ~ actions around staff and management engagement in support of staff's personal development and effective people management skills, including support for new employees.
- 'Support' ~ actions in support of dignity at work, openness and speaking up, staff health & wellbeing and effective working between different sectors within the service.
- 'Attract' ~ actions relating to workforce planning, reviewing and enhancing current recruitment practices.

An update on actions relating to the 'Attract' theme was received at the meeting on 13 May 2024; the 'Retain' theme at the meeting on 01 August 2024; the 'Develop' theme at the meeting on 14 November 2024 and the 'Support' theme at the meeting on 11 February 2025.

Quantitative measures relating to each of the programmes of work (e.g. real-time data on staff availability; recruitment; use of supplemental staffing systems) are captured on a range of electronic systems and, datasets. Qualitative measures are reflected in the outputs from iMatter.

5.5.1 People Plan

The Committee was provided with an overview of the 2024/25 People Plan which would focus on:

- encouraging staff participation in the iMatter Survey to ensure staff views are captured and are used to inform corporate improvement actions
- enabling regular staff discussions and feedback, engagement and involvement in planned local changes
- raising awareness of the new 'Once for Scotland' policies and encouraging staff to use these appropriately
- reinforcing and promoting the Board's agreed values and behaviours, and supporting equitable treatment of staff through the new 'Once for Scotland' policies
- promoting the importance of PDR, ensuring all staff have an annual appraisal to review performance and discuss staff experience and training needs

- reviewing and refreshing the approach to Corporate Induction, with renewed emphasis on local induction
- driving and managing corporate MAST compliance and delivery
- reviewing and re-energising the range of leadership and management development initiatives to develop leadership capacity and capability in support of succession planning and supporting the workforce through organisational change
- maintaining a focused approach to the management of health, safety and wellbeing of staff
- retaining a focus on workforce planning and strengthen employability opportunities to reflect and support the local community.

A focus would be placed on targets and timescales to ensure actions were being delivered timeously with improvements to trajectories.

5.5.2 *Area Partnership Forum (APF)*

Throughout the year, the Committee received updates on the key issues from the APF. This continued an improved approach which allowed the Committee assurance that the key issues were being addressed and to clarify any points.

5.5.3 *Health Safety & Wellbeing Committee*

Reports from the Health, Safety & Wellbeing Committee were received through the Area Partnership Forum standing report. This provided the Staff Governance Committee with the appropriate level of assurance in terms of governance. Promoting Attendance updates formed part of this feedback.

Members were kept informed of developments relating to the Key Performance Indicators within the Staff Health, Safety & Wellbeing Improvement Plan, the progress of any current cases under investigation by the Health and Safety Executive and improvements to health and safety protocols.

5.5.4 *Workforce Metrics*

The Committee received quarterly performance reports on the main employee relations policies – Conduct, Grievance and Bullying and Harassment – with further information on compliance against indicative timescales for completion.

5.5.9 *Strategic Risk Register*

Regular updates were given for the Committee to accept progress reports for the risk management arrangements and approve the risks assigned to the Committee.

5.5.10 *Organisational Culture*

Committee was also advised of the progression of the Culture Plan for the organisation.

5.5.11 *Staff Experience*

Committee received a range of reports focused on improving staff experience. These included:

- a refreshed Corporate Induction programme, reflecting the ambition of attracting and retaining Excellence within NHS Ayrshire and Arran
- iMatter feedback and staff priorities identified during the pandemic recovery
- our Employee Relations performance and analysis of cases and outcomes on Employee Relations activity given significant challenges in workforce capacity due to continued high levels of absence
- updates from the Corporate Equalities and Equalities Implementation Groups
- updates from the Staff Wellbeing team promoting various offers and activities aimed at improving staff wellbeing
- update on Staff Financial Wellbeing highlighting work being undertaken to assist staff in the current financial climate.

5.5.12 *Caring for Ayrshire*

The Committee was kept up to date on the organisation's progress towards Caring for Ayrshire by the Chief Executive.

5.5.13 *Internal Audit reports*

Committee received reports relating to:

- Staff Rostering

An internal audit on Promoting Attendance was conducted in February 2025 and will be presented to the Committee during 2025/26.

5.5.14 *Whistleblowing*

The committee received updates from the Whistleblowing Oversight Group and benefited from the attendance of the organisation's Whistleblowing Champion, Dr Das.

5.5.15 *Equality & Diversity*

The Board has recently approved the NHS Ayrshire and Arran Equality Outcomes which has a focus of workforce and culture which is welcomed by the Committee.

5.5.16 *Key Issues to Board*

Discussions took place at the end of each meeting on the key points which the Chair would put forward to the Board.

6. **Priorities for 2025/26**

6.1 NHS Arran has increased workforce risks, which have been recorded as part of the Strategic Risk register. As part of our governance and assurance processes, the Staff Governance Committee will receive reports on the following priorities:

- attendance management
- Mandatory and Statutory Training
- Personal Development and Review
- workforce planning and registrant supply.

6.2 Staff Health and wellbeing:
In terms of our strategic priorities, we will continue to support our Anchor commitments and review our Employability Strategy.

6.3 Our ambitions to improve staff experience and culture will be a priority for us as we build on our foundation of safe, caring and respectful and work with our teams to improve staff experience and improve operational climate.

6.4 The Staff Governance Committee will continue to provide a robust governance route for all staff governance issues.

7. **Chair's Comments**

7.1 Our last year has again highlighted the key importance of ensuring that NHS Ayrshire and Arran attracts, retains and supports a workforce that can respond to the challenges health and social care. To achieve this as an employer, there remains much for us to strive towards in terms of delivery of the Staff Governance Standard.

7.2 Ensuring that we review our People Plan, strategies and actions providing the scrutiny and assurances that we are treating our staff fairly and equitably to retain people, will be a focus for our year ahead.

7.3 The Chair concludes that the Staff Governance Committee has fulfilled the commitments set out within the Committee Terms of Reference and that whilst there are always opportunities for learning and improvement, the Committee has provided assurance against the Staff Governance Standard.

7.4 I would offer my thanks for the continuing support and encouragement of all Committee members and to members of staff who provided regular

updates and assurances to the Committee during 2023/24, as well as our Directors and Chief Officers for their assurance reports.

Liam Gallacher
Chair – Staff Governance Committee

List of Appendices:

- Appendix 1 – Self Assessment Checklist
- Appendix 2 – Assurance Mapping
- Appendix 3 – Reporting to NHS Board

Staff Governance Committee

Committee effectiveness checklist for 2024-2025

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	A recent review has been completed
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	
Remit - the Committee discharges its role to <ul style="list-style-type: none"> support and maintain a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored. 	Yes	<ul style="list-style-type: none"> The Committee has sponsored and endorsed key work to support the development of our cultural ambition and seeks progress on issues, for example our work on culture and PDR. There is an ongoing Assurance process to ensure local Staff Governance Action Plans which are owned and monitored through local Partnership fora
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	

The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	The Committee reviews standard reports including Employee relations activity to allow comparison of year activity and themes.
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	
The Committee produces an annual work plan.	Yes	The plan is a live document which is reviewed at each Committee meeting.
The Committee periodically assesses its own effectiveness.	Yes	The evaluation of Committee effectiveness forms part of the Committee agenda.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	
The Committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	
The agenda and papers are circulated in advance of meetings to allow adequate preparation by committee members and attendees.	Yes	

Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the Committee has been agreed by the NHS Board and a quorum set	Yes	
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not, this is reported to the Board Chair for action.	Yes	
The Accountable Officer and other senior officers normally attend the Committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

Assurance Mapping (Review of papers submitted against the Staff Governance Committee Remit 2024)

Appendix 2

Remit: To provide assurance to the NHS Board on compliance with the Staff Governance standards.

Duties as noted in Terms of Reference	13 May 2024	1 August 2024	14 November 2024	11 February 2025
The role of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.				
The specific responsibilities of the Staff Governance Committee are to:				
Oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved	<ul style="list-style-type: none"> Committee workplan Finance Directorate Assurance Report EAHSCP Directorate Assurance Report APF update Strategic Risk Register 	<ul style="list-style-type: none"> Committee workplan Public Health Directorate Assurance Report APF update Strategic Risk Register 	<ul style="list-style-type: none"> Committee workplan Transformation & Sustainability (T&S) Directorate Assurance Report NAHSCP Directorate Assurance Report Infrastructure & Support Services (ISS) Directorate Assurance Report APF update Strategic Risk Register 	<ul style="list-style-type: none"> Committee workplan SAHSCP Directorate Assurance Report Medical Directorate Assurance Report Terms of Reference annual review APF update Strategic Risk Register
Monitor and evaluate strategies and implementation plans relating to people management	<ul style="list-style-type: none"> People Plan 'Attract' Workforce Action Plan update Equality & Diversity Workforce Data update Employability update PDR / VMA Employee Relations Quarterly report 	<ul style="list-style-type: none"> People Plan 'Retain' National Workforce Strategy for Health & Social Care in Scotland NHSA&A People Plan 2022-25 Promoting Attendance & Workforce Capacity Employee Relations Quarterly report 	<ul style="list-style-type: none"> People Plan 'Develop' iMatter Overall Analysis Employee Relations Quarterly report Leadership & Management Development National Workforce Strategy for Health & Social Care in Scotland 	<ul style="list-style-type: none"> People Plan 'Support' National Workforce Strategy for Health & Social Care in Scotland Medical Appraisal & Revalidation Employee Relations Quarterly report Staff Wellbeing update Promoting Attendance & workforce capacity

Assurance Mapping (Review of papers submitted against the Staff Governance Committee Remit 2024)

Remit: To provide assurance to the NHS Board on compliance with the Staff Governance standards.

Duties as noted in Terms of Reference	13 May 2024	1 August 2024	14 November 2024	11 February 2025
	<ul style="list-style-type: none"> Employee Relations Annual report 	<ul style="list-style-type: none"> Culture programme & implementation plan Spiritual Care strategy Staff Wellbeing update 	<ul style="list-style-type: none"> Armed Forces update 	
Approve any policy amendment, funding or resource submission to achieve the Staff Governance Standard.	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements	<ul style="list-style-type: none"> SGC annual assurance report & self assessment Staff Governance monitoring 	<ul style="list-style-type: none"> Staff Governance monitoring report 	<ul style="list-style-type: none"> Staff Governance monitoring 	<ul style="list-style-type: none"> n/a
Oversee the Board's whistleblowing arrangements and monitor frequency and content of reports and any trend in the context of the national standards	<ul style="list-style-type: none"> Quarterly Whistleblowing report 	<ul style="list-style-type: none"> Whistleblowing Annual report 	<ul style="list-style-type: none"> Quarterly Whistleblowing report 	<ul style="list-style-type: none"> Quarterly Whistleblowing report
Provide staff governance information for the statement of internal control	<ul style="list-style-type: none"> Internal Audit reports – None undertaken 	<ul style="list-style-type: none"> Internal Audit reports – Staff Rostering 	<ul style="list-style-type: none"> Internal Audit reports – Promoting Attendance preliminary schedule 	<ul style="list-style-type: none"> Internal Audit reports – None undertaken
Provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended).	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> Remuneration Committee update 	<ul style="list-style-type: none"> Remuneration Committee update 	<ul style="list-style-type: none"> n/a

Reporting duties	13 May 2024	1 August 2024	14 November 2024	11 February 2025
Reporting action to the NHSAA Board	<ul style="list-style-type: none"> • Employability Strategy • Positive update from Employee Relations report in terms of early resolution • PDR compliance and actions taken to improve the Organisation's position 	<ul style="list-style-type: none"> • Staff Wellbeing update including activities offered during Wellbeing Week • Outcomes from the Staff Governance monitoring exercise for 2022/23 • 5th Governance Standard • Attendance position and wider associated leave types 	<ul style="list-style-type: none"> • 'Develop' theme of People Plan including in-depth review of Leadership & Management Development progress • Update on iMatter analysis • NHS Scotland Armed Forces Talent Programme 	<ul style="list-style-type: none"> • 'Support' theme of the People Plan • Staff Wellbeing service update and various initiatives currently offered • South HSCP Directorate Assurance Report • Medical Directorate Assurance Report
Confirmed that these were brought to the NHSAA Board	Y	Y	Y	Y