

Approved at SGC 07 May 2025

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

**Staff Governance Committee**  
**9.30 am Tuesday 11 February 2025**  
**MS Teams**

**Present:** Mr Liam Gallacher, Non-Executive Board Member (Chair)  
Dr Sukhomoy Das, Non-Executive Board Member  
Dr Tom Hopkins, Non-Executive Board Member  
Cllr Lee Lyons, Non-Executive Board Member

**Ex-officio** Mrs Lesley Bowie, NHS Board Chair  
Mrs Sarah Leslie, HR Director  
Mrs Allina Das, Staff Participation Lead  
Ms Lorna Sim, Staff Participation Lead  
Ms Frances Ewan, Staff Participation Lead

**In attendance:** Mrs Lorna Kenmuir, Deputy HR Director  
Mr Craig Lean, Head of Workforce Resourcing & Planning  
Dr Crawford McGuffie, Medical Director  
Mr Tim Eltringham, Director of South Health & Social Care Partnership  
Mr Alistair Reid, Director of Allied Health Professions  
Ms Carrie Fivey, Organisational Development Manager  
Mrs Kirsty Symington (minutes)

- | <b>1.</b> | <b>Apologies and Welcome</b>  | <b>Action</b> |
|-----------|---|---------------|
| 1.1       | Apologies for absence were noted from Mr Ewing Hope, Mr David Black, Cllr Douglas Reid, Mrs Jenny Wilson and Ms Claire Burden.                                      |               |
| <b>2.</b> | <b>Declaration of Interest</b>  |               |
| 2.1       | Dr Das noted that due to unforeseen circumstances, he would present the paper on the quarterly Whistleblowing update as the Organisation's Whistleblowing Champion. |               |
| <b>3.</b> | <b>Draft Minutes of the Meeting held on 14 November 2024.</b>   |               |
| 3.1       | The Committee approved the minutes of the meeting held on 14 November 2024.   |               |
| <b>4.</b> | <b>Matters Arising</b>  |               |

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

4.2 People Plan – ‘Develop’ Theme

The Committee had queried whether there was a way to measure the qualitative outcome from Learning & Development sessions using the Kirkpatrick model of evaluation. Mrs Leslie assured the Committee this was in place and advised Mr Black would circulate the information to the Committee for completeness.

**Governance**

**5. Directorate Assurance Report**

**5.1 South Health & Social Care Partnership**

- 5.1.1 Mr Eltringham provided an update giving assurance on the work being done within the South Health & Social Care Partnership (SAHSCP). Overall, the Directorate has a headcount of 886 with a WTE of 757.36. Year to date sickness absence slightly increased to 5.66% and maternity leave increased to 2.05%. Staff turnover increased to 5.56%. PDR compliance is currently 51%. iMatter response rate was 66% with an EEI score of 80% and MAST compliance was 90%. The majority of staff fell in the 20-49 age group (61.3%) which may be a contributory factor to the increase in maternity leave.
- 5.1.2 Mr Eltringham advised Members that the locality restructure and planning activity had improved service access as well as improved career pathway opportunities. During the roll out, existing staff were able to secure promoted posts within their specialist service area.
- 5.1.3 The Committee were advised that during the period of the review and implementation, concerns were raised relating to high quality premises and office space. Mr Eltringham shared his frustration at not being able to make progress in improving the physical environment for staff and assured Members he would continue to engage with staff to ensure they are listened to and that improvement activity is identified and actioned where possible.
- 5.1.4 Members were advised there is continuous engagement with staff through various communication platforms, including newsletters, website, 7-minute briefings, V-Blog, team meetings, induction events and annual ‘update’ sessions in addition to the more structured 1:1’s, supervisions and PDRs.

There was an improvement in iMatter response rate and EEI score from the previous year and an increase in the number of completed action plans within the appropriate timeframe.

Mr Eltringham advised that Empowering Leadership and Quality Improvement have been key areas of focus, with members of the senior leadership team making regular attendance at team meetings and taking turns at hosting information sessions at Staff Induction events.

- 5.1.5 The Committee were advised that following an Adult Social Work Learning Review, the service is now delivering better outcomes for patients including reduced referral waiting times, even distribution of caseloads, access to professional advice and assessment routes have improved and front door activity is supporting patient flow more appropriately. Self managed support is facilitated and front line staff are better informed through the locality model of resources and assets in communities.

- 5.1.6 Members were advised that an emerging relationship with University West of Scotland (UWS) in 2024 developed into a formal Partnership Agreement which has been signed off to allow UWS to work collaboratively with the HSCP over the coming years. This agreement supports the aspiration to secure a future workforce which has local learning and training opportunities, as well as being a benefit to existing workforce to enhance knowledge and learning through courses available at UWS.

The Committee thanked Mr Eltringham for the positive update, in particular the partnership agreement with UWS is an important step for future education pathways. Members noted that although staff were afforded the opportunities for career progression, this was not reflected in the PDR compliance rate and queried how this could be improved. Mr Eltringham noted that the PDR process did not capture all the work managers had been doing with their teams and assured the Committee that staff were given career progression opportunities.

Members felt a change in the age demographics in the standard workforce template would be helpful and requested this to be amended going forward.

**Outcome: The Committee noted and were assured by the work being done in relation to South H&SCP**

## 5.2 Medical Directorate

- 5.2.1 Dr McGuffie provided an update giving assurance to the work being done within the Medical Directorate. Dr McGuffie noted the workforce was relatively small but had a wide reach throughout the

organisation. Overall the Directorate had a headcount of 57 with a WTE of 49.56. Year to date sickness absence increased to 5.06% and staff turnover decreased to 8.77%. PDR compliance was currently 55%. iMatter response rate was 78% with an EEI score of 78%. MAST compliance rate was currently 90%.

- 5.2.2 Dr McGuffie advised Members that the Directorate promotes lifelong learning and provides opportunities to be trained which creates conditions for others to flourish. Members heard that 2 Personal Assistants within the Directorate showed a keen interest in undertaking Healthcare Support Worker training to allow them to pick up clinical shifts outwith their normal working hours.

Although not related to their substantive posts, the line manager fully supported the staff to undertake the training which involved short periods working away during the working day to attend courses and shadow clinical staff. The team worked together to ensure cover during these periods of absence and allowed both PA's to complete the training.

- 5.2.3 Dr McGuffie highlighted some of the challenges the Directorate had faced over the past year including the implementation of the reduced working week for Agenda for Change staff, the Manager of the Admin Team had a period of long term sickness absence and there was a general feeling of the team feeling slightly distanced from colleagues due to the majority of the team predominately working from home.

The team reintroduced face to face meetings to allow better interaction and improved communication. In addition, each team member must give a 5 minute presentation about themselves, their role and some fun facts which has proved a great success and allows insight into each other's daily roles.

- 5.2.4 The Committee were advised that an Information Governance Admin Assistant had been seconded into the role of Assistant Corporate Records Manager and expressed a real interest in this specialism. The member of staff was developed and supported to upskill to the required level, gaining experience whilst being mentored by the Corporate Records Manager (CRM).

This development opportunity worked so well that the member of staff was successful in securing a permanent enhanced post within the Information Governance team.

- 5.2.5 Dr McGuffie was pleased to report that after a period of 8 years, University Hospital Ayr was no longer under enhanced monitoring by the GMC which was due to the significant work from the team.

The Committee thanked Dr McGuffie for the positive update and were pleased to note the number of development opportunities across all levels of staff. Members also extended their thanks to the team for the huge effort in allowing UHA to come away from enhance monitoring.

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

## **6. Medical Appraisal and Revalidation**

- 6.1 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.

Although annual appraisal is a contractual requirement for dentists who are directly employed by the Board, this is not a requirement of the General Dental Council (GDC).

- 6.2 Members were advised that new non-training grade doctors are allocated an NHS Education for Scotland (NES) trained appraiser. Clinical Fellow Grades are generally appraised by their Educational Supervisors who may or may not be NES trained.
- 6.3 Dr McGuffie noted there have been challenges with allocating appraisers to new starts in secondary care due to the lack of secondary care appraisers. The Committee heard that the team have been actively recruiting new appraisers in secondary care however this was challenging due to both current workforce pressures and the absence of funding for secondary care appraisers.
- 6.4 The Committee were pleased to note that almost 900 doctors were appraised during 2023/24 and 100% of appraisals were completed in Primary Care and Dental Staff. 99% of appraisals were completed within Secondary Care as 1 doctor was not appraised during 2023/24 due to an ongoing process.

Members thanked Dr McGuffie for the positive update and acknowledged the work which goes into the appraisal and revalidation process. The excellent performance in appraisal and revalidation highlights the Organisation's commitment to our Medical workforce and shows the importance of appraisals for all levels of staff. The Medical Director's office was commended for the administrative work undertaken in the process.

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

## **7. Committee Workplan**

- 7.1 The Committee approved the content of the Forward Planner for each meeting of the SGC through to their February 2025 meeting.

Members were reminded if they had any topics they wished to be included in the Forward Planner to let Mrs Symington know who would update the plan for approval.

Members were advised an update on Financial Inclusion was due to be presented at the February meeting however there was a request from the service to defer until the next meeting due to the retirement of the Assistant Director of Public Health. The Committee were content to defer this paper until May 2025.

**Outcome: The Committee approved the content of the workplan and the deferment of the Financial Inclusion update.**

## **8. Terms of Reference (ToR) Annual Review**

- 8.1 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.**

## **9. Staff Governance Committee Dates 2025 – 2026**

- 9.1 The Committee noted and approved the planned dates for future meetings throughout 2025 and into 2026.

As agreed previously, one meeting will be face to face and the Chair would confirm as soon as possible the date and venue of the face to face meeting.

**Outcome: The Committee noted the future schedule and await the date and venue of the in-person meeting.**

## **10. People Plan 2024/25 – ‘Support’ Theme**

- 10.1 Mrs Leslie 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 – 3 year strategic plan implemented with key annual deliverables identified through Organisational risk profile. There are ongoing challenges

with recruitment however hope to have a new Head of Occupational Health & Safety in post soon. New MAST OHS training modules created and introduced on LearnPro.

- Health Inequalities – 94% staff completed the Equality & Diversity MAST module. Additional E&D modules available on Turas including Cultural Humility and other quantity specific modules. The team also offer LGBT+ awareness training through partnership working.
- Openness and Speaking Up – ‘Speak Up’ week took place across all service areas from 30 September to promote our speak up culture. 687 managers have completed the online training with 253 currently in progress as at December 2024. Planned development for Speak Up Advocates and Confidential Contacts has been delivered on a quarterly basis with a development plan in place for 2025/26.
- Supportive Effective Working across Health & Social Care – various services have accessed Organisational Development during 2024/25. Leadership development for all nurse managers commenced in January 2024 and a programme is being developed for 2025. A management programme for General Managers & Assistant General Managers in Acute is in the final stages of development. Various bespoke activity was delivered during 2024/25 to a number of areas.
- Bullying & Harassment – 118 managers attended training sessions on various people management topics to raise awareness of Once for Scotland Policies. Promoting Attendance sessions have recommenced and the ER team continue to run Give Respect / Get Respect policy awareness sessions.
- Change Management – numerous training sessions offered and utilised by services across the Organisation including Bitesize sessions, Leadership 3, Leading for the Future, Step into Leadership and Coaching for Change. In addition, the team are supporting the implementation of the 3 strands of Pay Reform (Protected Learning Time, Reduced Working Week and Nursing Band 5 Review).
- Promote & Embed a Positive and Healthy Culture – the Culture Steering Group reformed in December 2024 to oversee the development of the culture plan. Psychological safety is covered in all formal leadership and planned OD activity. ‘Ask Me Anything’ sessions are scheduled throughout the year allowing staff to engage with CE / Directors and some Directorates have adopted a local approach on this.

- 10.2 The Committee thanked Mrs Leslie for the comprehensive update and acknowledged the significant amount of positive work being done. Members felt it would be useful to have a feedback mechanism in order to gauge what further training is required and what difference it is making in the working environment.

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

## **11. Area Partnership Forum Update**

- 11.1 Due to unforeseen circumstances neither of the co-Chairs of the APF were available therefore Mrs Leslie provided the update for the Committee.

Since the last Staff Governance Committee meeting, the APF met twice and Mrs Leslie provided key items from the most recent meeting on 20 January 2025.

- 11.2 **Unscheduled Care update** – presentation shared which provided awareness of the extensive work being undertaken to support recovery following concerns around full capacity.

**Reduced Working Week** – guidance still awaited from SG on how the permutation of the additional hour will proceed. A risk assessment template has been developed for all areas in order to capture risks beyond financial risks that could impact the implementation of the next residual reduction. Concerns remain around how to deliver safe effective care in a reduced working week.

**Culture Steering Group** – a diagnostic exercise was undertaken to identify what is currently in place and any gaps. The Steering Group was re-established in December 2024 and the Terms of Reference is being reviewed and refreshed. It is intended for Trauma Informed Practice (TIP) and Racial Equality sub-groups to report into the Steering Group.

**Vaccinations** – uptake of vaccinations has been low however efforts to maximise the uptake continues and Mrs Leslie noted the effort and flexibility of the Public Health team going out to services to deliver vaccines.

**Recycling Employer Contributions Scheme** – SPPA advised there was no opportunity for this at present and concern raised that doctors may leave medicine early due to financial / taxation issues.



**Decanting of Staff at Ailsa Campus** – concern raised that there had been no engagement with affected staff. Distributed Working HR Sub Group to be reconvened to address the health & safety concerns. Work has been paused in order to set clear implementation actions.

**Outcome: The Committee noted the update from the APF**

## **12. Strategic Risk Register**

- 12.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) on 24 January 2025.

During this reporting period, 3 of the risks aligned to SGC were reviewed and updated. Risk ID219 (Promoting Attendance and Staff Wellbeing) is due for review and the team are working collaboratively to ensure all mitigations are aligned to the ongoing work linked to the promoting attendance and staff wellbeing work streams throughout the organisation. Mrs Leslie advised Members an Internal Audit was currently underway on Promoting Attendance and outcomes would be presented at a future meeting.

All risks are being managed appropriately and any impact on workforce is being closely monitored.

- 12.2 Members were advised concern was raised via CMT around the alignment of staff within Turas which may be affecting PDR compliance rate. Mrs Leslie assured the Committee that the Turas team were working closely with managers and technical guidance has been updated and issued to assist.

The Committee thanked Mrs Leslie for the update and looked forward to receiving the outcome report from the Internal Audit at a future meeting.

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

### **Key Updates**

## **13. Whistleblowing Quarterly Report**

- 13.1 Dr Das provided an update on the Whistleblowing Report for Q3 October – December 2024.

Key highlights from the report:

- 3 concerns received through the process with 2 of these being appropriate for whistleblowing.

- 1 concern is at Stage 1 and the other is at Stage 2. The Stage 1 concern was closed after 13 days and the Stage 2 concern is ongoing.
- No immediate risk to patient safety was identified in the concerns raised with no action required.
- The concern not being taken forward through Whistleblowing was directed to HR colleagues to review with the consent of the complainant.
- No referrals were made to the Independent National Whistleblowing Officer (INWO) which indicates our processes are robust and staff are satisfied with the level of correspondence and outcomes of concerns.
- Speak Up week took place from 30 September and there was a 25% increase in staff engagement at the face to face drop in events compared with the previous year.

13.2 Members thanked Dr Das for the update and noted although the report was positive with low numbers, it was difficult to tell whether staff were actually content or just scare to speak up. However with the increased engagement with Speak Up week it was hoped staff were content and would raise concerns via Confidential Contacts or Speak Up Advocates where required.

In addition, staff are able to raise concerns via HR Managers and Trade Union representatives where appropriate.

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

#### **14. Health and Care (Staffing) (Scotland) Act 2019**

14.1 Mr Reid provided the Committee with an update on NHS A&A's progress against the duties of the Health and Care (Staffing) (Scotland) legislation over Q3 in line with national requirements for internal reporting.

14.2 In terms of local reporting, assurance reports encompassing all professional groups included under the scope of the legislation, are submitted to NHS A&A Health Care Staffing Programme Board. In Q3 assurance reports were provided to the Programme Board by:

- Nursing led by South Ayrshire HSCP
- Nursing led by East Ayrshire HSCP
- AHPs led by South Ayrshire HSCP
- Primary Care Services led by East Ayrshire HSCP
- Midwifery, Maternity and Women & Children Services
- NHS A&A Medicine
- AHPs led by Acute Services

- 14.3 The report detailed updates on all of the legislative duties.

Members were advised there was some variance across the professional groups in terms of position of compliance, although this has been partially mitigated through local awareness raising sessions, promotion of the national communications and learning resources and continued leadership and influence through the Programme Board.

In terms of overall position, the next formal report is due to Scottish Government in April 2025 and a status of reasonable assurance continues to be judged as appropriate. This formal report will be comprised of a collated version of the quarterly reports for reporting timelines.

Members thanked Mr Reid for the comprehensive update and asked if it was any clearer on how to report the actual current situation rather than core staff, noting the increase in waiting times. Mr Reid advised Acute Nursing were due to provide an update in Q4 and in terms of AHPs their output is linked to capacity and are delivering based on 'what can we do with what we've got'. Elective waiting lists are not being taken into account in the reporting updates.

**Outcome: The Committee noted the update, including local progress being made and supported the content which will be submitted to the Board.**

## 15. Staff Wellbeing Update

- 15.1 The Committee received an update from Ms Tracy Scott, our Staff Wellbeing Lead, on the Staff Wellbeing Services.

**Staff Wellbeing Service Leaflet** – in the final stages of development which will provide clarity on the service and referral routes. The leaflet should be available within a couple of months for circulation throughout the organisation.

**Staff Wellbeing App Feedback Survey** – circulated in August 2024 and ran for 3 weeks with a total of 56 responses. Overall the app was found to be useful with the Staff Support tile being the most useful.

**Improving Wellbeing & Working Cultures** – through the National Wellbeing Champion's Network, there was a request for case studies showcasing examples of good practice and interventions supporting the workforce across wellbeing, leadership and equality. NHS A&A submitted 3 case studies for consideration which highlighted Staff Psychology, Staff Wellbeing App and wellbeing events which had taken place.

**Ayrshire Chamber of Commerce Business Awards** – NHS A&A were finalists for the ACCB awards under the Workplace Health & Wellbeing Category. Despite not winning the category, it was an achievement to be selected as one of 4 finalists.

**Occupational Health Department** – the number of management and self-referrals were presented for Q2 & Q3, noting the historical trend of reduced referral activity during December, increasing in January.

**Stress Awareness Sessions** – these sessions were held in the latter part of 2024 and were aimed to raise awareness of the impact that stress can have on your health. 4 sessions had been arranged and it is hoped these will continue throughout 2025.

**World Wellbeing Week** – this took place in June 2024 with a feedback survey issued in September 2024. The survey encouraged staff who did not participate in or join any activities to complete the survey to help understand what prevented them from participating. Of the 96 responses, 81 staff advised they did not participate with the most popular reasons being workload was too high, couldn't get away from desk/department, time did not suit and were not aware of the activities. Feedback was positive from the staff who did participate in some of the activities.

**Ward Wellbeing Sessions** – Occ Health department was approached by Ward 3E to assist with wellbeing for the ward staff. The sessions were designed based on feedback received following a staff survey and each session was well attended by staff.

**Financial Wellbeing** – various courses were promoted in 2024, run for the organisation by Affinity Connect who advised the courses were well attended and felt it would be beneficial to arrange further online courses. Further courses were arranged between October and December and it was reported they were well attended with over 75% attendance rate for the majority of the courses.

**Energy Saving Week** – this took place in January 2025 to help staff make informed decisions about how to reduce energy waste and save money. Home Energy Scotland and Lemon Aid Fuel Poverty Services visited UHC, UHA and ACH to provide information and advice to staff.

**Walking Work Places** – collaborative working with Public Health and Paths for All is underway to support the workforce to walk more both for leisure whilst at work and as an alternative transport to and from work.

**Better Health Hub** – the Better Health Service work with individuals regarding many areas which might help affect their health and

wellbeing including weight management and smoking cessation. The service can also signpost or refer to organisations in the community who can offer further support.

**Stagecoach Discount** – representatives from Stagecoach have attended sites to promote their discount for NHS staff and encourage use as an alternative mode of transport to travel to work.

- 15.2 The Committee extended thanks to Ms Scott for the comprehensive update and were keen for a further feedback survey to be undertaken for the Wellbeing App. Ms Scott confirmed a further survey was planned for the summer following promotion in the corporate induction sessions.

Members were also keen to explore how we can further promote and support staff with diet, hydration, exercise and good mental health. Ms Scott advised it was possible to complete bespoke surveys for areas as each department is different and require different things.

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

## **16. Attendance Management**

- 16.1 The Committee were provided with an update on the attendance position and wider associated leave types which materially impact on the capacity of our workforce for Q3.
- 16.2 Q3 saw an increase in absence, specifically short term absence which was expected, as historic trends indicate there is typically an increase in absence in the winter period associated with respiratory infections.

Anxiety/stress/depression/other psychiatric illnesses (ASDOM) remains the top reason for long term absence, followed by Musculoskeletal problems. Mrs Kenmuir assured Members our Promoting Attendance Lead meets weekly with Occupational Health colleagues.

- 16.3 Utilisation of annual leave is routinely tracked as the importance of staff being able to utilise their annual leave in order to rest and recuperate is fundamental, however prevailing service pressures caused by workforce capacity means that it is not always possible for staff to utilise their full entitlement.

Members thanked Mrs Kenmuir and Mr Lean for the update and clarified staff are entitled to carry forward 1 week of annual leave. There was also some discussion on staff returning from maternity leave and what steps are in place to assist with an easy transition.

Members were assured staff have the option to adjust their hours and work flexibly in accordance with Once for Scotland policy. In addition, staff have 'keep in touch' days with their line manager to ensure they do not return to work without having any contact for several months.

**Outcome: The Committee noted the Attendance Management report**

#### **Governance Arrangements/Reporting to NHS Board**

#### **17. Risk issues to be reported to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)**

- 17.1 The Committee agreed there were no risks requiring to be reported to the RRSAG. The current mitigations will be refreshed.

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

#### **18. Key items to report to the NHS Board**

- 18.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 31 March 2025:

1. Updates on the 'Support' theme of the People Strategy
2. Work being done within Staff Wellbeing service to support staff
3. Directorate Assurance updates from South H&SCP and Medical Directorate

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

#### **Items for Information**

#### **19. Employee Relations Report**

- 19.1 **Q3 2024/2025** – Read and noted by the Committee.

**Outcome: The Committee considered and noted the Employee Relations position in the Quarter 3 Report.**

#### **20. Workforce Planning Guidance – 2025**

- 20.1 Read and noted by the Committee

**Outcome: The Committee noted the Workforce Planning Guidance.**

**21. Any Other Competent Business**

21.1 Nothing raised.

**22. Date of Next Meeting**

**Wednesday 07 May 2025 at 9.30am, MS Teams**

Chair  .... Date 07.05.25.....