Approved at SGC 04 November 2025

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

Staff Governance Committee
9.30 am Wednesday 23 July 2025
MS Teams

Present: Mr Liam Gallacher, Non-Executive Board Member (Chair)
Mr Ewing Hope, Non-Executive Board Member
Dr Sukhomoy Das, Non-Executive Board Member
Cllr Douglas Reid, Non-Executive Board Member

Ex-officio Mrs Sarah Leslie, Director of People, Safety & Culture
Mrs Frances Ewan, Staff Participation Lead
Ms Lorna Sim, Staff Participation Lead
Mrs Allina Das, Staff Participation Lead
Mr Craig McArthur, Director of East HSCP and Deputy Chief Executive

In attendance: Mrs Jennifer Wilson, Executive Nurse Director
Mrs Lorna Kenmuir, Deputy Director of People, Safety & Culture
Mr Craig Lean, Head of Workforce Resourcing & Planning
Mr David Black, Head of Learning, Organisational Development and Staff Experience
Mrs Lynn Lydon, Health & Safety Lead
Mrs Carrie Fivey, Organisational Development Manager
Mr Alistair Reid, Director of Allied Health Professions
Ms Vicki Campbell, Director of Acute Services
Ms Tracy Scott, Staff Wellbeing Lead
Mrs Kirsty Symington (minutes)

1. Apologies and Welcome — Action

1.1 Apologies for absence were noted from Mrs Lesley Bowie, Dr Tom Hopkins, Ms Claire Burden and Cllr Lee Lyons.

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 May 2025.

3.1 The Committee approved the minutes of the meeting held on 07 May 2025.

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.

4.2 Employee Relations Report

There had been requests to review the presentational aspects of Employee Relations reporting and for the detail to be discussed more formally within the meeting.

A proposed draft of the new report was tabled at the meeting for approval.

Cllr Reid left the meeting at this point.

Governance

5. Employee Relations Report

5.1 Following requests for a review, the Board Chair and Chair of the Staff Governance Committee met with the Director and Deputy Director for People, Safety & Culture to provide feedback in relation to the Employee Relations report presented to the Staff Governance Committee.

The current format of the report had not been updated in over 10 years and it was felt the need to renew and develop the content to allow fuller discussion would bring a focus on employee relations. The main areas for development included:

- A material lack of narrative to explain the data tables
- A lack of context in terms of the data presented
- An absence of themes and trends
- A lack of opportunity for SGC members to discuss the report and to ask questions allowing appropriate scrutiny and governance

Mrs Kenmuir advised Members that she had reviewed other Board's Employee Relations reporting to SGC to benchmark our report and confirmed the data provided was in line with other territorial Boards.

The main amendments in the new report included a descriptive narrative provided by HR Managers aligned to Directorates and Health & Social Care Partnerships. Mrs Kenmuir also noted that 'reasons for delay' would be recorded moving forward.

5.2 Mrs Kenmuir advised the Committee the information contained within the tables would increase with each report and would enable Directors to understand themes, trends and reasons for employee relations issues within their remit, allowing the opportunity fir scrutiny, shared learning and improvement.

Mrs Leslie thanked Mrs Kenmuir and the HR team for their input in drafting the new report and noted the new iteration strengthened our cultural commitment to being open and just. Mrs Leslie highlighted that this work is important and the new report would draw attention to areas causing concern and it was imperative each Director reviewed their own data with due diligence and monitor themes and trends.

The Committee was asked to consider the amended content of the Employee Relations Report, noting the Data Protection requirements.

5.3 The Committee welcomed the new report and extended thanks to Mrs Kenmuir and team. Members noted that there had been 12 bullying & harassment cases logged in Quarter 4, yet not one case had been upheld and it was felt further investigation into this topic was required. The Committee requested information on how many B&H cases had been logged within the past 5 years, how many upheld / withdrawn / no case to answer. ***Action***

Mrs Leslie welcomed the request and felt the benefit of such a review would instil Members with the confidence that processes were being followed.

Mrs Kenmuir advised Members that reflective practice was being implemented for difficult cases for shared learning and the opportunity for those involved to provide feedback on the process.

5.4 Members highlighted the timescales for suspensions was capped at 12+ months and noted this could sometimes be longer. There was a request for a more accurate figure however Mrs Kenmuir noted that longer cases usually have a criminal element and cases are unable to progress until the police investigation has concluded therefore a more accurate figure was not possible, given the sensitive information and possibility of identifying staff.

5.5 The Committee welcomed the positive impact of Early Resolution and the new format of the report demonstrates the success of this. It was also noted the early resolution process benefits all staff involved including management, staff side and HR and Members extended their thanks and congratulations to the team for the work put into resolving cases informally.

5.6 Mr Gallacher extended his personal thanks to Mrs Kenmuir and her team for the new layout of the report and looked forward to seeing the themes and trends information building up as the year goes on. Mrs Leslie noted the new format of the report would be tabled at Corporate Management Team to ensure Directors are aware of their responsibility in reviewing the data with their managers.

Outcome: The Committee endorsed the new layout of the Employee Relations report and requested it is included in the main body of the meeting moving forward to allow discussion.

6. Internal Audits

6.1 Mrs Kenmuir provided an update following a review of Promoting Attendance which was carried out by the Board's Internal Auditor, Azets.

Mrs Kenmuir was pleased to note the report was generally positive, as considerable time had been spent in embedding the Once for Scotland policies with the Promoting Attendance advisors. There were 7 topics noted for improvement (2 amber, 5 yellow) relating to compliance with existing procedures, rather than the design of controls themselves and these topics have formed a time bound action plan.

6.2 Mrs Kenmuir advised Members there had been staffing challenges during Q4 2024/25, with both Promoting Attendance Advisors leaving their roles and the Promoting Attendance Lead on long term sick. However both the Promoting Attendance Advisor roles have now been filled from 1st July 2025.

Mrs Kenmuir noted that the new team and the action plan provided an opportunity to consider whether a different approach to Attendance Management, with deeper support across the organisation, may be beneficial. Members were advised there will be an organisation-wide focus on long term absence rather than focussing on Acute Nursing.

6.3 The Committee were advised the team would be introducing a monthly absence bite from October onwards to be included in the Daily Digest, focussing on different aspects of Promoting Attendance including Return to Work process and absence recording (reasons for absence).

6.4 Members thanked Mrs Kenmuir and noted the positive outcome of the audit. It was noted that the organisation failed to meet the 0.5% reduction in sickness absence target, however concentrated work throughout the Directorates was critical and the action plan was particularly Directorate focussed.

Members suggested managers could make earlier adjustments for staff before entering formal process in an attempt to keep staff at work and therefore reduce absence. There was a suggestion to incorporate this into management training and Mrs Kenmuir assured the Committee this was in place, with a shorter version of mental health training included for managers.

Outcome: The Committee were assured all audit recommendations were in progress and requested an update on the action plan at a later date.

7. Directorate Assurance Report

7.1 Nursing Directorate

7.1.1 Mrs Wilson provided an update giving assurance on the work being done within the Nurse Directorate. Overall, the Directorate has a headcount of 158 with a WTE of 139.75. Year to date sickness absence reduced to 5.01%. Maternity leave increased to 1.22% and staff turnover reduced to 5.86%. PDR compliance was currently 67% and MAST compliance was 90%, although including the Nurse Bank, this figure dropped to 69%. iMatter response for 2024 was 95% with an EEI score of 83 and 90% of action plans were completed within the timeframe. There are currently no disciplinary, grievance or dignity at work cases. The majority of staff fall within the 45-59 age bracket, with the largest proportion of staff Band 5+.

7.1.2 Mrs Wilson highlighted some areas of good practice including the introduction of a Staff Governance Group which has improved communication and engagement, the positive improvement of PDR performance and the introduction of digital champions across the Directorate.

Members were advised some of the challenges for the year ahead included uncertainty around ring fenced funding and the impact on associated posts in the care home support team along with continued financial constraints and changes in how the Directorate will work with distributed working. The team are working with staff side and HR colleagues in preparation for the change to distributed working. In addition, Mrs Wilson was able to advise Members that funding for the care home support team had been confirmed as recurring and was therefore looking to substantively employ the team.

7.1.3 The Committee were advised the Staff Governance Group is open to all staff in the Directorate and Staff Side and HR representation are welcomed at this forum and to the Business Meeting.

Mrs Wilson advised a quarterly newsletter continued to be issued to keep staff up to date with what is happening with the Directorate and the wider organisation and also noted they promote an inclusive and open door policy with visible and approachable leadership.

7.1.4 Members were advised Mrs Wilson had introduced a 'buddy' system for new staff coming into the organisation which was working well and gave new starts a point of contact. This followed the introduction of an informal buddy system within the Nurse Directorate in late 2022. Feedback had indicated a role descriptor would be helpful to ensure clarity of the role and this was developed and approved via the Staff Governance Group. The Committee were also advised the Directorate had provided bespoke manager training and the introduction of a new local induction pack and staff handbook have been well received.

A Directorate Staff Governance Action Plan was developed in partnership and with involvement of the Staff Governance leads. Some of the improvements planned included directorate training sessions, a refresh of the quarterly newsletter and work with digital colleagues to ensure teams across the Directorate have the systems required for their roles eg PowerBi, CoPilot and IPC eSurvelliance.

7.1.5 Members thanked Mrs Wilson for the positive update, noting the excellent iMatter and PDR compliance rates. Mr Hope extended his thanks for the inclusion of Staff Side to the Staff Governance and Business meetings and noted they were well organised and provided a high level of debate and contributions from staff throughout the directorate.

The Committee noted the introduction of the buddy system and considered whether this could be rolled out organisationally, in support of the 'nurture' theme for staff.

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

7.2 **Acute Directorate**

7.2.1 Ms Campbell provided an update giving assurance on the work being done within the Acute Directorate. Overall, the Directorate has a headcount of 5080 with a WTE of 4262.31. Year to date sickness absence slightly increased to 5.63%. Maternity leave increased to 2.10% and staff turnover increased to 6.38%. PDR compliance was currently 36% and MAST compliance was 81%. iMatter response for 2024 was 48% with an EEI score of 74. Overall there were 19 open disciplinary, grievance or dignity at work cases. The majority of staff fall within the 45-59 age bracket, with the largest proportion of staff Band 5+.

7.2.2 Ms Campbell advised Members she had come into post in August 2024, following a period where there was no Director in place for 10 months. Ms Campbell noted many changes had been implemented prior to her arrival, including the introduction of triumvirate leadership and her first priority was to understand the teams and service models as there had been a lack of clarity with roles and responsibilities. Ms Campbell advised she had taken the opportunity to provide visible leadership and visited wards, attended huddles and met staff side representatives and worked to understand how best to support teams.

7.2.3 The Committee were advised Ms Campbell holds regular team meetings and a 6 weekly meeting with the Acute Partnership rep. In addition, the Partnership Forum has been re-established to continue to improve working relations and feedback so far has been positive, as it is a 2-way agenda allowing open and honest conversations.

7.2.4 A Directorate Staff Governance Action Plan is to be developed and will be overseen by the Acute Services Operational Board going forward. In addition, it is intended to introduce a monthly Directorate newsletter to keep staff informed of all developments and news from around the Directorate. Ms Campbell noted improvements were being made with regard to psychological safety and that senior managers were beginning to work more flexibly offering support out of hours and weekends.

7.2.5 Members were advised a number of engagement sessions had taken place to inform and engage with staff around whole system planning, triumvirate working and service operating models.

As part of the Front Door Commission, various approaches to communication had taken place with front door staff and Ms Campbell advised Members she would look to spread and embed this type of approach to other areas to enhance staff communication. Ms Campbell also noted she had received feedback indicating that staff felt more safe and knew who to escalate issues to.

7.2.6 The Committee thanked Ms Campbell for the update and noted the high absence and low iMatter response and suggested thoughtful reflection and to use the power of the Partnership forum to engage with the workforce and encourage participation. Mrs Leslie advised our Organisational Development Manager, Carrie Fivey would support work on iMatter.

Mr Hope noted staff engagement was critical and collaborative working on implementing the reduced working week would be key on how the Directorate will manage the programme. Mr Hope advised he would ensure good attendance at the Partnership Forum moving forward.

Mrs Wilson extended her thanks and advised she had noted improved communication and the building of relationships within the Directorate. It was also noted NHS Ayrshire & Arran was the most improved Board in terms of the Emergency Department front door statistics. Members agreed there were still lots of challenges but welcomed the progress made to date.

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

8. Committee Workplan

8.1 The Committee approved the content of the Forward Planner for each meeting of the SGC through to their February 2026 meeting.

Members were advised the Board Chair had commissioned a review of all Governance Committee work plans and if other areas of performance were identified as being helpful, these were to be included for future work plans. Mrs Leslie also advised the Committee that a review of the purpose of each paper was to be undertaken and would be complete by the next SGC 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.

Outcome: The Committee approved the content of the workplan.

9. People Strategy 2025/26

9.1 Mr Lean provided an update on the refresh of the People Strategy and noted the O&HRD Directorate had undergone internal review and were now named the People, Safety & Culture Directorate which emphasised the importance and relevance of the People Strategy.

Members were advised a change to the strategy compared to the previous version will be the introduction of a new theme of 'Nurture' alongside the existing themes of Attract, Develop, Support and Retain. Mr Lean noted this would provide stronger correlation with the national Health & Social Care Workforce Strategy.

Mr Lean advised external input from the former HR Director of NHS Dumfries & Galloway had been secured to assist the senior team in developing the new strategy. Members were advised that the People Strategy would be supported by a suite of plans which were also in development – Health, Safety and Wellbeing Framework, Workforce Plan, Culture Plan, Anti-Racism Plan, Recruitment Plan

and Employability Plan. The first draft of the strategy is expected to be completed by August for consideration by the Corporate Management Team and would be formally presented to the Staff Governance Committee in November.

9.2 Mrs Leslie advised Members that the Equality & Diversity team had moved from the Nursing Directorate to People, Safety & Culture and welcomed the move. Mrs Leslie also extended her thanks to Mr Lean for simplifying the plans we were currently navigating, noting the SG planning landscape reporting and requirements were complex.

Outcome: The Committee noted the planned refresh of the People Strategy and would formally receive the new strategy in November.

10. Organisational Culture

10.1 Mrs Fivey advised the draft Culture Framework was one of the enablers to support the People Strategy refresh and noted the Framework had been endorsed by the Culture Steering Group (CSG) on 1st July 2025.

Members were advised the CSG also endorsed a large scale engagement initiative to explore how the core values (Safe, Caring, Respectful) were reflected in the lived experience of staff across NHS Ayrshire & Arran.

Mrs Fivey noted the Framework sets out the aims, visions and objectives of the Organisation and would guide the priorities and decisions over the next 3 years.

10.2 Members were asked to review and provide feedback outwith the meeting and a final draft of the Framework would be presented to the Corporate Management Team, Area Partnership Forum and Board later in the Autumn.

The Committee thanked Mrs Fivey for the update and opportunity to provide feedback on the Framework. Members queried whether guidance had been sought from other Health Boards to benchmark against similar Boards. Mrs Fivey assured the Committee she had received analysis from other Boards and incorporated learning into the Framework however noted that NHS Ayrshire & Arran had specific challenges and therefore specific detail had been required for the Framework.

Outcome: The Committee noted the draft Framework and agreed to review and provide feedback where appropriate

11. People Plan 2025/26 – 'Retain' Theme

11.1 Mr Lean highlighted the key items describing progress against the Retain objective and the longer term actions to support NHS A&A's ambition to be an exemplar employer.

R1 – Well informed workforce

- Daily Digest, eNews and Stop Press releases and Daring to Succeed newsletter issued on a regular basis
- Effective communication is critical to the rollout of the Pay Reform programme to ensure all staff have awareness and are signposted to relevant national communication materials as well as being able to raise any local queries through generic mailboxes
- Work undertaken in People, Safety & Culture Directorate to ensure Athena holds accessible information for all staff in terms of policies / practice and Daily Digest routinely used as a medium to disseminate messages organisationally as well as direct engagement with line managers for cascade to teams locally
- Incremental increasing usage of Viva Engage and Microsoft Sway as mediums to improve online communication with staff

R4 – Listening & responding to staff feedback and staff experiences – newly appointed staff and staff leaving the Board

- A 'new staff' survey used pre-pandemic has not been reintroduced due to low completion rates and there was a significant element of manual intervention required for staff who did not routinely have access to work email accounts
- Leavers survey is generated via eESS with staff receiving an automated prompt 10 days prior to their end of employment date. Request has been made nationally to switch off this functionality as a number of Boards were now utilising alternative mediums for exit surveys. We are looking to replicate a model in use by NHS Lothian using the features of M365 as they have seen a significant increase in leaver participation rates
- iMatter continues to run on an annual basis and generates team, directorate and overarching Board reports of staff experience

R5 – Treating staff fairly and consistently

- Our standard approach to implementing the various phases of Once for Scotland (OfS) policies as they become live includes providing managers and staff with details of what the key changes are between our local policies and the new OfS policies, supported by Daily Digest, Stop Press and available on Athena
- The policies encompassed in Phase 2.2 are:

    - Employment Checks
    - Equality, Diversity & Inclusion
    - Facilities arrangements for Trade Unions & Professional Organisations
    - Fixed Term Contracts
    - Gender Based Violence
    - Personal Development Planning & Performance Review
    - Secondment
    - Redeployment
- 4 guides are also included in this phase: Racism; Reasonable Adjustments; Sexual Harassment; Transitioning
- This phase has been delayed due to the Supreme Court Judgement, given that Equality, Diversity & Inclusion and the Transitioning Guide fall within this phase
- Values & behaviours are built into all recruitment and selection processes and promoted via Corporate Induction and all internally delivered leadership and management programmes
- Ayrshire Achieves award ceremony is run annually and the event is live streamed.
- A suite of Leadership and Management Development learning opportunities are available for new and aspiring leaders and managers

11.2 Mr Lean noted there were still some areas for development and that some would role forward into the new People Strategy. Mr Lean also advised Members full use of the technology available was utilised and that the communications were rolled out following full engagement with Staff Side.

11.3 Members thanked Mr Lean for the update and noted it would be beneficial to implement the exit survey used by NHS Lothian to increase response rate.

Outcome: The Committee welcomed and noted the report on actions against the "Retain" programme of work.

12. Area Partnership Forum Update

12.1 Mr Hope provided an overview from the Area Partnership Forum held on 19th May 2025.

An end of year Financial position was tabled to provide the wider staff side group a better understanding of the Board's position. Members from Viridian were in attendance to provide an understanding of what was driving the changes and the introduction of vacancy control panels.

The 3 strands of Pay Reform (Band 5 Nursing Review; Reduced Working Week; Protected Learning Time) continued to progress although this was sometimes challenging but did continue to move forward.

Regular updates were received from People, Safety & Culture in relation to the work progressing in the People Strategy refresh and Culture Framework.

Updates received from the Health, Safety & Wellbeing Committee which demonstrated the ongoing collaborative working between partnerships and H&S colleagues.

A Supreme Court Judgement working group has been established with partnership representation to navigate the work required to implement changes following the Supreme Court ruling.

12.2 Mr Hope noted the APF is always well attended with between 20-30 attendees at each meeting, which was very encouraging.

Members thanked Mr Hope for the update and noted the paper.

Outcome: The Committee noted the update from the APF

13. Strategic Risk Register

13.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 18 July 2025. Mrs Leslie advised the Committee that there were two risks reviewed and updated during this period.

ID351 – Personal Development Review Process. This was reviewed in June and Risk Register updated accordingly. The risk is next due for review in December 2025.

ID357 – Mandatory and Statutory Training. This was reviewed in June and Risk Register updated accordingly. The risk is next due for review in December 2025.

Mrs Leslie advised Members there were no proposed risks for termination and no new emerging risks to be reported.

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

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 Q1 in line with national requirements for internal reporting.

14.2 In terms of local reporting, reports encompassing all professional groups included under the scope of the legislation, are submitted to NHS A&A Health Care Staffing Programme Board. In Q1, assurance reports were provided to the Programme Board by: AHPs led by North Ayshire HSCP; Psychology; Nursing led by North HSCP.

14.3 Mr Reid advised Members that the Health and Care Staffing Programme Board had been refreshed and refined for 2025/26 and the core membership had been rationalised to include the Executive Directors with responsibilities under the legislation.

The first formal annual report to Scottish Government was submitted in April and an overall status of 'reasonable assurance' was advised within the report.

Mr Reid advised the Committee no new risks had been identified. The Q1 report had been tabled and the Corporate Management Team and would be presented to the Board on 11th August, following approval from this Committee.

14.4 Mr Reid advised Members a national consultation from Scottish Government was underway regarding the format of the annual report to ensure it is user friendly and Mr Reid noted he would be happy to share the consultation with the Committee if they wished to contribute.

Mr Reid also advised the Committee that no formal feedback would be provided by SG on the annual submission.

Members thanked Mr Reid for the update and it was noted a significant amount of work went into compiling the quarterly reports.

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

Key Updates

15. Whistleblowing Annual and Quarterly Report

15.1 Mrs Wilson provided an update on the Whistleblowing Report for Q1 April - June 2025.

Key updates from the report:

- 1 concern received in Q1 which was not appropriate to be taken forward however no immediate risk to patient safety

was identified. The concern was raised via Confidential Contact and was discussed by the Whistleblowing Decision Team at 2 separate meetings following further information received from the complainant. The outcome from both meetings indicated this was not appropriate for review using the Standards and related to workplace experience and management culture. An HR investigation has been offered to the complainant and the Deputy Director for People, Culture & Safety agreed to engage with the complainant to discuss and agree the best route for their concerns to be reviewed.

- 2 older open investigations have concluded with outcome letters being progressed and 1 investigation from Q4 2024/25 is ongoing which is a complex concern.
- There were currently no ongoing improvement plans to review.
- Monthly monitoring of completion of the Turas Whistleblowing eLearning modules continued and 41.5% of all staff have now completed and 74.8% of managers have completed the modules.
- Speak Up week has been arranged to take place between 29 September to 4 October 2025 with this year's theme being 'Listen, Act, Build Trust' following feedback from previous years.
- There have been no referrals to the Independent National Whistleblowing Officer (INWO).

15.2 Mrs Wilson noted the training packages were quite complex and the senior manager training was 3 hours.

Members were advised Mrs Wilson, Mr Hope and Dr Das had agreed to record short video messages to support Speak Up week and Dr Das encouraged other non Executive Directors to take part.

Dr Das also noted senior managers found the time for the training commitment challenging and this was being reviewed nationally.

15.3 Mrs Leslie suggested the Speak Up Advocate role could be reviewed and updated to include 'openness', using the skill set we have as part of a broader cultural reform.

Mrs Wilson noted this was a positive suggestion and agreed to review the Speak Up Advocates and Confidential Contact roles, being mindful the roles should still be aligned with the Whistleblowing Standards but they could be broadened. Mrs Wilson agreed to raise at the Whistleblowing Oversight Group.

15.4 Key updates from the Annual Report:

- 10 contacts received via Confidential Contacts, Speak Up Advocates, Speak Up Mailbox and phone line

- 6 concerns were not appropriate for Whistleblowing process
- 4 concerns investigated through Whistleblowing process
- 4 Confidential Contacts in place
- 200 face to face contacts during Speak Up week
- 77% of managers completed the training
- 94% of staff know how to raise a concern

Members were advised the 20 day target was very challenging to meet, however the team are very open and transparent about this and keep the whistleblower informed at all times.

Mrs Wilson advised the Committee a benchmarking exercise was undertaken against other territorial Boards' annual reports for 2023/24 to compare and it was reassuring to note the number of Stage 1 and 2 concerns received by Boards of a comparable size to NHS A&A were low, providing assurance we were not an outlier in this area.

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

16. Staff Wellbeing

16.1 The Committee received an update from Tracy Scott, the Staff Wellbeing Lead, on the initiatives being progressed via the Staff Wellbeing Services and HR / Occ Health.

16.2 Staff Wellbeing Service Leaflet officially launched in May and outlines the various components of the Staff Wellbeing Service, providing clear guidance on how staff can access available support.

Staff Wellbeing App continued to be promoted as a weekly feature included in the eNews bulletin. A spotlight series on the Staff Wellbeing Viva Engage Community was launched in June to raise awareness and encourage staff to discover the resources.

Viva Engage Community grew steadily and now has 1,042 members. This reflects a positive level of interest in engaging with Staff Wellbeing. In addition, the Occupational Health Community has grown and reached 916 members.

Occupational Health Department has continued to run Stress Awareness sessions since January 2025 however a decline in uptake was noted and a different approach to run the sessions bi-monthly has been adopted to increase interest and attendance.

Staff Wellbeing Service supports staff to maintain, build and enhance their wellbeing through difficult times by helping staff understand and cope with how they are feeling. It was noted there

was a spike in June 2025 with Staff Psychology, with the theme / presenting problem being distress caused by HR investigations

Mental Health Awareness Week took place in May 2025 with a focus on promoting good mental health, tackling stigma and encouraging people to understand and priorities their own and others' mental wellbeing. A range of activities were organised, both online and face to face and although each session was promoted, the number of attendees remained low.

World Wellbeing Week took place in June with a programme of activities designed to support staff wellbeing. Sessions offered both drop-in and online, taking place across various sites. Despite the range of activities and scheduling over lunchtimes, number of attendees was low.

Step Count Challenge took place from 28 April – 25 May with 81 teams participating which equated to 400 participants. Staff collectively achieved over 137million steps which roughly equated to 61,350 miles.

Photography Competition was held in June and encouraged staff to showcase their creativity by submitting photographs under the themes of 'Having fun with nature and people' or 'Community'. The competition received 38 entries with finalists currently going through a public vote.

Ms Scott noted her disappointment that despite strong engagement and interest from staff during the promotional phase of the World Wellbeing Week, the attendance figures did not fully reflect the level of interest expressed. Ms Scott suggested future wellbeing activities could be treated in the same manner as training sessions, with encouragement for managers to support staff attendance.

Mrs Leslie noted her concern in relation to the increase referrals to staff psychology due to distress caused by HR investigations and requested Mrs Kenmuir liaise with Peter Ronald in staff psychology as there is established support through Occupational Health for all staff going through HR processes.

16.3 Members thanked Ms Scott for the comprehensive update and welcomed the various initiatives being offered for staff. The Committee felt that competing demands on staff may have had an impact on the low numbers during World Wellbeing Week however noted the work being undertaken was to be commended. In addition, Mrs Leslie noted it may be beneficial to consider what the needs are for our staff and what does wellbeing mean to people.

Outcome: The Committee noted the update on the ongoing Staff Wellbeing initiatives and as this was an important topic, requested detailed updates twice per year moving forward.

17. Attendance Management

17.1 The Committee were provided with an update on the attendance management position for year to date confirmed absence data as at 31st May 2025.

Mr Lean advised Members that all Boards had been asked to commit to a trajectory of improvement for sickness absence via their Delivery Plan. Mr Lean noted for 2025/26 the desired outturn for NHS A&A was 5.15%.

The Committee heard that our outturn for 2024/25 was 5.57% against a target of 4.66% and it was noted that all Boards across NHS Scotland experience elevated sickness absence and it was not known if this was a unique anomalous position or an ongoing longer term step change in sickness absence. Therefore in setting our trajectory for 2025/26, Members were advised a more conservative approach was taken and have used our outturn from 2023/24 as a level we would wish to return to as a minimum.

17.2 Although the figures were elevated, Mr Lean noted our rate consistently remained below the NHS average and suggested using technology more effectively, such as Power BI, would be beneficial in receiving real time information rather than waiting on reports. Mr Lean raised concern that we were facing a sustained change in the level of absence as this was not unique to NHS A&A.

Outcome: The Committee noted the current position.

Governance Arrangements/Reporting to NHS Board

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

18.1 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.

19. Key items to report to the NHS Board

19.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 11 August 2025:

1. The refresh of the People Strategy 2025/26 and how this is aligned to the Culture Strategy.
2. Nursing Directorate Assurance Report and the exemplar iMatter and PDR outcomes.
3. Staff Wellbeing updates on initiatives offered to staff and outcomes from the World Wellbeing Week.
4. Draft Culture Framework, noting the focus on culture priorities and an opportunity to provide feedback on the draft framework.

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

Items for Information

20. Remuneration Committee Update

20.1 Read and noted by the Committee

Outcome: The Committee noted the discussions from 10 July 2025 meeting.

21. Any Other Competent Business

21.1 The Chair highlighted this was Mr David Black's last Committee meeting as he was retiring at the end of August and wished Mr Black a long and happy retirement on behalf of the Committee. The Chair also welcomed Mrs Carrie Fivey who had recently been appointed as the new Head of Learning, Development & Staff Experience.

22. Date of Next Meeting

Tuesday 04 November 2025 at 9.30am, MS Teams

Chair .... Date ....04.11.2025.....