

Approved at SGC 17 February 2026

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

**Staff Governance Committee**  
**9.30 am Tuesday 04 November 2025**  
**MS Teams**

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

**Ex-officio** Mrs Sarah Leslie, Director of People, Safety & Culture  
Ms Lorna Sim, Staff Participation Lead  
Mrs Allina Das, Staff Participation Lead

**In attendance:** Mrs Jennifer Wilson, Executive Nurse Director  
Mr Craig Lean, Head of Workforce Resourcing & Planning  
Mrs Carrie Fivey, Head of Learning, Organisational Development and Staff Experience  
Mr Graham Armstrong, Head of Occupational Health & Safety  
Mr Alistair Reid, Director of Allied Health Professions  
Mrs Alison Potts, HR Manager (attending for Lorna Kenmuir)  
Mrs Kirstin Dickson, Director for Transformation & Sustainability  
Mrs Roisin Kavanagh, Director of Pharmacy  
Mr Jim Murdoch, East Ayrshire Health & Social Care Partnership  
Mrs Donna McNeill, HR Manager  
Mrs Aileen Boyd, Workforce Development Coordinator  
Mrs Kirsty Symington (minutes)

- | <b>1.</b> | <b>Apologies and Welcome</b>  | <b>Action</b> |
|-----------|---|---------------|
| 1.1       | Apologies for absence were noted from Mrs Lesley Bowie, Mr Ewing Hope, Prof Gordon James, Mrs Lorna Kenmuir and Mrs Frances Ewan. |               |
| <b>2.</b> | <b>Declaration of Interest</b>  |               |
| 2.1       | The Committee was not advised of any declaration of interest.   |               |
| <b>3.</b> | <b>Draft Minutes of the Meeting held on 23 July 2025.</b>   |               |
| 3.1       | The Committee approved the minutes of the meeting held on 23 July 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 Sickness Absence

An action from a recent Board meeting requested that this Committee be provided with a detailed report outlining the improvement actions and support in place to address the workforce sickness absence challenges faced, with an update to be presented at a future Board meeting.

The Committee were presented with a paper which provided a deeper dive into organisational sickness absence and an assurance that concerted work was ongoing in seeking to minimise sickness absence as far as practicably possible. Mr Craig Lean advised Members that the current year performance indicated the increase in sickness absence which manifested itself in 2024/25 seemed to be an ongoing step change and that long term absence continued to be a challenge, despite concerted focus from the Promoting Attendance Team. The paper also provided the Committee with progress made following the internal audit recommendations.

Members queried the following points:

- Was the data capturing all staff absence as some medical staff are employed by GG&C – *training tiers are encompassed within GG&C figures as the lead employer for doctors in training*
- Senior manager sickness rate only 0.03% - is this information not being accurately captured? *This is the national categorisation of senior managers which is a small specific cohort based on pay arrangements (less than 20 staff) therefore this figure is accurate*
- 30% of sickness absence was attributed to anxiety / stress / depression – has the Wellbeing Service improved this? *ASDOM figures fluctuate between 26% - 30% even pre pandemic. It is difficult to measure the impact the wellbeing service has had however we can evidence we have one of the best wellbeing services in Scotland with the number of supportive services we provide*

Members were advised a review of the new Staff Health, Safety & Wellbeing Framework would highlight what further action was required to be included in the overall action plan however it was noted it needs manager buy-in to be effective.

Members noted it may be beneficial to issue the Attendance Management Policy to staff who are off to ensure they are aware of

their reporting responsibilities and Mrs Leslie agreed to raise this with the HR Managers to take forward. **Action**

Members were supportive of the paper and for the update to be presented at Board.

#### 4.3 Nursing & Midwifery and Medical Workforce Overview

An action from a recent Board meeting requested that this Committee be provided with further detail on workforce data for medical and nursing staffing, with an update to be presented at a future Board meeting.

Members were presented with a paper which provided a high level overview of both workforces and included high level statistical detail, complemented by summary detail of work that has been completed and is underway, as part of the organisational financial improvement programme being supported by Viridian Associates.

Members noted the way Whole Time Equivalent (WTE) was measured for medical staff was not useful in the context of the proportion of medic's time was not clinical (circa 20%), therefore although there was an increase in WTE there was not necessarily an increase in productivity. It was also noted the changing demographic in the medical workforce in terms of gender and less than full time working that was masked when considered in solely WTEs. The Committee requested if it was possible to undertake further analysis encompassing some of the points raised including productivity, direct clinical care, full versus part time working, gender mix etc. **Action**

#### 4.4 Bullying & Harassment

The Committee had requested a report on the number of Bullying & Harassment (B&H) cases that had been logged within the past 5 years, with detail on how many were upheld / withdrawn / no case to answer.

Members were presented with a short paper which detailed the number of cases, outcomes and most common themes. Mrs Leslie suggested to carry forward the paper to allow further areas of detail to be included.

The Chair requested the detail to be included in the Employee Relations Report moving forward. Members were assured appropriate action was taken following any upheld B&H cases, including disciplinary action, mediation, facilitated discussion and personal reflection.

## Governance

### 5. Staff Governance Monitoring Return

- 5.1 Mrs Leslie presented Members with the draft Staff Governance Monitoring Return for 2024/25, noting the SG had requested an abbreviated return which included Bullying & Harassment, Whistleblowing and Retire & Return information. The return also asked for detail on the challenges and successes the Board faced in meeting the Staff Governance Standard for 2024/25.
- 5.2 Mrs Leslie provided some detail on the challenges including:
- Implementation of Band 5 Nursing Review – limited capacity of managers and staff side reps to staff Job Evaluation panels
  - Implementing Distributed Working – attempting to rationalise our estate has included discussion and debate around Regulation 4 however there is now improved collaboration with our digital and estates teams
  - PDR planning – continued long standing challenge for the Board however progress has been made with latest figures at 53% compliance, compared with 16% in 2019/20. There is still much to do to reach the 80% target (local target 60%) and it remains a focus in Senior Management Teams.
- 5.3 The Committee were provided with some detail on the successes including:
- Financial improvement – delivered achievements in a context of organisation challenge with high levels of partnership working and the support of the Employee Director and Area Partnership Forum in the fiscal challenges faced by NHS A&A
  - Financial inclusion and wellbeing – programme of events and continued promotion of NHS Credit Union, Energy Matters sessions and work undertaken to improve Employability programmes within the Board
  - Scottish Vocational Qualifications and Accreditation – NHS A&A has been accredited by the Scottish Qualifications Authority (SQA) as a provider of approved qualifications for the past 30 years and our Training Centre has consistently been commended for the high standards of compliance via External Verification audits
- 5.4 The Committee were advised the draft Monitoring Return had been presented at CMT and APF and would be submitted to SG within the deadline. Mrs Symington confirmed with the Head of Corporate Governance there was no requirement to present at Board.

**Outcome: Members noted the new format for reporting for this year and content for our data to be submitted.**

## **6. Strategic Risk Register**

- 6.1 Mr Lean presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 24 October 2025. Mr Lean advised the Committee that there was one risk reviewed and updated during this period.

ID219 – Promoting Attendance and Staff Wellbeing. There was no change to the risk score however current controls and the supporting statement were updated to reflect the current position.

ID351 – Personal Development Review Process. This risk was not due for review however feedback from the Audit and Risk Committee was taken into account and the risk was updated. It will be due a formal review in December.

Mr Lean advised Members ID764 (Registrant workforce supply and capacity – non-medical) was currently under review and would be updated at the next meeting.

Mr Lean advised the Committee 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.**

## **7. Directorate Assurance Report**

### **7.1 Transformation & Sustainability**

- 7.1.1 Mrs Kirstin Dickson provided an update giving assurance on the work being done within the Transformation & Sustainability (T&S) Directorate. Overall, the Directorate has a headcount of 36 with a WTE of 33.43. Year to date sickness absence increased to 3.36% which is still below the national level. Maternity leave decreased to 0% and staff turnover also reduced to 0%. PDR compliance was currently 83% and MAST compliance was 99.38%. iMatter response for 2024 was 94% with an EEI score of 82. There was 1 open grievance case in the Directorate. The majority of staff fall within the 45-59 age bracket, with the largest proportion of staff Band 5+.

- 7.1.2 Mrs Dickson advised Members the Directorate had made a wholesale shift to work in a distributed way, with staff working at the most appropriate location for them, which allowed the decommissioning of the office space at Afton House, Ailsa. Staff make use of the various distributed working zones across the organisation.

7.1.3 The Committee were advised the Directorate's main challenge was service sustainability due to successive years of CRES delivery which has resulted in a 19% reduction of WTE over the past 5/6 years. This has left the team small in numbers and find it difficult to absorb planned and unplanned leave. Mrs Dickson highlighted that whilst the initial reduction of 30mins in the working week had no immediate impact on service sustainability, the further hour reduction which will be implemented from April 2026 has required significant planning and mitigation to ensure staff wellbeing is not compromised.

7.1.4 Mrs Dickson described the process involved in moving the Directorate to distributed working. Members were advised the process began in 2018 by decluttering the office space, working towards a paperless system which resulted in the seamless decommissioning of the large open plan office at Afton House.

Mrs Dickson assured the Committee that staff were supported during the transition, by:

- Display Screen Equipment (DSE) assessments completed for staff working at home and self assessment within the Distributed Working Toolkit when working onsite. In addition, annual DSE compliance reviews introduced as part of the PDR process and all staff have DSE assessment compliance included as a learning need within their individual PDP in Turas.
- Completed flexible working request and health, safety & wellbeing self assessments
- Home working employee risk assessments

7.1.5 The Committee thanked Mrs Dickson for the update and commended the PDR, iMatter and MAST performance. Members queried how the service would be affected following the further hour reduction in working week and if plans were in place to recruit. Mrs Dickson assured Members that there were ongoing conversations on how to adjust, availability of funding and organisational risk analysis. Mrs Leslie assured the Committee there would be funding provided by SG but work was ongoing to provide detailed workforce plans on the level of shortfall.

**Outcome: The Committee noted and were assured by the work being done in relation to the T&S Directorate.**

## 7.2 East Ayrshire Health & Social Care Partnership

7.2.1 Mr Jim Murdoch and Mrs Donna McNeill provided an update on behalf of Mr Craig McArthur, giving assurance on the work being

done within the East Ayrshire Health & Social Care Partnership. Overall, the Directorate has a headcount of 1219 with a WTE of 961.70. Year to date sickness absence increased to 5.84%. Maternity leave increased to 2.60% and staff turnover reduced to 2.31%. PDR compliance was currently 55% and MAST compliance was 87%. iMatter response for 2025 was 60% with an EEI score of 77. There were 3 open disciplinary cases, 1 open grievance case and 1 open dignity at work case in the Directorate. The majority of staff fall within the 45-59 age bracket, with the largest proportion of staff Band 5+.

Mr Murdoch acknowledged the high sickness absence rate, but assured Members Directorate Attendance action plans were being implemented and Liz Bacon, Promoting Attendance Lead was supporting the engagement officer.

- 7.2.2 In order to support Workforce wellbeing, the Committee were advised a Workforce Health and Wellbeing Service was established in May 2024 and the Health and Wellbeing Coordinator plays a key role in coordinating activities, ensuring that wellbeing initiatives are accessible and inclusive across all service areas. This post is now a substantive post and is well established, with 1:1 support sessions delivered to over 150 staff members.

In addition, a programme of health and wellbeing checks has been established to enable staff to manage their own health and wellbeing at work. A series of workshop sessions has been delivered to the Communities of Practice networks on vicarious trauma, as the impact of this had been a particular theme on workforce wellbeing across the Partnership.

- 7.2.3 Members were advised a Workforce Dashboard has been developed to provide a clear, data-driven workforce management tool which supports the ambitions of the National Workforce Strategy for Health and Social Care. The dashboard supports near real-time workforce planning, with a data refresh every 6 months. This ensures emerging workforce challenges, including recruitment and retention and areas of increased absence, can be identified and addressed proactively.

- 7.2.4 Mr Murdoch advised the Committee the East HSCP has integrated a holistic approach to workforce wellbeing, aligning strategic objectives with practical day-to-day support, with key initiatives including the dissemination of regular wellbeing communications and newsletters, enhanced access to physical and mental health resources and a strong focus on fostering staff engagement. Staff feedback has been consistently positive suggesting the interventions have been effective in meeting the intended objectives.

7.2.5 Members thanked Mr Murdoch for the comprehensive update and noted the focus on staff wellbeing and support. Members queried if there was sufficient workforce within our Occupational Health (OH) department and Mrs Leslie shared that our OH was an 'at risk' area due to the lack of registrants going through the OH training, compounded by general medical staffing shortages. Mrs Leslie advised the Committee that we were one of the only territorial Boards who had a Consultant Nurse led service and that our OH services were very well used.

**Outcome: The Committee noted and were assured by the work being done in relation to the East HSCP.**

### 7.3 Pharmacy

7.3.1 Mrs Roisin Kavanagh provided an update giving assurance on the work being done within the Pharmacy Directorate. Overall, the Directorate has a headcount of 339 with a WTE of 298.06. Year to date sickness absence decreased to 3.48% which is below the national level. Maternity leave decreased to 2.19% and staff turnover also reduced to 2.87%. PDR compliance was currently 61% and MAST compliance was 95%. iMatter response for 2025 was 77% with an EEI score of 77, with 90% of action plans completed within the timescale. There were no open Employment Relations cases within the Directorate. The majority of staff fall within the 20-34 age bracket, with the largest proportion of staff Band 5+.

7.3.2 Members were advised the Directorate had increased the number of Foundation Training Year (FTY) Trainee Pharmacists for 2025/26 and had retained all but 1 of the FTY Trainees from 2024/25 into permanent Band 6 Pharmacist posts. In addition, the department had pharmacists / pharmacy technicians in every cohort of the Scottish Clinical Leadership Fellowship (SCLF) since it began in 2019. This has allowed the department to grow their pipeline of staff able to undertake leadership and management positions.

7.3.3 Mrs Kavanagh advised Members the main challenge facing the Directorate was the impact of the first phase of the reduced working week and the pending impact of the next phase of reducing by a further hour on the service and workforce. The Committee were advised the dispensary had altered the closing time to 4pm as the majority of staff finished early. In addition, there will be a challenge in implementing and supporting protected learning time when this is introduced. Planning is underway to mitigate the risks however it is unclear what funding will be available from SG to assist with the backfill.

7.3.4 The Committee were assured the Directorate supports partnership working and engaging with staff by:

- Weekly team briefs
- Regular team meetings
- Pharmacy Staff Side Representative
- Mechanism for staff to make suggestions for change anonymously at any time

7.3.5 Mrs Kavanagh shared the Department had sadly lost a member of staff to suicide and highlighted the support offered to staff following the bereavement which included:

- Advice sought from the spiritual and staff care team as to how best support staff
- Individual referrals to staff care
- Group wellbeing sessions by the peer support team
- Signposting staff to suicide training
- Staff supported to undertake peer support training
- Engagement with Trauma Informed Practice team to be early adopters of TIP training

7.3.6 Members thanked Mrs Kavanagh for the presentation and for sharing the difficult story of the bereavement within her team. Members queried whether the dispensary would be required to alter their opening/closing times further following the additional reduction in the working week, given the pressures and increased demand on the service however Mrs Kavanagh assured the Committee there were no further plans to alter opening times and should be able to maintain the 4pm cut off.

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

The Chair noted the Employee Relations report had now moved to the Key Items section and would be discussed in the main part of the agenda going forward. In addition, the Health & Safety update was introduced as a further key item for discussion.

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.

The Chair advised the Committee a new network of national SGC Chairs had been established, with their first meeting scheduled for early November.

**Outcome: The Committee approved the content of the workplan.**

## **9. Staff Governance Committee Dates 2026 - 2027**

- 9.1 The Committee noted and approved the planned dates for future meetings throughout 2026 and into 2027 however it was noted the Corporate meeting calendar had not been populated with other Committee meeting dates therefore these dates were subject to change.

It was agreed to hold the May meeting in person, with the venue to be confirmed nearer the time.

**Outcome: The Committee noted the future schedule and agreed to hold the May meeting in person.**

## **10. People Plan 2025/26 – Develop Theme**

- 10.1 The Committee welcomed Mrs Carrie Fivey in her new role as Head of Learning, Development and Staff Experience, following the retirement of Mr David Black. Mrs Fivey highlighted the key items describing progress against the Develop objective and the longer term actions to support NHS A&A's ambition to be an exemplar employer.

D1 – Staff appraisal – PDR and PDP

- Performance improvement from Oct '24 to Oct '25 increased to 53%. Monthly reports are provided on Athena which Managers can access to help monitor and improve overall compliance

D2 – Training and development

- 48 Corporate Induction (CI) sessions between Oct '24 and Sept '25 were attended by 1,102 new staff members and 450 bank nurses. MAST compliance among the CI attendees shows a strong upward trend increasing to 96%, demonstrating the continued effectiveness of the CI programme
- CI programme has been rewritten with a Trauma Informed Practice (TIP) video incorporated into the programme

D3 – MAST

- Improved MAST compliance to 81% in Oct '25, with notable increases in Cyber Security training, Fire Safety and Infection Control
- Scorecard has been made mandatory for all services with communication issued via Directors, with updated guidelines in addition to digital training available for users

#### D4 – Effective leadership and management

- 85 managers accessed Newly Appointed Managers programme in 2025
- 488 completions across 3 NES Leadership Qualities LMS modules between Oct '24 and Sept '25
- 13 bespoke training sessions delivered, offering a total of 623 places for team leaders and managers
- 3 Coaching for Change cohorts have been delivered with a total of 28 managers with a further 3 cohorts planned with the capacity to support up to 45 managers
- 15 staff members received internal coaching over 2024/25, each participating in 6 x 2 hour sessions. In addition, 4 staff members accessed external coaching, each receiving 6 x 2 hour sessions
- 6 delegates accessed Leadership 3 in partnership with NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS State Hospital and Golden Jubilee National Hospital
- 6 delegates accessed NES Leading for the Future programme
- 10 delegates accessed Step into Leadership in partnership with NHS Ayrshire & Arran, NHS Dumfries & Galloway and Golden Jubilee National Hospital
- Culture Framework has achieved sponsorship from the CE and CMT and is supported by a live action plan. A pilot of unconscious bias is to be rolled out to all in NHS A&A and bystander training has been organised for 19<sup>th</sup> November

- 10.2 Mrs Fivey advised Members a brochure was in development to highlight and promote all management courses available and this will be accessible on the Viva Engage page.

The Committee thanked Mrs Fivey for the update and commended the ongoing work across the organisation, noting the important focus on developing our leaders and managers for the future.

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

#### 11. Area Partnership Forum Update

- 11.1 The Chair advised Members that due to unforeseen circumstances neither the Chief Executive, Employee Director or Director for People, Safety & Culture was available to present the paper, however the majority of topics contained within the update had already been covered in the Staff Governance Monitoring Return paper.

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

**12. Occupational Health & Safety Update**

12.1 The Chair welcomed Mr Graham Armstrong, Head of Occupational Health & Safety to the Committee and noted Mr Armstrong would present a regular update on work progressing through the Health, Safety & Wellbeing Committee going forward.

12.2 Mr Armstrong advised Members the Health, Safety & Wellbeing Committee (HSWC) is mandated by Section 2(7) of the Health & Safety at Work Act 1974 and has the role of keeping under review the measures taken to ensure the effective management of the health and safety at work of employees, patients and contractors.

12.3 Mr Armstrong provided an overview of the highlights from the HSWC meeting held on 17 September 2025.

- Health and Safety Policy – the policy was reviewed and redesigned to incorporate all aspects of legislative requirements – the signed policy is to be shared and held on Athena, when signed off by the Chief Executive
- Litigation Report – the Q1 report showed there were 22 active employer’s liability claims for the Board. During the quarter 8 claims were closed, 1 was settled and 2 service improvements were identified
- NHS Suicide Prevention Action Plan – the action plan was shared with the HSWC with the aim of taking a strategic approach to prevent suicide, positively impact on the population of Ayrshire & Arran and achieve agreed outcomes in line with the Creating Hope Together strategy. The team are exploring joint work including Trauma Informed Practice, Financial Inclusion and Homelessness Prevention
- Staff Wellbeing Update – the HSWC were provided with an update on the range of activities taking place throughout the organisation
- Food, Fluid & Nutrition – Health & Safety Executive (HSE) Action Plan update – development of eLearning modules on LearnPro is ongoing, with existing modules remaining until the new modules go live
- HSE Summary Report on their findings of the risk from violence & aggression (V&A) and musculoskeletal disorders (MSDs) in NHS Boards – some key findings included risk assessments too generic, focus on mitigating rather than preventing, outdated job descriptions, serious reports not being reported and lack of reviews
- Lone Working PeopleSafe Device Contract – electronic monitoring system to keep lone workers safe implemented in August 2020. The PeopleSafe automated system monitors

staff 24/7, 365 days per year. As part of the renewal process, security work was undertaken to determine both the effectiveness and suitability of the service. As a result, a new NHS Framework contract with PeopleSafe has been implemented for a further 5 years

- OHS Training – new MAST Occupational Health & Safety awareness eLearning module was introduced for all staff and new Risk Assessment training courses have been developed and launched. A full programme of moving & handling and violence & aggression training is available for all staff, depending on varying levels of requirement
- Review of HSWC Terms of Reference – the ToR has been revamped to support a clearer vision of the remit of the HSWC, particularly key responsibilities of the committee and members. The review also identified a structured rolling yearly plan of agenda items was to be developed and meetings to move to 4 times per year
- HSE Visits/Inspections to NHS A&A – the Board received a verbal warning following an adverse event in the Labs. An announced planned visit was undertaken to review how we manage the storage and use of pesticides at University Hospital Crosshouse. An action plan is in progress and on its way to completion
- OH&S Performance Report – the current report has been reviewed and revised to enable a clear visual presentation to be provided showing detailed progress against KPIs

Members thanked Mr Armstrong for the comprehensive update from the HSWC. Members requested that an overview of the Litigation Process be circulated after this meeting. In addition, Members asked for assurance/confirmation that we are adhering to national guidelines on Face Fit Testing. **Action**

**Outcome: The Committee noted the update from the Health, Safety & Wellbeing Committee**

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

13.1 Mr Alistair 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 Q2 in line with national requirements for internal reporting.

13.2 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 Q2, assurance reports were provided to the Programme Board by: AHPs led by South and East Ayrshire HSCP; Nursing led by South and East HSCP; the Public Dental Service led by East HSCP.

- 13.3 Mr Reid advised Members that based on assurance reports brought to the Programme Board through the first 3 quarters of 2024/25, an overall status of Reasonable Assurance was advised in the annual report to Scottish Government and that this remained reflective of the Board's overall position.
- 13.4 Members thanked Mr Reid for the update and noted South HSCP was reporting 'limited' assurance in one legislative duty, namely 'Duty to ensure adequate time given to clinical leaders'. Mr Reid advised the NHS A&A position against this duty remained varied, however job planning continued to progress across AHP services, with progress made in both South and East HSCP.
- 13.5 Members also queried what reporting mechanisms were in place for covering vacant shifts with agency staff. Mr Reid advised it was only high cost agency use which was reported on a quarterly basis, to report the number of occasions it has been required to use agency workers which cost 150% or more than the cost of a substantive equivalent, the % cost of such and the reasons for this use. Mr Reid noted the use of bank or covering shifts from internal staff was not reported.

Mrs Wilson advised she would feed this back to the Health and Care Staffing team and provide an update at the next SGC meeting.

**Action**

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

**Key Updates**

**14. Whistleblowing Quarterly Report**

- 14.1 Mrs Wilson advised the format of the report had been reviewed and the quarterly updates would be more concise, with a larger overview at the end of the year. Mrs Wilson provided an update on the Whistleblowing Report for Q2 July - September 2025.

Key updates from the report:

- 2 concerns received in Q2 which were both appropriate for Whistleblowing and were currently at Stage 2. One concern had been referred back to the Board from the Independent National Whistleblowing Officer (INWO) to progress under the whistleblowing procedure and one concern was highlighted via a Confidential Contact. Mrs Wilson assured Members that no immediate risk was identified to patient safety in the concerns raised in Q2.

- 82.6% of line managers and senior managers had completed the Turas eLearning modules and 43.5% of overall staff had completed the training.
- There were 2 Stage 2 concerns raised in Q2&3 of 2024/25 which were concluded and formally closed during this reporting period, with 1 Stage 2 from Q4 2024/25 and 2 Stage 2 received in Q2 2025/26 ongoing.
- Speak Up week took place between 29 September to 3 October 2025 with this year's theme being 'Listen, Act, Build Trust' following feedback from previous years. Mrs Wilson noted that the event was delivered through digital engagement and communication channels due to resource constraints.
- There was one referral to the Independent National Whistleblowing Officer (INWO) following the Board's decision that a particular concern raised was not eligible for whistleblowing. Following review, the INWO concluded that the concerns did meet the definition of whistleblowing and referred the matter back to the Board for progression under the whistleblowing procedure.

14.2 Members noted the training on eLearning modules was important and managers and senior managers should be encouraged to complete the training.

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

## 15. Employee Relations Report – Q2 2025/26

15.1 Mrs Alison Potts provided Members with an update on the Employee Relations report for Q2 on behalf of Mrs Kenmuir.

Mrs Potts advised Members the information provided a snapshot of live cases position as at 30 September 2025, noting there were:

- Conduct – 48 live cases
- Suspensions – 5 live cases
- Grievance – 11 live cases
- Bullying & Harassment – 10 live cases

Quarter 2 activity included:

- There were 28 Conduct cases closed
  - 25 closed by early resolution
  - 1 no case to answer
  - 2 moved to other formal process
- There were 2 Grievance cases closed
  - 1 not upheld
  - 1 moved to other formal process

- There were 5 Bullying & Harassment cases closed
  - 4 closed by early resolution
  - 1 not upheld

15.2 The new format of the report provided a breakdown of cases within each Directorate, including the Health & Social Care Partnerships.

Members noted there seemed to be a high trend of cases within the HSCPs and queried whether Directors were aware. Mrs Potts explained that Directors would receive a high level overview of the numbers but would not be provided with detail, as they may be required to chair panels further down the process and they cannot have any prior knowledge of cases.

15.3 Mrs Fivey queried if it was known how many trained mediators were in the organisation and how to build on that capacity. Mrs Potts explained the early resolution cases were supported by facilitators which is a less formal procedure and no formal training was required. Mediation is a more formal process and therefore training was required.

15.4 Members noted that we are an organisation of over 11,000 staff with around 50 formal cases per year, which was a relatively small percentage of the workforce. Members queried how we compared with other Boards and the Chair agreed to raise at the national SGC Chair forum and feed back.

The Committee thanked Mrs Potts for the update and the Chair commended the team again on the positive results through early resolution.

**Outcome: The Committee noted the Q2 update and welcomed the new format of the report.**

## 16. iMatter 2025 Analysis

16.1 Mrs Aileen Boyd outlined the results from the 2025 iMatter run, which is pivotal to staff experience. The response rate slightly decreased to 55% however the Employee Engagement Index (EEI) score remained static at 78%. There was a slight decrease in the number of completed action plans within the 8 week timeframe to 51%.

16.2 The top 5 scores from EEI report were:

- I am clear about my duties and responsibilities
- My line manager is sufficiently approachable
- I feel my line manager cares about my health and wellbeing
- I have confidence and trust in my direct line manager

- I would recommend my team as a good one to be a part of

The 5 lowest scores from the EEI were:

- I am confident my organisation cares about my health and wellbeing
- I am confident performance is managed well within my organisation
- I have confidence and trust in Board members who are responsible for my organisation
- I feel sufficiently involved in decisions relating to my organisation
- I feel that Board members who are responsible for my organisation are sufficiently visible

16.3 Mrs Boyd advised Members that although there was no function on the portal to upload a Board iMatter Action Plan, a Corporate Action Plan was produced in 2025 to promote good practice and share with the wider organisation, to show that senior level management supported the iMatter continuous improvement model. Members were advised awareness raising sessions for new and existing managers continue to run to help promote the process and it was suggested existing managers may benefit from a refresher session.

16.4 Mrs Boyd advised the Committee that the SMS survey method continued to be encouraged as there was a better return rate than paper survey options and less risk of spoils, however the uptake of SMS had been much less than anticipated.

16.5 Members thanked Mrs Boyd for the update and suggested it might be helpful to present the response rate and action plan results to the Board in order to get their buy-in.

**Outcome: The Committee noted the report and Corporate Action Plan.**

## **17. People Strategy 2025-2030**

17.1 Mr Lean advised Members a new People Strategy had been developed and drafted, along with 2 enabling frameworks, namely the Culture Framework and Staff Health, Safety & Wellbeing Framework. Mr Lean advised the Committee the new strategy and enabling frameworks set the direction of travel for the People, Safety & Culture Directorate and what they report on.

17.2 Mr Lean noted they had kept a commonality within all 3 documents and kept them succinct and focussed, aligned to national policies with a need to be more concise in the actions we want to deliver. Mr Lean invited the Committee to review the documents and provide

any feedback to Mrs Symington who would then forward to the relevant Head of Service for consideration for the final drafts.

- 17.3 Members thanked Mr Lean for update and queried whether the draft strategy and frameworks had had staff side input. Mrs Fivey provided assurance that the documents had been tabled at the Area Partnership Forum, Corporate Management Team and Culture Steering Group. In addition, Mrs Fivey had visited numerous Senior Management Team meetings throughout the organisation, issued a questionnaire and completed an EQIA.

Dr Hopkins noted the strategy should also be brought to the Area Clinical Forum for wider clinical staff groups to have the opportunity to review and agreed to add to the agenda when the document was ready.

**Outcome: The Committee noted the strategy and frameworks and welcomed the opportunity to review and provide any feedback.**

#### **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 08 December 2025:

1. Sickness absence deep dive
2. Nursing & Midwifery and Medical Workforce overview
3. Staff Wellbeing
4. Develop theme updates

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

#### **Items for Information**

#### **20. Any Other Competent Business**

20.1 Note of Thanks

As this was the last meeting of the year, the Chair extended his thanks to the attendees and speakers for all their papers, contributions and hard work and to Mrs Symington for her admin support. The Chair wished the Committee good health for 2026.

21. **Date of Next Meeting**

**Tuesday 17 February 2026 at 1.30pm, MS Teams**

Chair ..... *Selma Gallach* Date .....17 February 2026