

Approved at SGC on 07 May 2026

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

**Staff Governance Committee**  
**1.30 pm Tuesday 17 February 2026**  
**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  
Dr Tom Hopkins, Non-Executive Board Member  
Mr Ewing Hope, 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  
Mrs Frances Ewan, Staff Participation Lead
- In attendance:** Mrs Jennifer Wilson, Executive Nurse Director  
Mr Craig Lean, Head of Workforce Resourcing & Planning  
Mrs Lorna Kenmuir, Deputy Director for People, Safety & Culture  
Mrs Carrie Fivey, Head of Learning, Organisational Development and Staff Experience  
Mr Graham Armstrong, Head of Occupational Health & Safety  
Ms Amanda Dowse, Assistant Director of Finance  
Dr Janie Collie, Consultant Anaesthetist  
Ms Tracy Scott, Staff Wellbeing Lead  
Mrs Lisa Davidson, Assistant Director of Public Health  
Mrs Kirsty Symington (minutes)

- |           |   | <b>Action</b> |
|-----------|---|---------------|
| <b>1.</b> | <b>Apologies and Welcome</b>  |               |
| 1.1       | Apologies for absence were noted from Mrs Lesley Bowie, Cllr Lee Lyons and Prof Gordon James. |               |
| <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 04 November 2025.</b>                                 |               |
| 3.1       | The Committee approved the minutes of the meeting held on 04 November 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.

#### **Governance**

#### **5. Directorate Assurance Reports**

##### **5.1 North Health & Social Care Partnership**

- 5.1.1 Members were advised that very late notification was received indicating the Director for the North Health & Social Care Partnership was no longer available to attend the meeting. A request had been made to identify a deputy to attend and present the report however this was not possible. Members agreed to defer to the next meeting.

**Outcome: The Committee noted the absence of the Director and agreed to defer the report to the next meeting.**

##### **5.2 Finance Directorate**

- 5.2.1 The Committee welcomed Ms Amanda Dowse, Assistant Director of Finance, to the meeting to present the Assurance Report for the Directorate, due to the retiral of the previous Director of Finance, Mr Derek Lindsay.

Overall, the Directorate has a headcount of 105 with a WTE of 97.68. Year to date sickness absence increased to 3.06% which is still below the national level. Maternity leave increased to 1.63% and staff turnover decreased to 7.01%. PDR compliance is currently 42% and Ms Dowse recognised this fell below the local target of 60%, however advised Members this was an area of focus for the next quarter. MAST compliance is 90% and there were no current Employee Relations cases. iMatter response rate for 2025 was 72% with an EEI score of 78% and 69% of action plans were completed within the deadline. The majority of staff fall within the 45-59 age bracket, with the largest proportion of staff Band 5+.

- 5.2.2 Ms Dowse highlighted some areas of best practice within the Directorate, including strong succession planning for payroll staff, with structured training in place for when vacancies arise and management accountants undertaking professional accountancy qualifications which enhances their skills and knowledge and also supports resilience within the team.
- 5.2.3 The Committee were advised of some of the challenges within the Directorate including historical cultural challenges which require

consistent leadership to promote the Organisational values and these are being worked through to improve the working environment for all staff. In addition, work is ongoing to address repeated long term sickness absence and performance issues through absence management and the development of training plans.

- 5.2.4 Ms Dowse advised Members the team are engaged and there is good attendance at team meetings. Staff are encouraged to participate and suggest improvements to processes and working environments. Ms Dowse noted a suggestion box had been implemented within the last week which has already generated some responses.
- 5.2.5 Although there were positive scores within the last iMatter survey regarding direct line manager support, the lowest performing scores were around 'involvement in organisational decision making', 'visibility and trust in Board members' and 'involvement in decisions relating to own job'. Ms Dowse assured Members work is ongoing with staff in an effort to improve these scores going forward, including encouraging more discussions through team meetings, identifying opportunities for learning & development, peer to peer learning, ensuring regular 1:1's and PDR discussions take place and for the Directorate to participate in the Quality & Safety non-exec walk rounds which are managed via the Nursing Director's office.
- 5.2.6 Members thanked Ms Dowse for the presentation and noted the mention of historical cultural challenges and asked Ms Dowse to elaborate on this point. Ms Dowse advised it was her own personal view, having only been in post for 1 year but there was some long standing members of staff in the Directorate and there was some negativity within the team, with some members not working as collaboratively as they could be. This is being tackled by encouraging openness and positive behaviours, celebrating wins and team successes, including the team receiving a colleague recognition award.

Members noted the high numbers of staff in the 45-59 age bracket and queried if there were plans in place for succession planning. Mrs Leslie suggested consideration be given to Modern Apprenticeships which was well received as this could be an ideal opportunity for succession planning within the Directorate. Ms Dowse noted they are also doing work in schools with Local Authorities and this could be adapted for NHS.

Ms Dowse also clarified for Members that payment of tuition fees for staff going through their professional qualifications is provided by the Organisation.

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

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

- 6.1 Members welcomed Dr Janie Collie to the meeting in her capacity as Secondary Care Appraisal Lead to provide an update on the Medical Appraisal and Revalidation process on behalf of the Medical Director.

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 Dr Collie advised Members all new non-training grade doctors to the Organisation are allocated an NHS Education for Scotland (NES) trained appraiser. Clinical Fellow Grades are generally appraised by their Educational Supervisors and appraisals are recorded using the electronic Scottish Online Appraisal Resource (SOAR) system.

Dr Collie was pleased to report the Organisation had met the 90% national minimum standard of completed appraisals within financial year 2024/25. In addition, the number of valid exemptions in Secondary Care reduced from 65 in 2023/24 to 9, following efforts last year to close appraisal gaps.

- 6.3 Members were advised the total number of doctors eligible for revalidation in 2024/25 was 204 with 194 (95%) receiving a positive recommendation. There were 9 doctors who had a deferral request (5%).

Within Dental services, there is a limited pool for dentists able to conduct an appraisal therefore an initiative has been introduced to have appraisals carried out by dentists from other Boards which has proved highly successful, with both appraisers and appraisees finding the independence of the process valuable. This reciprocal arrangement has been developed with NHS D&G, NHS Highland and NSS.

- 6.4 The Committee were advised that during 2024/25 there were 62 NES trained appraisers in the Organisation (15 in primary care and 47 in secondary care) and between them, had the responsibility of appraising over 880 doctors.

Non recurring funding was secured for 12 months to retain retired experienced appraisers in secondary care and there are currently 4

doctors providing 1 session each per week. Within primary care, appraisers are employed for 1 or 2 sessions per week and there are 2 funded sessions for the Primary Care Appraisal Advisor role.

Members thanked Dr Collie for the update, noting the good progress made and compliance with national targets.

**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 2027 meeting, noting the date header should be updated.

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.**

## **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. There was a minor change to the job title of the Director of People, Safety & Culture (previously HR Director) to reflect the name change of the Directorate.

**Outcome: The Committee approved the SGC Terms of Reference without any additions and a minor change of job title.**

## **9. People Plan 2025/26 – ‘Support’ Theme**

- 9.1 Members were advised this would be the last iteration of the current action plan as the new People Strategy and enabling documents would soon be launched and work was underway to create a new action plan around the new strategy. One of the enabling documents is a new Health, Safety & Wellbeing Framework and future updates on the ‘Nurture & Support’ theme would be focussed on 5 pillars: Financial and Anchor; Environmental and Nature; Emotional and Spiritual Wellbeing; Health and Safety at Work and Physical Health & Lifestyle.

- 9.2 S1 – Staff Health, Safety & Wellbeing
- New Health, Safety & Wellbeing framework 2025-28 to be launched with new People Strategy

- A service review of all areas (Health & Safety, Moving & Handling and Violence & Aggression) has been undertaken with changes within current recurrent funding in support of achieving objectives set out in the new framework
- M&H, V&A and H&S training programmes are fully implemented to ensure all staff within NHS A&A are equipped with the correct health & safety training and OH surveillance and referral services continue to support staff across the organisation
- Challenges around suitable effective digital systems resulting in significant man hours to manually input and pull information from a number of systems

## S2 – Health Inequalities

- Awareness of health inequalities training continues to be promoted across staff communication channels with work ongoing with Comms to strengthen engagement with harder to reach staff groups
- Public Health team have reviewed ‘Money Matters’ posters for staff and patient sites which are now progressing for Endowment funding. Child poverty and financial inclusion workshops have also been promoted
- Supreme Court Ruling Implementation group has been established and a number of sub-groups have been formed to progress actions across Workforce, Facilities, Governance & Ethics, Communication & Engagement and Clinical & Patient Pathways. Accessible communication remains a key priority
- A new ‘Understanding Equality, Diversity and Human Rights’ MAST module is to be implemented which will require three yearly revalidation
- Board Anti-Racism plan has been developed and is due for publication in April 2026
- Additional training activity planned from March 2026 onwards with 4 sessions each of Unconscious Bias and Bystander Training sessions scheduled
- A new Standard Operating Procedure for translation & interpretation services is scheduled to launch on 1<sup>st</sup> March 2026

## S3 – Openness and Speaking Up

- Speak Up week ran from 29/9 – 3/10 delivered digitally allowing broad and accessible participation
- 869 (87.1%) of line managers have completed the Whistleblowing online training with a further 281 in progress
- Recruitment of additional Confidential Contacts is planned for 2026

#### S4 – Supportive Effective Working Across Health & Social Care

- An update on Development activity was provided later in the meeting under ‘Leadership & Manager Development’

#### S5 – Bullying & Harassment

- 118 managers have attended training sessions in People Management topics to raise awareness of Once for Scotland policies
- The ER team continue to run Give Respect/Get Respect training when required although there are discussions underway to relaunch this training as it was first launched in 2016
- Policy awareness sessions continue with 666 places utilised by team leaders and managers to date, covering a range of HR topics including Once for Scotland policies. In addition, Whistleblowing Speak Up Advocates regularly attend awareness raising sessions, focussing on differences and similarities between the Whistleblowing, Grievance and Bullying & Harassment policies to ensure correct application

#### S6 – Change Management

- 157 delegates participated in a bespoke change management programme specifically designed for South HSCP
- 22 managers accessed 1-1 coaching sessions
- 27 PDR/iMatter sessions were delivered with a total of 243 attendees
- Daring to Succeed Bitesize sessions continue to be delivered via Teams and are available to all leaders within NHS A&A

#### S7 – Promote and Embed a Positive and Healthy Culture

- The Culture Framework is one of the supporting documents which will be launched along with the new People Strategy and has already been endorsed by this Committee, Area Partnership Forum, Corporate Management Team and Board
- The main programme supporting the framework will be Civility Saves Lives and a robust approach to equalities

9.2 Members noted some of the actions on the report were significantly out of date (from 2022) and required to be updated. Mrs Kenmuir apologised for the oversight and assured the Committee there will be a new action plan from May onwards which would be aligned with the new People Strategy and kept up to date.

9.3 There was a query around the roles of Confidential Contacts and Speak Up Advocates for Whistleblowing and Members were advised with the new standards, anyone can be a Confidential Contact or Speak Up Advocate regardless of role or grade. The

staff are trained to identify the differences between bullying & harassment and grievance policies.

- 9.4 Mrs Kenmuir advised the Organisational Change Policy was due to be reviewed and updated at the Policy Development Group and relaunched. Mr Hope felt it was important to clarify what was covered under Organisational Change Management (eg change of line manager is not covered under organisational change). Members were advised the policy was last updated in 2005 and the team have taken time to overhaul the document and include further appendices to assist with the process.

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

## **10. Strategic Risk Register**

- 10.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group on 23 January 2026. Mrs Leslie advised the Committee that there were three risks reviewed and updated during this period.

ID351 – Personal Development Review Process. There was no change to the risk score however current controls and the supporting statement were updated to reflect the current position.

ID357 – Mandatory and Statutory Training. There was no change to the risk score however current controls and the supporting statement were updated to reflect the current position.

ID764 – Registrant Workforce Supply and Capacity (non-medical). There was no change to the risk score however current controls and the supporting statement were updated to reflect the current position.

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

- 10.2 Members noted the reduced working week would put staff under increased pressure and this risk may need increased.

It was also noted the 30% figure for Anxiety / Stress / Depression / Other Mental issue (ASDOM) had been consistent for a number of years and there was a need to get to the bottom of this. Mrs Kenmuir confirmed a meeting had been scheduled to discuss this in detail with the Employee Director, Unison, Mr Lean, Mrs Leslie and Mrs Kenmuir.

There was a request to look at the financial impact this level of sickness is causing. Mrs Kenmuir advised she had a figure for the

number of hours lost however she would review with Mr Lean and check accuracy for the indicative cost. **Action**

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

## **Key Updates**

### **11. Whistleblowing Quarterly Report**

11.1 Mrs Wilson provided an update on the Whistleblowing Report for Q3 October - December 2025.

Key updates from the report:

- 2 concerns received in the Quarter – 1 anonymous concern via Speak Up mailbox on potential racist behaviours which was not deemed Whistleblowing and was referred to HR and the relevant Manager and 1 concern which did fall under Whistleblowing relating to service culture, leadership behaviour, clinical practice, confidentiality and staff wellbeing
- The stage 2 concern was within North HSCP and an investigation is underway with HR support
- No immediate risk to patient safety was identified in the concerns received
- There were currently 4 ongoing investigations in progress including the concern received this quarter – the investigations are all complex in nature and are outwith the standard 20 day response timeframe and the complainants have been kept informed
- 1 improvement plan remained active linked to a case raised in 2024/25 and progress was being monitored via the Acute Services Governance Group
- 87.1% of managers and 45.6% total staff have completed Turas eLearning modules
- No concerns referred to the Independent National Whistleblowing Officer (INWO)
- Speak Up Week in 2025 was pared back and delivered via digital engagement and communication channels due to staffing issues in the WB team

11.2 Mr Hope highlighted the non Whistleblowing concern which was raised and noted he was aware of the case and felt learning was required from this concern as it became personal and there was a risk a member of staff could have become exposed and identified.

Mrs Wilson advised she was not aware of the details of the case but agreed the need for learning and noted a case study would be brought to the Whistleblowing Oversight Group for learning.

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

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

12.1 Mrs Wilson 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.

12.2 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 Q3, assurance reports were provided to the Programme Board by: Acute Nursing; Midwifery Services; Radiography; Orthoptics; Medicine, all led through the Acute Directorate.

12.3 Mrs Wilson advised Members that the Acute Services were reporting an overall 'Reasonable Assurance' although noted there were challenges in some areas of Nursing & Medicine around:

- 12IC – Duty to have real-time staffing assessment in place (Medicine)
- 12IH – Duty to ensure adequate time given to clinical leaders (Acute Nursing)
- 12II – Duty to ensure appropriate staffing: training of staff (Acute Nursing)

These areas moved to 'Limited Assurance' in the last quarter due to resources – Mrs Wilson noted it was important to ensure we were transparent in our reporting.

Mrs Wilson noted during Q3, 31 occasions of high-cost agency use were reported to support audiology and sonography which was a notable reduction from Q2 where 127 occasions were reported and 354 occasions reported in Q1. No nursing or medial agency shifts breached the high-cost threshold in Q3.

12.4 Members were advised the annual return to Scottish Government will be due by 30<sup>th</sup> April 2026 and to ensure the return is inclusive of approved full year detail, it is intended to bring the Q4 report through CMT and Board in late March/early April.

As in 2024/25, Mrs Wilson proposed the formal annual return is approved through CMT and this Committee in April 2026 prior to executive sign-off. As this Committee is not scheduled to meet again until May, it was proposed and agreed that the report should be shared for review and virtually approved by Members.

12.5 Mr Hope made reference to the use of Datix for staff to report unsafe staffing level concerns, noting he had been made aware of an instance where staff were allegedly instructed not to use Datix for

this reporting. Mrs Wilson agreed there was a need to do some further work on how to support staff who had staffing level concerns, noting that where the risk cannot be mitigated, it should be reported via Datix. It was suggested Mrs Wilson, Mr Hope and Mrs Leslie meet outwith this Committee to better understand the situation and how to support staff to raise concerns. **Action**

It was noted this issue of discouraging staff to use Datix had also been raised at the last Health, Safety & Wellbeing Committee meeting and had since been raised with the Director of the service.

- 12.6 Members also noted the strategic risk on staffing supply & capacity seemed at odds with the 'reasonable assurance' provided in this paper around safe staffing levels. Mrs Wilson explained this is what the teams have reported within the parameters of the Act, however noted that establishment reviews were being undertaken in every ward to triangulate with the Act.

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

### 13. Employee Relations Report – Q3 2025/26

- 13.1 Mrs Kenmuir provided Members with an update on the Employee Relations report for Q3, noting the new format of the report was still a work in progress and would like to develop it further.

Mrs Kenmuir advised Members the information provided a snapshot of live cases position as at 31 December 2025, noting there were:

- Conduct – 50 live cases
- Suspensions – 3 live cases
- Grievance – 9 live cases
- Bullying & Harassment – 10 live cases

Conduct themes for this quarter included were:

- Attending work under the influence (alcohol/drugs) – 3
- Failure to follow management instruction – 2
- Fraud – 1
- Patient care – 7
- Inappropriate behaviour – 26
- Outwith work event – 3
- Performance – 5
- Patient complaint – 1
- Timekeeping – 2

Quarter 3 activity included:

- 17 Conduct cases closed

- 14 closed by early resolution
- 1 no case to answer
- 1 first & final warning
- 1 resignation
  
- 11 Grievance cases closed
  - 3 closed informally
  - 7 not upheld
  - 1 upheld
  
- 2 Bullying & harassment cases closed
  - 2 withdrawn

13.2 Mrs Kenmuir acknowledged some work was still required around the HR Manager's narrative in each Directorate and would raise this with her team as the report is further developed.

Members were also advised some of the longer term cases were closing or coming to an end which was positive. Mrs Kenmuir noted the new Once for Scotland policies were extending timescales for cases due to the notice periods required and the teams are trying to bring staff in quicker, in conjunction with staff side colleague. Diary availability was also having a negative impact on timescales, particularly with complex cases.

13.3 Members welcomed the report and noted the timescales stopped at 12+ months and queried why it was not detailed beyond this, as some cases were taking 15-18 months etc. Mrs Kenmuir advised this is worked out manually and can take time but would be happy to review for future reporting.

Members noted mention of the operational decision to proceed with meeting arrangements without awaiting Trade Union availability which has had an influence on timescales, in addition to issues with general diary availability. Mrs Kenmuir assured Members there were ongoing discussions with Mr Hope around this issue and would provide an update at a future meeting. **Action**

Members also queried where information on registrant staff who are referred to Nursing & Midwifery Council (NMC) and General Medical Council (GMC) regulators was held, including cases which are upheld etc. Mrs Kenmuir advised these cases do not come through HR but rather NMC referrals are processed via the Nurse Director's office and GMC referrals are processed via the Medical Director's office.

13.4 Members noted there were no Bullying & Harassment (B&H) cases upheld and only 1 Grievance upheld and queried whether this was due to an issue with the definition of what constitutes B&H or if the investigations aren't dealt with appropriately. Mr Hope suggested

this should be reviewed and would discuss further with Mrs Kenmuir outwith this meeting.

**Outcome: The Committee noted the Q3 update and welcomed the new format of the report.**

## **14. Internal Audits**

- 14.1 Mrs Fivey provided an update following a review of Staff Management Performance (PDR) which was carried out by the Board's Internal Auditor, Azets.

Mrs Fivey was pleased to note the upward trajectory of PDR compliance towards the local target of 60%. There were 9 improvement actions identified, 5 of which related to compliance with existing procedures, rather than identified weaknesses in control design review and 4 objectives related to improving the design of controls rather than identified weaknesses in control operation.

- 14.2 A management action plan is being developed across 4 themes:
- Improving PDR compliance rates
  - Quality and consistency of PDRs
  - Ongoing monitoring of development needs
  - Management reporting

Mrs Fivey highlighted to Members the lead for PDR, Mrs Aileen Boyd, regularly meets with Directors and provides bespoke training on PDR completion and the Turas system. Mrs Fivey stressed staff PDRs were not a 'tick-box' exercise and they were vital for effective leadership, both for performing and under-performing staff.

- 14.3 Members thanked Mrs Fivey for the update and agreed an effective leader must engage with staff by conducting meaningful PDR discussions. Mrs Fivey assured Members that training on how to undertake effective PDR discussions are built into courses designed for new leaders & managers and is also part of Corporate Induction so that new members of staff know what they should expect from PDR discussions with their manager.
- 14.4 Mrs Leslie noted it may be worthwhile compiling a library of staff success stories and career progression, highlighted Ms Vicki Campbell who started as an apprentice and was now the Director of Acute Services.

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

## 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** – proven to be a valuable resource for helping staff understand the range of wellbeing support available to them

**Occupational Health leaflet** – work has commenced on developing a dedicated leaflet for the OH department to provide clear information about the services and support provided

**Staff Wellbeing App** – promotion continues to encourage staff to use as a practical resource. Pocket sized cards have been designed which highlight key topics from the app and include QR codes on the reverse to make it simple for staff to access

**Staff Wellbeing newsletter** – the 8<sup>th</sup> edition was issued in December 2025 and received 396 views – content included festive financial support via the NHS Credit Union

**Viva Engage** – the Staff Wellbeing community has grown to over 1,200 members and Occ Health community has over 1,000 members. Plans are underway to develop this into a joint Occupational Health & Safety space

**Winter Wellbeing – supportive information** – distributed towards the end of the year via various routes and included topics such as staying warm for less, surviving Christmas, Credit Union and Home Energy Scotland information

- 15.2 There was a spike in Occupational Health referrals in October 2025, the reason for which remained unclear however subsequent months saw referrals back to normal levels. Attendance at the Stress Awareness sessions improved since moving to a bi-monthly schedule.

Referrals to the Staff Wellbeing service continued with some common themes emerging including stress, anxiety, bereavement, relational and interpersonal conflict.

- 15.3 Members were advised a new discount platform, Blue Light Local, was launched in September 2025 designed to focus on local independent businesses to ensure discounts were relevant to local areas where staff live and work. A key feature of the site is the ability for members to suggest or refer local suppliers for Blue Light Local to reach out for potential discounts.

The name had been causing some confusion as it is a separate platform to the Blue Light card therefore it has been renamed to 'Hero Perks' in an attempt to raise awareness and interest.

- 15.4 A new 'Together at Work' tour took place throughout January 2026, visiting 5 sites and delivered as open drop-in sessions. The purpose of the tour was to provide staff with an opportunity to connect with a range of support services, including Occupational Health, Resuscitation Team, Learning & Development, Health & Safety, Library services and NHS Credit Union.

There were some communication issues closer to the dates which impacted staff awareness, however engagement across all sites was positive. A common theme to emerge however was staff being allowed time to attend due to workload demand. Ms Scott felt it was important to encourage staff to attend these events as they are intended for the benefit and support of staff.

- 15.5 Ms Scott highlighted the generosity of our staff who supported the successful 'Night Before Christmas' campaign throughout December which supported children and vulnerable adults who may receive few or no gifts during the festive period.

Donations were collected across 6 locations and Ms Scott advised the response from staff was overwhelming. The volume of contributions was so significant, it resulted in deliveries to the charity being made over 2 days.

Members thanked Ms Scott for the comprehensive update and agreed the need to support staff as much as possible. Mr Hope noted it was historically difficult allowing staff off wards to participate in activities, particularly with safe staffing levels however suggested it might be helpful to discuss with managers on how many staff can be released at any one time during the planning stages of future events. Mr Hope advised he would be happy to work with the team to try and change mindsets going forward.

**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.

Mr Lean advised Members we did not meet our Delivery Plan trajectory for sickness absence, noting our outturn for 2024/25 was 5.57% against a target of 4.66% although all Boards across NHS Scotland experienced elevated sickness absence levels in that

financial year. The desired outturn in sickness absence rate for 2025/26 is 5.15%. Mr Lean advised Members that to date (Apr – Jan) the figure was 5.93% which is beyond trajectory however noted the flu outbreak during November/December has likely been a contributory factor to this figure. Mr Lean also noted that we remain below the national Scottish average.

- 16.2 Mr Lean advised that nursing & midwifery, as the largest constituent job family, had the largest absence rate, highlighting that whilst there is opportunity for backfill via the range of supplemental solutions, it should be noted that there is not 100% backfill and other job families do not have the option for backfill.

Members were advised that as at 19<sup>th</sup> January 2026, there were 553 long term absence episodes recorded over the preceding 4 week period. Of these 10 staff have been absent beyond 52 weeks and 53 absence episodes were longer than 26 weeks. Of these, 19 are likely to progress to ill-health termination.

The highest reason for long term absence remained Anxiety, Stress, Depression (ASDOM) with (207 37%) of all long term absence recorded for this period. Mr Lean advised the Promoting Attendance team hold weekly review meetings, where case complexity and alternative options are discussed. Mr Lean highlighted there are 3 members of staff in the Promoting Attending team looking after the 553 staff on long term absence.

Mr Lean was pleased to note the utilisation of annual leave appeared to have normalised, highlighting it was important for staff to be granted their annual leave to rest and recuperate.

The Committee were assured the action plan from the Azets internal audit was reviewed and updated on a monthly basis.

- 16.3 Members thanked Mr Lean for the detailed paper, acknowledging the work being done by the Promoting Attendance team. Mr Hope noted the previous discussions around safe staffing levels, staff not able to get off the wards and the sickness absence levels and suggested staffing issues were a major concern and asked if enough was being done for frontline staff to keep them at work. It was also suggested to amending the terminology from 'managing absence' to 'managing attendance' in an attempt to change mindset of staff.

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

## 17. Financial Inclusion

17.1 Mrs Davidson provided Members with an update on the Financial Wellbeing Work Programme. This programme was designed to support staff during the cost of living crisis and reflects our commitment to staff wellbeing, recognising the financial pressures many colleagues continued to experience.

- 17.2 A 3 year action plan has been developed and the team will:
- Develop an employability plan aligned to the People Strategy
  - Strengthen the staff financial wellbeing group and programme by the development of supportive resources
  - Provide poverty awareness and financial wellbeing resources and training
  - Scope an Endowment Fund bid to enhance staff wellbeing (already scoping exercise classes and have progressed meal vouchers)
  - Strengthen our role as an anchor institution by investing in local communities

Mrs Davidson advised Members there were some issues around the communication plan, noting the Organisation's aim to reduce printed materials, making it difficult to reach staff who don't have regular access to digital devices.

Mrs Davidson also shared the team had reached out to other Boards in a bid to share ideas.

17.3 The Committee were advised a proposal to introduce a staff meal voucher scheme to support colleagues experiencing financial hardship had been endorsed at the Area Partnership Forum in July 2025. The proposed value of the voucher was £5, enabling staff to purchase a meal and drink or equivalent. The proposed funding was £2,000 initial endowment allocation and a pilot phase was recommended to test feasibility.

The Staff Wellbeing lead confirmed it was planned for the scheme to commence in February 2026 following discussions with Partnership and Occupational Health, however there were no plans for wide communication due to operational pressures within Occupational Health.

Members thanked Mrs Davidson for the update and noted their disappointment in the voucher scheme not being widely advertised due to OH capacity. Members suggested staff would not abuse the scheme therefore it was unlikely the team would be inundated with requests.

Mrs Leslie suggested it needed to go back to the Implementation Group to review communications and engagement and decisions

were required on where the management of the scheme would sit if not in OH. It was suggested Mrs Davidson discuss with Mr Armstrong, Head of Occupational Health & Safety.

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

**18. Leadership & Management Development**

18.1 Mrs Fivey shared an overview of planned leadership and management development activities provided in 2025/26 along with an overview of the key points received in feedback from delegates attending training programmes.

18.2 Members were advised there was a significant demand for back to basics training to help equip managers with the knowledge and skills to develop their confidence in effectively managing individuals and teams in line with local and national policies.

- Management Development Programme – designed to provide management development awareness sessions, although figures highlighted the demand for the training significant operational constraints prevented a number of staff from attending various sessions
- Newly Appointed Leaders Programme – targeted to all newly appointed managers and leaders within their first year of joining NHS A&A
- Leadership 3 – targeted at Band 8s and facilitated via OD Leads and Teams from NHS A&A, Golden Jubilee National Hospital, NHS D&G and State Hospital
- Leading for the Future – delivered in collaboration with NES and Health Board OD leads, targeted at Band 8 and above
- Bitesize Leadership Sessions – continue to promote key messages regarding Caring for Ayrshire and Daring to Succeed
- Coaching for Change – open to anyone who is responsible for managing staff to help develop coaching in their everyday conversations
- Access Coaching – requests for formal coaching are submitted to the Head of Learning, Development & Staff Experience for approval
- Leading to Change – national offering providing access to resources
- Adaptive Learning for Senior Leaders in Social Care, Social Work and Health – new programme which provides a leadership development opportunity for aspiring senior managers in Social Care, Social Work and Health
- 360 – national tool providing opportunity to gain feedback from raters

- DiSC Analysis – psychometric tools can be accessed to provide individual profiles

18.3 Members were advised the Corporate Induction had been reviewed and updated to include Trauma Informed Practice (TIP) and Civility Saves Lives information.

Mr Hope noted there was no mention of working in Partnership and suggested managers would benefit from training as Trade Unions are keen to work with managers and not against them. Mrs Fivey advised she would discuss with her team and work to scope out what was possible.

Members thanked Mrs Fivey for the update and queried whether the training was only for Band 8 and above. Mrs Fivey assured Members the Newly Appointed Leaders course was for any newly appointed leader from Band 5 through to Director level. Mrs Fivey also noted there was a waiting list for managers to attend the Management in Practice however noted the drop out rates were quite high due to operational pressures.

**Outcome: The Committee welcomed and noted the variety of training available**

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

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

19.1 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.**

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

20.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 07 April 2026:

1. New Health, Safety & Wellbeing Framework as part of refreshed People Strategy
2. Staff Wellbeing and Staff Financial Wellbeing
3. Leadership & Management Development

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

**Items for Information**

**21. Any Other Competent Business**

21.1 Anti-Racism Plan


Mr Lean advised our Anti-Racism plan is in its final stages of approval and is due to go to Board in April. The plan will be shared virtually with this Committee for approval prior to being signed off by Board.

Reduced Working Week

Mr Hope advised he had been made aware of one particular area who were not implementing the reduced working week and required assurance this was not the case. Mr Lean & Mr Hope agreed to catch up outwith this meeting.

**22. Date of Next Meeting**

**Thursday 07 May 2026 at 9.30am, Room 1, Eglinton House,  
Ailsa**

Chair .  ..... Date .....07.05.26.....