Approved at SGC 12 November 2026

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

Staff Governance Committee
9.30 am Thursday 30 July 2026
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 Lee Lyons, Non-Executive Board Member
Dr Tom Hopkins, Non-Executive Board Member

Ex-officio Professor Gordon James, Interim Chief Executive
Mrs Sarah Leslie, Director of People, Safety & Culture
Mrs Allina Das, 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 and Safety
Dr Claire Gilroy, Clinical Lead for Service Development & Improvement
Mr Mark Inglis, Director of South Health & Social Care Partnership
Ms Kimberley Montgomerie, Business Support Manager
Miss Tracy Scott, Staff Wellbeing Lead
Mr Alistair Reid, Director of Allied Health Professions
Mrs Kirsty Symington (minutes)

1. Apologies and Welcome — Action

1.1 Apologies for absence were noted from Mrs Lesley Bowie, Ms Lorna Sim, Ms Frances Ewan and Dr Crawford McGuffie.

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 2026.

3.1 The Committee approved the minutes of the meeting held on 07 May 2026.

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 – Trade Union Availability*

An update was provided confirming the paper had been considered at the last Area Partnership Forum (APF) meeting and was being further amended and would be finally approved at a future APF meeting. Members agreed this action was closed.

4.3 *Health and Care Staffing – Use of Datix to Report Unsafe Staffing Level Concerns*

It was noted that communications, approved by the Employee Director, had been issued to teams outlining processes for raising staffing concerns and how these would be managed. The work was led by the Director of Allied Health Professions (AHPs) and aligns with the requirements of the Health and Care (Staffing) (Scotland) legislation. Members agreed that satisfactory progress had been made and the action was closed.

4.4 *PDR Update – Safe Staffing Levels*

An update on actions relating to safe staffing, mandatory training and PDR compliance was noted. The Director of Acute Services is sighted on the local and national targets and has been receiving support from Mrs Carrie Fivey and the Learning & Development team. Members acknowledged the operational issues within Acute Services.

A meeting was held with Mr Hope, Mrs Wilson and Mrs Leslie to discuss safe staffing concerns. Actions were remitted to the Health, Safety and Wellbeing Committee (HSWC) to report back on the outcomes of the staffing level concerns arising from capacity pressures across the Acute sites.

This matter has been discussed at the HSWC, with reports considered and actions remitted to Directors to address breaks and other staffing-related issues.

Governance

5. Directorate Assurance Reports

5.1 **Medical Directorate**

5.1.1 Committee welcomed Dr Claire Gilroy to present the Medical Directorate Assurance Report on behalf of Dr McGuffie. Dr Gilroy noted the Directorate is comprised of several smaller niche areas including Information Governance, Risk, Research & Development, Medical Education, Medical Director's Office and Litigation.

The Directorate has a headcount of 59, with the majority of staff in the 35-49 age bracket and 66.10% of staff at Band 5+ level. Sickness absence rose to 5.92%, predominately long term absence. The 2026 iMatter return was still in progress therefore the 2025 results were noted at 78% response rate and EEI score of 76. PDR compliance was noted at 92% and MAST was reported at 75% at the point of measurement. There were no open Employee Relations cases and 0% staff turnover.

5.1.2 Positive examples of staff development, flexible working, mentorship and research opportunities were highlighted including:

RDI department supported a healthcare support worker who completed venepuncture and cannulation training and is now exploring progression to nursing.

The Directorate accommodates personal and caring circumstances through flexible hours and home working where operationally possible.

5.1.3 Challenges were noted regarding workforce sustainability and succession planning in specialist areas, particularly in Litigation services. Dr Gilroy noted a more systematic approach was required across all staff groups, including early identification of critical roles, documented knowledge transfer, mentoring, funded temporary cover, shadowing and flexible development opportunities.

5.1.4 Dr Gilroy highlighted the RDI Department had established a development arrangement with Intensive Care that enabled a nursing member of staff to gain experience as a research nurse while retaining the security of a substantive post. This reduced the personal risk involved in exploring a research career and provided practical training, mentorship and exposure to research delivery.

Discussion was opened out to the Committee who discussed the interpretation of MAST compliance data and whether point-in-time reporting accurately reflected performance. It was acknowledged that compliance rates fluctuate depending on module renewal dates and that the Directorate had processes in place to monitor completion.

Members also commended the Directorate for its strong PDR compliance rate and positive staff development culture.

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

5.2 **South Health & Social Care Partnership**

5.2.1 Mr Mark Inglis, Director of South Health & Social Care Partnership (HSCP) provided a presentation to the Committee for their assurance. The Directorate has a headcount of 875 with the majority of staff in the 35-44 age bracket and 65.03% at Band 5+ level. Sickness absence fell slightly to 5.90%, predominately long term absence. The 2026 iMatter process was still in progress therefore 2025 results were noted at 65% response rate and an EEI score of 81. PDR compliance was noted at 52% and MAST was noted at 87%. There were 4 open Employee Relations cases and staff turnover reduced to 0.83%

5.2.2 Members noted significant investment in quality improvement training and the development of an Engagement Strategy which involved a wide range of staff being consulted and listened to.

In addition to the Strategy, staff engagement continued through various communication platforms including newsletters, website, 7 minute briefings, v-blog, team meetings, induction events and annual 'update' events.

5.2.3 Mr Inglis noted the implementation of the reduced working week had taken considerable resource to navigate the contractual changes and there had been some challenges due to staffing pressures to maintain service delivery.

5.2.4 Mr Inglis highlighted that during the past year, the Directorate continued to complete Integrated Impact Assessments when navigating change programmes. This resulted in an increased number of staff being able to confidently assess impact, address inequality and deliver services which meet the needs of our communities.

The Committee discussed sickness absence, particularly within care-at-home services and the significant impact reductions in absence could have on service delivery. Updates were provided by Mrs Leslie on the organisation's attendance improvement initiatives, including Scottish Government supported investment in attendance management resources.

Members welcomed the extensive quality improvement programme and workforce development activity.

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

6. Committee Workplan

6.1 The Committee reviewed the updated workplan and noted the two amendments:

- Inclusion of regular reports from the Health, Safety & Wellbeing Committee
- Inclusion of an annual review of the Remuneration Committee Terms of Reference

Members were happy to approve the revised workplan and welcomed the inclusion of the quarterly update from Health, Safety & Wellbeing Committee as a standing agenda item.

Committee 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.

7. Health, Safety & Wellbeing Committee Update

7.1 Mr Armstrong advised Members a revised health and safety governance structure had been implemented to ensure robust processes are in place and provide adequate governance for Occupational Health & Safety (OHS).

The Statutory Compliance and Best Practice Group (SCBP) now provides structured assurance into the Health, Safety & Wellbeing Committee (HSWC).

Mr Armstrong noted future reporting would be streamlined to suit the purposes of this Committee.

7.2 Members were advised positive feedback was received following a recent Health and Safety Executive inspection of CL3 laboratory facilities. Work is also progressing to strengthen assurance around statutory compliance and infrastructure risks.

Members discussed violence & aggression training uptake, noting a discrepancy in the numbers reported. Mr Armstrong noted he would investigate the numbers, advising that the department sometimes struggled to fill the training sessions due to staffing issues.

The Committee queried if there was any correlation between moving & handling incidents, physiotherapy referrals and staff absence. Mr Armstrong agreed to review training uptake and associated data on occupational health referrals.

Members also noted the importance of workforce access to mandatory training and protected learning time, citing the example of Women & Children Directorate who have set roster days for training and development.

Outcome: The Committee welcomed the inclusion of the HSWC quarterly update, noting future iterations of the report would be more streamlined and suitable for this forum.

8. People Plan 2026/27 – 'Employ & Retain' Theme

8.1 Mrs Kenmuir presented progress against strategic commitments on the 'Employ & Retain' theme within the refreshed People Strategy including:

- Development of a future HR Business Partner model – this will involve training for current HR Managers and Mrs Kenmuir advised she was liaising with Mrs Fivey and the Learning & Development (L&D) team to move forward
- Workforce Change policy refresh nearing completion – in final discussion with Policy Group then will be tabled at APF for final sign off. Organisational Change Oversight Group (OCOG) to be reinstated and will receive monthly updates from the HR team
- Continued focus on early resolution of employee relations issues – quarterly review of complex Employee Relation cases continues
- Review and relaunch of Give Respect, Get Respect approach – training sessions have been developed and are being delivered
- Ongoing management training – Once for Scotland (OfS) policy training delivered regularly by HR Managers
- Progress on job evaluation and job description training – training currently being developed in Partnership and will be launched later in the summer

8.2 Members thanked Mrs Kenmuir for the comprehensive update and discussed manager confidence in implementing the Reasonable Adjustment Passport (RAP) and challenges experienced by staff. Members noted a lack of understanding of application with managers and the roles & responsibilities of managers and staff.

Mrs Kenmuir assured Committee the RAP had been tabled at CMT and APF and would be updated and launched, working in conjunction with Mr Craig Lean and Mrs Elaine Savory. Training sessions will be developed in Partnership on what is reasonable / unreasonable adjustments and to raise legal awareness for staff.

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

9. Strategic Risk Register

9.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) on 24 July 2026.

There are four strategic risks currently aligned to this Committee and all four have been reviewed and updated since the last meeting.

9.2 Risk ID357 (Mandatory and Statutory Training) was proposed for termination at the RARSAG meeting following reassessment and mitigation review. Comprehensive corporate controls are in place which clearly describe systems, processes and responsibilities that managers must follow to ensure staff compliance with MAST requirements.

There were no changes to other strategic risk scores.

Outcome: The Committee supported termination of risk ID357 following completion of governance requirements and were assured with the work being done to manage the strategic risks under the governance of the SGC.

10. Remuneration Committee Terms of Reference

10.1 Mrs Leslie presented the Remuneration Committee Terms of Reference, advising they had not been updated since 2020. Several changes were proposed including revised membership arrangements, change of Chair arrangements and updated governance format.

10.2 Members identified several governance clarifications required within the document regarding reporting arrangements and appointment of the Chair.

10.3 Following the meeting, Mrs Symington discussed with the Head of Corporate Governance who clarified:

- Remuneration Committee is a standing Committee of the NHS Board therefore changes to membership and appointment of Chair is the decision of the Board
- Although Remuneration Committee reports through Staff Governance Committee, it is not a ‘sub’ committee therefore wording on the Terms of Reference was amended
- Revised Terms of Reference will be presented to Board in October for approval

Outcome: The Committee supported the revised Terms of Reference, subject to clarification of reporting arrangements

Key Updates

11. Whistleblowing Quarterly Report

11.1 Mrs Wilson presented the annual Whistleblowing Report for 2025/26 and Q1 April – June 2026.

Key points from the annual report included:

- Organisation remained compliant with National Whistleblowing Standards
- 12 concerns were received during 2025/26
- Three concerns progressed to Stage 2 investigation with activity levels remaining proportionate when benchmarked against comparable NHS Boards
- Themes included patient care, patient safety and working conditions
- Staff confidence in raising concerns remained positive
- Average investigation timescales remained challenging however individuals are kept up to date with progress
- Focus for 2026/27 is continuous leaning and improvement to further embed a positive speaking up culture

11.3 The Committee welcomed ongoing improvement activity and discussed:

- Psychological safety – identified in thematic report of trends across all Health Boards
- Visibility of leadership – specific request for Board Members to engage in the Speak Up Week to improve visibility

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 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. This report was previously circulated for virtual approval before submission to the Board.

12.2 Key points which were highlighted:

- Continued progress in assurance reporting
- Requirement introduced for action plans where assurance remains below substantial

- Reduction in high-cost agency staffing reported

Members queried the reduction in agency usage however it was clarified only high cost agency use (150% or more of substantive equivalent) was reported on therefore this was not a full picture of agency usage.

12.3 The Committee discussed medical staffing challenges and potential unintended consequences resulting from reporting requirements including increased cost for medical staffing.

Mrs Wilson advised Members the legislation was originally aligned to the nursing profession and then extended to NMAHP and other Professions and it didn't align well with the medical profession in terms of workforce planning tools.

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 Quarterly Report

13.1 Mrs Kenmuir provided Members with an update on the Employee Relations report for Q1. A snapshot of live cases noted:

- Conduct – 66 live cases
- Suspensions – 4
- Grievance – 16 live cases
- Bullying & Harassment – 18 live cases

Mrs Kenmuir advised Committee the team were still amending the report and building narrative around the data.

13.2 Mrs Kenmuir noted an increase in complex cases and highlighted there was a number of new Trade Union (TU) reps and management side leaders who would benefit from training on early resolution and policy application. Mrs Kenmuir advised she would arrange to meet Mr Hope and Ms Montgomerie outwith this meeting to take forward. ***Action***

13.3 Members noted the continued reduction in the use of suspensions and saw the benefit in keeping staff at work with alternative duties. Mrs Kenmuir advised there was a Once for Scotland process checklist for suspensions which included regular catch up meetings with staff to support mental health and wellbeing.

13.4 Mr Hope suggested the Employee Relations teams and Trade Union teams reinstate regular meetings to discuss implementation of policies and some back to basics training for newer members.

Mrs Kenmuir agreed this would be beneficial to ensure continuity of interpretation of policies between Staff Side and HR colleagues.

Outcome: The Committee noted the Q1 update and recognised the report was still evolving but appreciated it gave more clarity on what was happening in the Organisation in terms of Employee Relations.

14. Culture Plan Update

14.1 Mrs Fivey presented progress against the Culture Plan, noting significant progress had been made across all 5 pillars.

Highlights included:

- Leadership development programmes
- Civility Saves Lives implementation – 5 pilot areas complete with good feedback. Diagnostic questions indicated that incivility goes unchallenged by those in leadership, possibly due to lack of confidence and skill to hold difficult conversations
- Give Respect, Get Respect relaunch – worked in collaboration with TU colleagues in 2 pilot areas. Mrs Fivey observed managers feared repercussions / threat of grievance if they challenged bad behaviours and noted managers require the right tools to manage staff
- Unconscious bias and bystander training sessions have been piloted with good feedback and are in the initial stages of organisation roll-out

14.2 Members thanked Mrs Fivey for the update and noted psychological safety was a continuing organisational challenge, as staff do not feel safe or comfortable speaking up. Members also noted concern regarding managers' confidence in addressing behavioural issues and there was a suggestion to consider a corporate people management programme that helps support managers.

Outcome: The Committee welcomed the significant progress made and recognised the continuing work required.

15. Staff Wellbeing Update

15.1 Ms Scott provided an update on the Staff Wellbeing Service and noted the following highlights:

- Referrals to Staff Wellbeing Service remained static since the last update in February
- Increased participation in Mental Health Awareness Week and Work Week

- Continued engagement through the Staff Wellbeing app and Viva Engage
- Successful Step Count Challenge which reached maximum participation capacity
- Barriers to participation continued to include workforce pressures and inability to attend during working hours

15.2 Committee thanked Ms Scott for the comprehensive update and noted the barriers for staff participation. Members queried accessibility for staff with disabilities for future Step Count challenges and Ms Scott noted there were activities for staff with disabilities to undertake which would count towards the challenge. Ms Scott agreed to work with Travel Smart colleagues to explore what could be incorporated in future challenges. It was also suggested Ms Scott attend the Staff Disability Forum to interact and discuss best options.

15.3 Members discussed opportunities to bring wellbeing activities closer to staff groups however Ms Scott advised companies such as Credit Union and Home Energy Scotland prefer to go to areas with larger footfalls to reach as many staff as possible. Ms Scott also advised she was reaching out to staff in communities to increase engagement.

15.4 Members also discussed digital access to wellbeing resources and Ms Scott shared she had previously explored this, however she had been advised by digital colleagues there were issues around copyright and licensing and downloading content to NHS devices. Ms Scott agreed to consider options for increasing digital access to wellbeing resources and recordings with digital colleagues.

Outcome: The Committee thanked Ms Scott for the update and noted the report

16. **Attendance Management Update**

16.1 Mr Lean presented the report which had previously been tabled at the Health, Safety & Wellbeing Committee meeting.

Key points from the report included:

- Sickness absence as at June was 6.2% which remained above planned trajectory
- Attendance management remained a key organisational priority
- Enhanced Attendance Management resources were being introduced

- There were particular workforce challenges associated with maternity leave and workforce supply in small specialist professions
- Of the 11 territorial Boards, 9 were above 6% sickness absence therefore we were not an outlier in this area

16.2 The Committee thanked Mr Lean for the update and discussed consistency of attendance management practice and manager confidence. Mrs Kenmuir assured Members the Promoting Attendance team and HR Managers/Advisors regularly audit their areas across the organisation and Trade Union colleagues highlight any issues. In addition, the new Band 4 staff coming into post will begin attending Stage 1 meetings to support managers and there was some discussion on the possibility of having a scripted template for Stage 1, Stage 2 and Return to Work meetings.

16.3 Members noted the range of support and audit arrangements in place.

Outcome: The Committee noted the current position.

Governance Arrangements/Reporting to NHS Board

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

17.1 The Committee agreed there were no risks requiring to be reported to the RRSAG and supported the termination of MAST risk due to adequate control and governance in place.

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

18. Key items to report to the NHS Board

18.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 10 August 2026:

1. Medical Directorate and South HSCP Directorate Assurance Reports, in particular Medical Directorate PDR response rate and the application of flexible working policies including support for working carers in line with our Carer Positive status.
2. Progress and learning from the Culture Plan
3. Comprehensive update around Staff Wellbeing and various activities including World Wellbeing Week
4. Reinstatement of the Health, Safety & Wellbeing Committee reporting into the Staff Governance Committee assurance framework

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

Items for Information

19. Area Partnership Forum Update

19.1 Paper noted for information

20. Remuneration Committee Update

20.1 Paper noted for information

21. Reasonable Adjustment Passport

21.1 Paper noted for information

22. Any Other Competent Business

22.1 The Chair formally acknowledged this being Mr Ewing Hope's final Staff Governance Committee meeting before retirement and thanked him for his significant contribution and support over may years.

The Committee also welcomed Ms Kimberley Montgomerie in her new role as Chair of Staff Side.

23. Date of Next Meeting

Thursday 12 November 2026 at 1.30pm via MS Teams

Chair .... Lillias Gallacher ... Date .....12.11.26.....