Approved at SGC 30 July 2026

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

Staff Governance Committee
9.30 am Thursday 07 May 2026
MS Teams

Present: Mr Ewing Hope, 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
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
Mrs Nicola Graham, Director of Infrastructure & Support Services
Mrs Lynne McNiven, Director of Public Health
Ms Marianne Dolan, HR Manager
Mrs Elaine Savory, Equality & Inclusion Manager
Mrs Kirsty Symington (minutes)

1. Apologies and Welcome — Action

1.1 Apologies for absence were noted from Mr Liam Gallacher, Mrs Lesley Bowie and Prof Gordon James.

In the absence of Mr Gallacher, Mr Ewing Hope chaired the meeting on this occasion.

2. Declaration of Interest

2.1 The Committee was not advised of any declaration of interest.

3. Draft Minutes of the Meeting held on 17 February 2026.

3.1 The Committee approved the minutes of the meeting held on 17 February 2026.

Dr Das highlighted Section 10.2 and queried why a meeting had been scheduled with Unison and no other union representation to discuss sickness absence, in particular Anxiety / Stress / Depression / Other Mental issue (ASDOM). Mrs Leslie advised Members a letter had been received specifically from Unison raising concern on this issue, however noted that Mr Hope was in attendance as Employee Director, therefore all unions were represented. The meeting resulted in the production of an action plan to help tackle ASDOM absence.

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

Mrs Leslie noted the use of Datix to raise concerns on safe staffing levels remained a dynamic issue and advised a communication was being drafted regarding escalation of staffing risks.

Mrs Wilson advised Members an independent review of Acute nursing staff at both University Hospital Ayr and Crosshouse had been carried out and NHS Ayrshire & Arran showed higher staffing levels against benchmarking health boards including NHS Lanarkshire and NHS Forth Valley.

Members queried if this review included medical staff however Mrs Leslie noted medical staffing come through a different route and suggested a discussion with Dr McGuffie to escalate any issues. It was also noted the use of the term ‘unsafe staffing levels’ was not always appropriate and staff should be mindful of the terminology relating to ‘low’ staffing levels.

Mrs Wilson advised Members she would work on a paper with Mr Alastair Reid, Mrs Leslie and Ms Montgomerie and bring to the next meeting. ***Action***

4.3 *Employee Relations Report – Trade Union Availability*

Mrs Kenmuir advised Members a paper had been drafted and would review with Mr Hope before being tabled at the next Area Partnership Forum (APF) meeting, however noted that changes had

already been implemented and Trade Union availability was sought for formal hearings.

Governance

5. Directorate Assurance Reports

5.1 North Health & Social Care Partnership

5.1.1 Ms Marianne Dolan, HR Manager, provided a presentation on behalf of the North Health & Social Care Partnership (HSCP), to the Committee for their assurance. She advised the Partnership had a headcount of 1913, with the majority of staff (41.13%) in the 45-59 age bracket and 61.32% of staff Band 5+ level.

The 2025 iMatter response rate was 55% with an EEI score of 79%. PDR completion rate was relatively low at 39% however Ms Dolan assured Members this was being addressed and Mrs Aileen Boyd, PDR lead for the Organisation, had attended a number of senior manager and operational management meetings to offer assistance to both staff and managers in understanding the process and the system.

Sickness absence increased to 7.09% and this was being addressed by auditing 'hotspot' areas, rolling training for managers to understand the Promoting Attendance Policy, regular absence clinics and improving succession planning in areas where there will be known retirements over the next few years.

5.1.2 Ms Dolan highlighted two successful case studies within the Partnership:

- Closure of Ward 7a, Woodland View
  Prior to closure, the ward had experienced a prolonged and difficult period, with concern relating to patient safety and staff wellbeing escalated through appropriate governance routes. A successful organisational change process was undertaken between management, HR and staff side colleagues. 12 out of 27 staff were successfully redeployed into other substantive posts and patients were discharged to either their own accommodation with support or to adult mental health wards.

- Reconfiguration of Trindlemoss House
  This is a registered care home providing support to 6 residents with learning disabilities and complex support needs. In the interests of ensuring sustainability and improved outcomes for individuals, the model of care was reconfigured and moved to a Social Care model. A

successful organisational change process was undertaken between management, HR and staff side colleagues. Out of 22 redeployed staff, 16 found alternative employment either within NHS Ayrshire & Arran or still within Trindlemoss House, but as employees of North Ayrshire Council. An unannounced inspection by the Care Inspectorate in March 2026 resulted in a positive report.

5.1.3 As an area of best practice, Ms Dolan highlighted a wide range of activities undertaken by Allied Health Professionals (AHPs) to ensure compliance with the Health Care Staffing Act. This included:

- Activities to maximise recruitment and retention, with a focus on hard to fill posts
- Roll out of eRostering to facilitate daily real-time staff assessments
- All teams have a refreshed contingency plan and escalation process to respond to immediate risks as they occur
- Roll out of job planning to ensure adequate time is given to clinical leaders
- Annual workforce review undertaken with a specific focus on Podiatry, eICT, Mental Health, Learning Disabilities, Occupational Therapy, Speech & Language Therapy and Dietetics. A review of the remaining services will take place during 2026.

Challenges for the next financial year include:

- Increasing demand for services
- Meeting the needs of the local population
- Ensuring continued resilient island based services
- Financial constraints
- Ethical stress

The discussion was opened out to the Committee. Concern was raised regarding the age demographic, in particular the 45-59 age bracket as it was felt this was too broad a range. There was a specific request to have this adjusted to provide a clearer picture in terms of succession planning. Mrs Leslie and Mr Lean agreed to review this age bracket for future reports. ***Action***

Members noted the increase in sickness absence and were advised the main reason remained Anxiety, Stress, Depression / Other mental issue (ASDOM) however since the pandemic, staff were finding their personal lives more demanding which was adding to stress. Ms Dolan advised Members they were considering absence with a more holistic approach with Trade Unions and Occupational Health.

Mr Hope noted the 15 staff remaining in redeployment following the closure of Ward 7a and queried what plans were in place to place these staff into meaningful posts. Ms Dolan assured the Committee all redeployed staff were still working within Mental Health in Woodland View.

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

5.2 **Public Health Directorate**

5.2.1 Mrs Lynne McNiven, Director of Public Health, provided a presentation to the Committee for their assurance. She advised the Directorate had a headcount of 228, with the majority of staff (91.54wte) in the 20-49 age bracket and 101.48wte at Band 5+ level.

The 2025 iMatter response rate was 60% with an EEI score of 82%. PDR completion rate was relatively low at 47%. Sickness absence was 3.42% year to date and staff turnover was 5.87%.

5.2.2 Mrs McNiven highlighted two areas of best practice:

- Successful recruitment of four Clinical Fellows for a year-long fellowship, working 1 day with Public Health. The role provides junior doctors with experience in Public Health and has received positive feedback so far.

- Relocation of Public Health teams to the Rozelle corridor at Ailsa which has brought together teams who had been dispersed across multiple locations. This supports staff wellbeing, inclusion and retention by creating a shared workspace and encourages peer support. Mrs McNiven extended her thanks to Mrs Graham and the IS&S team for their support during the move.

Mrs McNiven highlighted to Members the challenge around suitable and accessible team office space at Lister Street within the University Hospital Crosshouse site, particularly for consultants and registrars which impacts day-to-day working, collaboration and wellbeing. Mrs McNiven is working closely with Mrs Graham for solutions around the accessibility of the distributed working sites.

5.2.3 The Public Health Business Manager provides monthly MAST compliance reports to all line managers who then discuss with their staff and this focus has seen the compliance rate increase by 27% to 85.8%.

Mrs McNiven noted the iMatter response rate of 60% and advised Members the Directorate was made up of several small teams and

she had therefore tried to aggregate teams together to maintain confidentiality and allow more open responses.

5.2.4 Members were advised the Stress Talking Toolkit was being carried out by line managers on an annual basis and the use of safety culture cards have been implemented at team meetings across the Directorate. Mrs McNiven advised an Organisational Development overview of culture had been undertaken across the Directorate by Mrs Carrie Fivey, Head of Learning, Organisational Development and Staff Experience.

There remained a focus on PDR completion at leadership management meetings and messages are disseminated to all direct reports and line managers. A matrix working approach continued within the Directorate, giving staff the opportunity to work in different areas, utilising expertise and developing skills and experience.

5.2.5 The Directorate was successful in recruiting a second Modern Apprentice and hosted placement staff through a range of employability projects. From the most recent employability intake, two placement staff were successfully progressed into fixed term contracts within Public Health.

5.2.6 The discussion was opened out to the Committee. Concern was raised with the use of the term 'BAME' in the workforce matrix as this terminology was out of date. Mrs Leslie agreed this would be raised with Mrs Savory, the Equality and Inclusion Manager. ***Action***

Members appreciated the strong engagement with employability, recognising this as an excellent example of good practice. In terms of the culture overview, Mrs McNiven shared this was an isolated event and was in early discussions with Mrs Fivey, developing a diagnostic questionnaire.

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

5.3 **Infrastructure and Support Services**

5.3.1 Mrs Nicola Graham, Director of Infrastructure & Support Services (I&SS), provided a presentation to the Committee for their assurance. She advised the Directorate had a headcount of 1602, with the majority of staff (38.13%) in the 45-59 age bracket and 27.46% 60yrs+. 85.32% of staff were in Bands 2-4.

The 2025 iMatter response rate increased to 52% with an EEI score of 78%. PDR completion rate was 56%. Sickness absence slightly increased to 5.81% year to date and staff turnover decreased to 8.47%. MAST compliance was currently 78% which was a marked

improvement since the last update, due to continued focus on this area.

5.3.2 Areas of best practice included:

- Viva Engage site for staff and senior manager updates
- Dedicated quarterly People & Workforce Group
- Implementation of Pulse surveys
- New Graduate Apprenticeships in AI & Data Science – first directorate to advertise this. Mrs Graham advised Members they worked closely with the Employability Advisor to promote in local schools.

5.3.3 Challenges for the Directorate for the year ahead included:

- Continued financial constraints – budget cuts impacting on service delivery and staff workload leading to increased stress and absence
- Absence due to aging workforce – succession planning and knowledge gaps affecting service continuity
- Recruitment of hard to fill posts – looking at opportunities for professional development and making jobs more appealing, creating an engaged and committed workforce
- High turnover services – looking to target recruitment strategies to attract talent and valuable staff

5.3.4 Members were advised PDRs were regularly discussed at team meetings to ensure they were taking place, and the team have a target to reach the 60% target by the end of this month. Those service managers not meeting the target are required to exception report and provide an update trajectory.

Work is being done to address health inequalities by supporting and promoting various routes to improve staff wellbeing. This includes raising awareness of the NHS A&A wellbeing app, wellbeing suites and access to resources. Numerous Digital Champions have been identified throughout the Directorate who assist in new developments and implement digital technology and new ways of working. The Digital Champions are vital in supporting colleagues with their digital confidence and skills.

5.3.5 Areas of improvement for progression included:

- Liaising with other boards and public sector partners to share resources and undertake joint training and development initiatives
- Scoping block recruitment for high turnover services to streamline the hiring process (eg clinical support services)
- Working to change current recruitment advertising content with a greater emphasis on career pathways, beneficial terms

& conditions, pension arrangements, job security, values and opportunities for distributed working.

5.3.6 The Directorate have implemented two key initiatives to further improve open communication and flexibility for employee satisfaction and engagement:

- Viva Engage page – established to provide all staff with direct access to the Director, promoting transparency and open dialogue
- Pulse surveys – these have been introduced alongside the Viva Engage page where a short number of repeated questions are asked. All responses are anonymous and the top 2 issues are highlighted for each area, responded to and action plan created

The impact of these initiatives has been positive and fosters a culture of trust where staff are empowered to contribute to discussions which shape the service.

5.3.7 The discussion was opened out to Members who noted the positive report and queried how the organisation could learn from Mrs Graham's example. Mrs Graham noted:

- The more visible senior managers were, the better engaged staff become
- Better engagement with staff led to staff being more receptive and engaged
- Ensure actions were followed through when highlighted through the pulse survey action plans which builds trust with staff
- Promoting Digital Champions programme to support teams and learn new skills. Some successful pilot schemes have been trialled including domestic staff utilising Teams
- Pulse surveys written in a way staff can use own mobile phones to access via QR code

Members thanked Mrs Graham for the positive presentation and were encouraged by the staff engagement.

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

6. Committee Workplan

6.1 The Committee approved the content of the Forward Planner for each meeting of the SGC through to their February 2027 meeting.

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

Outcome: The Committee approved the content of the workplan.

7. Staff Governance Committee Annual Assurance Report and Self-Assessment

7.1 Mrs Leslie highlighted the report setting out the key achievements of the SGC and providing assurance to the NHS Board the Committee were fulfilling their remit.

Mrs Leslie noted the executive leadership change in July 2025 and gave a formal note of thanks to Ms Claire Burden, previous Chief Executive and formally welcomed Professor Gordon James as interim Chief Executive to the Committee.

Mrs Leslie also extended her thanks to Mrs Lorna Kenmuir and her team for producing the refreshed Employee Relations report which provided Members with more clarity on themes and qualitative feedback in terms of current cases.

Members noted the priorities for the Committee for 2026/27 including:

- Actions from internal audits in attendance management, PDR and health & safety
- More regular reports from Occupational Health & Safety

Mrs Leslie extended her thanks to her senior team, Trade Union representatives and Executive Directors for all their support and input and to Mrs Symington who provides admin support to the Committee.

Outcome: The Committee approved the Annual Report and self-assessment for submission to the NHS Board.

8. People Plan 2026/27 – 'Plan & Attract' Theme

8.1 Mr Lean provided Members with an update on the refreshed 'Plan & Attract' strand from the new People Strategy, which was approved by the Board in December 2025. The new Strategy has a 5 year lifespan to 2030. Mr Lean described the three commitments relevant to this strand of the Strategy:

- Develop the Workforce Plan 2026-29 to identify future staffing needs and demographics
    - Development of a new iteration of the Workforce Plan has been delayed until updated workforce planning

improvement framework guidance is released by Scottish Government post-election

- Refresh the Recruitment Plan to improve branding, effectiveness and retention
    - Current plan is in-date until October 2026 and Mr Lean advised Members a new version would be developed over the summer – any outstanding actions from the current plan will be incorporated into the new plan

- Launch a new Employability Plan to expand entry routes and partnerships
    - A new Employability Plan will be developed during 2026, taking cognisance of employability plans developed by other Boards

8.2 Mr Lean advised Members all objectives in the People Strategy had associated impact measures against which progress for the duration of the plan could be measured. Mr Lean highlighted there was one impact measure not currently met or on track:

- **Meet the 12 week NHS Scotland recruitment standard** Current average for NHS Ayrshire & Arran is 16 weeks. Mr Lean noted this was not acceptable however the reasons for this were multifactorial, including standard 3 month notice periods across Boards, preferred candidates not taking up post and the need to revert to reserve candidates and recruiting managers not timeously adhering to their aspects of the process

Mr Lean highlighted a few of the other impact measures:

- Maintain 75% of employability participants gaining substantive roles – 66% of participants on last paid placement programme gained substantive roles
- Increase apprenticeships beyond the 5 year average of 25 each year – approx. 26 headcount individuals on apprenticeship programmes in 2025 however this is dependent on the capacity of the wider organisation
- Reduce non-disclosure of protected characteristics in recruitment – this is solely for recruitment purposes and formal reporting is via the Equalities Mainstreaming report
- Ensure 80% of recruiting managers complete unconscious bias training – a number of sessions have already taken place working in collaboration with Mrs Fivey
- Lower turnover to pre-pandemic levels of 6.4% - turnover rate for 2025/26 was 6.15% and this figure remains consistently low.

Mr Lean noted good progress had already been made in implementing the impact measures and that this had been achieved within existing resource.

8.3 Members thanked Mr Lean for the update, noting the challenges faced within the Directorate. Mrs Wilson was keen to incorporate the key outputs from the Nursing & Midwifery Task Force with the work being undertaken in this strand of the People Strategy.

Members queried whether the 12 week recruitment standard was being met by any Health Board and if the delays in recruitment applied to new staff or if this included internal staff. Mr Lean advised the 12 week standard was not routinely reported on therefore was unable to confirm if any Board was meeting this standard. Mr Lean also advised it was predominately new staff which took longer due to pre-employment checks etc. Discussion between departments usually takes place in terms of start dates and notice periods.

Outcome: The Committee welcomed and noted the report on actions against the "Plan & Attract" 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 on 01 May 2026.

It was agreed following discussion at Integrated Governance Committee in February 2026 that a single strategic risk would be developed to act as a benchmark for good practice and work is ongoing to implement this approach. Risk ID351 (Personal Development Review Process) was the risk identified to be developed as the example to benchmark the other strategic risks against. This has been reviewed by the risk owner and risk manager and appropriate updates have been made to the risk register.

There are five risks aligned to this Committee and four were due to be reviewed. Three risks have been updated with one risk (ID219 – Promoting Attendance and Staff Wellbeing) was being reviewed.

9.2 Mrs Leslie explained that workforce risks including PDR and health and safety which had been subject to an internal audit were under active review and that areas of mitigation and support would be included within the updated risk register statements.

Mrs Leslie referred to the update by Carrie Fivey to assure members that PDR risk was actively managed and that the team

would work with risk management colleagues to ensure that risk review was completed in line with the risk process.

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

Key Updates

10. Whistleblowing Quarterly Report

10.1 Mrs Wilson provided an update on the Whistleblowing Report for Q4 January – March 2026.

Key highlights from the report:

- Seven concerns received during the quarter however none met the criteria for progression under Whistleblowing Standards
- Four concerns submitted anonymously which limited the ability to assess the matters therefore could not be progressed through formal Whistleblowing proess
- One concern out of the seven raised issues with potential implications for patient safety and this was escalated to the relevant Director for appropriate action and follow up
- There are four investigations in progress, carried forward from previous quarters
- One improvement plan remained open at the end of Q4 however the plan had now been completed with all actions concluded
- 46.6% of all staff and 88.2% of Line Managers and Senior Managers had completed the Turas Whistleblowing eLearning modules
- No referrals were escalated to the Independent National Whistleblowing Officer (INWO)

10.2 Mrs Wilson wished to acknowledge the positive numbers in relation to the Turas Whistleblowing training, noting that 88.2% of Line Managers and Senior Managers had now completed the training which indicated managers were aware of the importance of the training.

Dr Das noted Whistleblowing (WB) could be a complex area to deal with and staff could sometimes become confused about who/where to raise concerns (Confidential Contacts or Speak Up Advocates and what are their roles). The Confidential Contacts (CC) are vital to maintain our compliance to the Standards therefore Dr Das considered whether there would be merit in having more CC's than Speak Up Advocate and noted this would evolve over time.

Dr Das also observed in areas with lower PDR compliance and low iMatter responses, there were higher levels of Employee Relations cases including bullying & harassment and concerns raised via WB and therefore WB should not be considered in isolation, but rather as part of the entire organisational culture.

10.3 Mrs Kenmuir noted the number of anonymous concerns raised and wished to assure Members that all anonymous complaints and concerns are investigated via an alternative route. Due to the nature of the anonymous complaints, the team are unable to feed back to the person raising concerns, but Mrs Kenmuir confirmed all concerns are investigated.

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

11. Employee Relations Report – Q4 2025/26 and Annual Report

11.1 Mrs Kenmuir provided Members with an update on the Employee Relations report for Q4, along with a reworked version of the annual report. Due to the new format of the report, Mrs Kenmuir advised Members this would be the last annual report and instead the quarterly reports would have the same design and content as the annual report, including closed cases and outcomes, with additional comments from the HR Managers. Mrs Kenmuir explained there was no electronic way of pulling all the information together and it had taken two of her staff 4 days to manually extract the relevant information for the reports.

11.2 Closed cases in 2025/26:

- Conduct – 98 closed cases
- Grievance – 24 closed cases
- Bullying & Harassment – 17 closed cases

Mrs Kenmuir noted 72 out of the 98 conduct cases were resolved at Early Resolution stage which was beneficial to all parties involved as it negated the need for formal panels and sped up the process, meaning less stress for all staff involved.

4 staff were dismissed during 2025/26 and Mrs Kenmuir noted this was a positive result as the team try to work with staff and provide retraining or look for roles in alternative areas rather than dismissing staff. Additionally, there were a low number of suspensions as they look for alternatives and keep staff at work in some capacity rather than being at home.

11.3 The discussion was opened to Committee who thanked Mrs Kenmuir for the comprehensive report. Members noted given the

size of the Organisation, the number of conduct cases was relatively small and queried whether there was a specific way of recording where there was a racial element to conduct cases.

Mrs Kenmuir advised that within the eESS system, there was no opportunity to record anything against protected characteristics. However the team now record manually on the local spreadsheet if there was some kind of harassment or discrimination and Mrs Kenmuir was confident if there was a racial element, this would be recorded. In addition, there is no sub-category on eESS for Anxiety/Stress/Depression/Other Mental Issue (ASDOM) therefore the Promoting Attendance team have also begun to log reasons for long term sick ASDOM, be it bereavement leave or illness within a family etc.

11.4 Mr Hope queried whether there had been an increase in the number of cases that were taking in excess of 12 months to conclude due to the introduction of the new Once for Scotland policies. Mrs Kenmuir noted the investigation processes were taking longer due to the required 2 week notice period, however the team worked closely with Trade Union colleagues and staff involved and in some cases, staff are happy to forego the notice period to allow investigations to take place in a more timeous manner.

Outcome: The Committee noted the Q4 and annual update and noted this would be the last iteration of the annual report, with the new quarterly reports containing the required additional information.

12. PDR Update

12.1 Mrs Fivey provided Members with an update on PDR compliance and noted current compliance rate for the Organisation was 46%, which still fell below the local target of 60% and national target of 80%. In addition, compliance rate has decreased steadily over the last 5 months despite Mrs Aileen Boyd attending various Senior Management Team meetings across the organisation to ensure there remains a focus on PDR compliance. Mrs Fivey noted the main reason staff were offering for non-compliance was time constraints and the inability to release staff from the ‘shop floor’.

12.2 Mrs Fivey advised Members her team had done and were doing everything possible to support and encourage managers to complete PDRs for staff and now felt it required systemic leadership and for all Directors to have a strategic objective to achieve 60% compliance for PDR.

Mrs Fivey also noted that the recent Azets audit highlighted it was manager responsibility to complete PDRs with staff and to set

objectives. An effective workforce requires objectives to provide role clarity and staff to be aware of their responsibilities. This is achieved by managers having 1:1 conversations with staff and setting objectives and PDRs and this was not happening for more than 6,000 of our staff.

12.3 The discussion was opened to Members who noted:

- It would be helpful for structured improvement plans for the next 3,6 & 12 months for each Directorate to be brought to Corporate Management Team and for each Director to take ownership of their area
- There is little engagement with staff from leaders regarding their development and managers are showing no evidence of leadership by not carrying out PDRs – this would mean no prospect of progression to promoted roles if they are not carrying out the fundamentals of their current managerial roles
- Consideration to be given to have a maximum number of direct reviewees for managers to ensure the span of control is manageable
- Consider standard template of objectives to be used organisationally and be tailored for every job role
- Diary and meeting commitments was acknowledged to be very challenging and consideration to be given to specific allocated time to complete PDRs with staff
- Completion of PDRs with staff seemed to correlate with lower absence, fewer mistakes and higher levels of staff retention, as noted in the I&SS presentation from Mrs Graham
- It shouldn't be a complicated process – it is 3 questions to discuss with staff
    - What has gone well this year
    - What could have gone better
    - What are you doing for next year

12.4 Mr Hope raised concern around staffing levels, noting staff were unable to come off wards to participate in Moving & Handling and Violence & Aggression training and completing PDRs & MAST and noted previous discussion around on the number of complaints and concerns raised around safe staffing levels.

Mrs Wilson advised she would work with Vicki Campbell and produce a formal response from an Acute perspective around the staff and numbers and bring back to this Committee, the Health, Safety & Wellbeing Committee and Area Partnership Forum.
Action

Outcome: The Committee noted the PDR activity.

13. Employability Update

13.1 Mr Lean provided an annual summary of the range of employability activity undertaken and noted his thanks to his small team for the amount of work achieved over the past year. Mr Lean noted some crossover with the Learning & Development team with June Espie in terms of apprenticeships work.

Mr Lean suggested that as an organisation, we needed to be more deliberate in our planning and not be as opportunistic in how we approach employability, noting some good examples from the earlier Directorate presentations where they had done some work on employability, but not all directorates equally do so.

13.2 The paper was not discussed in any further detail and Members had no questions for Mr Lean.
Outcome: The Committee noted the update on the ongoing initiatives.

14. Equality & Diversity Update

14.1 Members welcomed Mrs Elaine Savory to the meeting who gave a brief overview of the key points in the Equality & Diversity update:

- Anti-racism plan due to go to Board for final approval in June following robust engagement and consultation and presentation to numerous groups and committees throughout the organisation
- Reasonable Adjustment Passport developed in collaboration with our disability staff network. In addition, guidance has been drafted to support managers, and includes a non-exhaustive list of examples of reasonable adjustments
- The Translation & Interpretation process was updated to improve consistency, access and governance across the organisation. Since the new process was implemented, there has been better use of telephone and remote video which is reducing delayed patient appointments
- Supreme Court Ruling had significant implications for public bodies however the organisation has been considering the implications to ensure our policies, practices and guidance remains lawful, proportionate and aligned with national direction
- Staff Networks – work continues to progress to ensure staff experience is considered and peer support offered where required, supporting various areas of work across the organisation

14.2 Mr Lean advised Members that NHS Lanarkshire have successfully used an anonymous system to report distinctly against any of the

protected characteristics including incidents of harassment or bullying etc. Scottish Government were currently deliberating over it and considering if it should be rolled out as a Once for Scotland model. Mr Lean noted it was an excellent model and felt it would be good practice to implement at NHS A&A if it was cost effective.

Outcome: The Committee thanked Mrs Savory for the update and noted the report

Governance Arrangements/Reporting to NHS Board

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

15.1 The Committee agreed to escalate the PDR performance to RARSAG due to not meeting the 60% trajectory and there is a need to review the mitigations.

Outcome: The Committee agreed to escalate PDR performance to RRSAG.

16. Key items to report to the NHS Board

16.1 The Committee agreed to highlight the following key items from the current discussions, using the template provided, at the next NHS Board on 08 June 2026:

1. I&SS Directorate Assurance Report, in particular improvements in PDR and MAST compliance and iMatter response rate
2. Refreshed People Plan and the first quarterly update for the 'Plan & Attract' theme
3. Comprehensive discussion around PDR compliance and failure to meet the local 60% target

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

Items for Information

17. Area Partnership Forum Update

17.1 Paper noted for information

18. Any Other Competent Business

18.1 <u>Health and Safety Azets Audit outcome</u>

Mrs Leslie advised Members this was one of only 2 ‘red’ audits this year and one of the specific recommendations was that this Committee should be better informed and cited in terms of all aspects of health and safety, and that specifically relates to our legal compliance and statutory duties around statutory compliance.

Mrs Leslie also noted a new health and safety report would be tabled at the next meeting to provide the Committee with the opportunity to have more insight in terms of the people and building environment issues.

19. Date of Next Meeting

Thursday 30 July 2026 at 9.30am via MS Teams

Chair ..... Date ....30.07.2026.....