

Approved at SGC 11 February 2025
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Chief Executive and Chairman's Office  
Eglinton House  
Ailsa Hospital  
Ayr KA6 6AB

**Staff Governance Committee**  
**2 pm Thursday 14 November 2024**  
**MS Teams**

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

**Ex-officio** Ms Claire Burden, Chief Executive Officer  
Mrs Sarah Leslie, HR Director  
Mrs Allina Das, Staff Participation Lead  
Ms Lorna Sim, Staff Participation Lead

**In attendance:** Mrs Jennifer Wilson, Executive Nurse Director  
Mrs Lorna Kenmuir, Deputy HR Director  
Mr Craig Lean, Head of Workforce Resourcing & Planning  
Ms Kirstin Dickson, Director for Transformation & Sustainability  
Ms Caroline Cameron, Director of North Ayrshire Health & Social Care Partnership  
Ms Nicola Graham, Director for Infrastructure & Support Services  
Mr Alistair Reid, Director of Allied Health Professions  
Mrs Kirsty Symington (minutes)

- | <b>1. Apologies and Welcome</b>  | <b>Action</b> |
|--|---------------|
| 1.1 Apologies for absence were noted from Mr Ewing Hope, Mr David Black, Cllr Douglas Reid and Cllr Lee Lyons.                               |               |
| <b>2. Declaration of Interest</b>  |               |
| 2.1 The Committee was not advised of any declaration of interest.  |               |
| <b>3. Draft Minutes of the Meeting held on 01 August 2024.</b>   |               |
| 3.1 The Committee approved the minutes of the meeting held on 01 August 2024.  |               |
| <b>4. Matters Arising</b>  |               |
| 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 Nurse Directorate Assurance Report

As part of the Nurse Directorate Assurance Report during the meeting in February 2024, the Committee asked the Nurse Director whether it was possible to have an overall picture of the entire nursing workforce.

Mrs Wilson advised this would be progressed through the Workforce Implementation Scrutiny Group however noted this may prove challenging as the nursing workforce was spread throughout Acute Services and the 3 Health and Social Care Partnerships.

## 5. **Whistleblowing Quarterly Report**

5.1 There had been a request to bring the Whistleblowing Quarterly Report higher up the agenda to allow Mrs Wilson to attend another meeting.

Mrs Wilson provided an update on the Whistleblowing Report for Q2 July – September 2024 and noted the new layout of the paper, which is now aligned to the national Key Performance Indicators, and extended her thanks to Shona McCulloch and Karen Callaghan for providing the information.

5.2 Of the 4 improvement plans from concerns raised in 2022/23 and 2023/24, one has been closed while the other 3 remain in progress, which is an indicator of the complex nature of the concerns. Mrs Wilson assured Members that the improvement plans are discussed at the Whistleblowing Oversight Group. Mrs Wilson also confirmed that the staff who raised the concerns were kept fully up to date with the status of the implementation plans.

5.3 67% of managers and 39% of staff in total have now completed the Turas Whistleblowing e-Learning modules and there are communications to remind staff that this is mandatory for line managers and leaders to complete.

5.4 During Q2 2024/25, one concern was raised and it was agreed to take forward through the Whistleblowing process following review by the Whistleblowing Decision Team. Mrs Wilson advised the Committee that a number of Whistleblowing concerns had been raised since the last quarter and that these would be included in the next report.

5.5 Members were advised there were no concerns escalated to the Independent National Whistleblowing Officer (INWO) which is an indicator that our processes are robust. Mrs Wilson advised the Committee that INWO reports from other Boards are reviewed to

benchmark against other areas and to ensure we follow the standards.

- 5.6 Dr Das assured the Committee that although timescales have not been met, any concern raised which may pose a risk to patient safety is promptly investigated with due concern and Mrs Wilson confirmed the team works closely with the whistleblower throughout the investigation.

The Committee thanked Mrs Wilson for the update and were reassured by our robust processes.

Mrs Wilson left the meeting at this point.

**Outcome: The Committee noted the new layout of the report and the current performance for Whistleblowing concerns received.**

## **Governance**

### **6. Directorate Assurance Report**

#### **6.1 Transformation & Sustainability**

- 6.1.1 Ms Dickson provided an update giving assurance on the work being done within Transformation & Sustainability. Overall the Directorate is fairly small and has a headcount of 36 with a WTE of 33.34. Year to date sickness absence increased to 3.31% and maternity leave decreased to 2.91%. Being a small team, Ms Dickson acknowledged that absence can be impactful for the team. Staff turnover decreased to 7.79%. PDR compliance is currently 89%. iMatter response rate was 92% with an EEI score of 84. MAST compliance was 97%.

Ms Dickson advised Members that time is spent with the team focussing on PDR, MAST and iMatter to ensure good engagement which is evident in the high scores.

- 6.1.2 Ms Dickson highlighted the team had made a wholesale shift to work in a distributed way, with staff working at the best location to support the job they need to do. Staff have been supported through DSE and home working risk assessments and the Directorate has agreed working principles through a collaborated approach to reinforce good practice in line with organisational policies.

The reduction in working week to 37hrs was implemented in full from 1<sup>st</sup> April 2024 and no issues have been raised in relation to service sustainability.

- 6.1.3 Ms Dickson advised Members that service sustainability was a challenge and noted that delivering Caring for Ayrshire with no resource allocation and a small Programme Management Office team was difficult. In addition, successive years of CRES delivery reducing wte across the Directorate has left them with small teams that have very little flex to cope with unplanned leave. Ms Dickson also highlighted that future planned reductions in the working week may have an impact on service delivery going forward.
- 6.1.4 Ms Dickson highlighted that staff are encouraged to participate in iMatter and noted 100% action plan completion for the Directorate. As not all staff are on site, 2 sessions are deliberately planned per year to meet as a Directorate as a whole, one in summer and one in winter and the team catches up in an informal way.
- 6.1.5 To ensure staff are appropriately trained and developed, there is a focus on MAST and PDR compliance, both of which are monitored on a monthly basis by the Business Manager. The Business Manager liaises individually with any member of staff who are behind on MAST or PDR completion.

The Committee thanked Ms Dickson for the positive update and commended the MAST / PDR results, highlighting this was an engaged workforce who had embraced the Staff Governance approach. Members acknowledged the very broad portfolio of Transformation & Sustainability and noted that although staff work in a distributed way, they remain connected.

**Outcome: The Committee noted and were assured by the work being done in relation to Transformation & Sustainability**

## 6.2 North Ayrshire Health & Social Care Partnership

- 6.2.1 Ms Cameron provided an update giving assurance to the work being done within the North Ayrshire Health & Social Care Partnership (NAHSCP). Overall the Directorate has a headcount of 1,990 with a WTE of 1744.8, although when combining the Social Work staff, this number rises to over 4,000. Year to date sickness absence was 6.12% which was a slight increase on last year. Staff turnover decreased to 6.86%. PDR compliance is currently 35%. iMatter response rate was 58% with an EEI score 81. MAST compliance rate was 89%.
- 6.2.2 Ms Cameron advised Members of the Staff Wellbeing Programme, noting the Scottish Government had allocated money to NAHSCP in 2021/22 to support the wellbeing and mental health of the Primary Care and Social Care Workforce. In addition, the Integrated Joint Board (IJB) agreed further funding over a 2 year period for 2022/23 and 2023/24 to continue the staff wellbeing programme. This funding gives equal priority to those working in health and social

care including independent contractors, out of hours services, volunteers, carers and support staff.

Ms Cameron advised the Committee of some of the local and national supports offered to staff through the wellbeing programme including:

- 3 month gym pass to all KA leisure facilities
- Online delivery of mindfulness sessions from Everyday Mindfulness Scotland
- Optima Health workshops
- Active Lifestyles Activator Bus offering health checks
- Trauma released exercise taster sessions
- Staff wellbeing rooms
- National Trust cards

- 6.2.3 Members were advised of a new Mental Health Unscheduled Care Service Assessment Hub which is a 7 bedded 72hr assessment unit at Woodland View with 24/7 access. Ms Cameron advised the Committee this was the only one of its kind in Scotland and was introduced to reduce admissions to the Acute hospitals.

Referring agencies can refer directly to the hub and these include Police Scotland, Scottish Ambulance Service, Intensive Community Psychiatric Nursing Team, Mental Health Liaison and Advanced Nurse Practitioners.

There have been 62 admissions to the hub between 5<sup>th</sup> February – 19<sup>th</sup> June with only 17 patients requiring admission to Woodland View. They have 5 beds open recurrently and are making good progress, resulting in better occupancy levels at Woodland View. Feedback from both staff and patients has been very positive.

- 6.2.4 Ms Cameron described some of the challenges facing the Directorate including financial and service delivery implications relating to Pay Reform and recruitment & retention in some specialist posts including Consultant Psychiatry and Learning Difficulty Nurses which also impacts service delivery.

Members were advised of the challenges in recruiting and retaining staff within both Health and Social Care services on Arran, noting the cost of living and housing availability makes it difficult for staff to relocate there and the ferry service can be unreliable. Ms Cameron advised the Committee the Directorate had purchased a house on Arran for staff to make use of when required and noted it had 100% occupancy 100% of the time, therefore it was being well utilised.

- 6.2.5 The Committee thanked Ms Cameron for the comprehensive update and noted the financial and recruitment challenges in relation to Arran. A query was raised in relation to engagement with staff and

community of Arran and how they maximise the resources available. Ms Cameron assured the Committee that Arran was the most integrated service they have in North Ayrshire. There are small teams throughout the island who all need to be self sufficient eg catering and one manager is responsible for sharing the resource of all services.

- 6.2.6 Members noted the high percentage of workforce in the under 50 category and asked what was the cause of this trend. Ms Cameron advised that there is ongoing engagement with young people and they tend to over recruit student nurses, working alongside the university.

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

### 6.3 Infrastructure & Support Services

- 6.3.1 Ms Graham provided an update giving assurance on the work being done within Infrastructure & Support Services. Overall the Directorate has a headcount of 1604 with a WTE of 1000.68. Year to date sickness absence marginally increased to 5.67%. Staff turnover increased to 10.74%. PDR compliance is currently 56%. iMatter response rate was 41% with an EEI score of 79. MAST compliance was 82%.

Ms Graham acknowledged the higher sickness absence level and noted this correlated with the higher rate of older aged staff.

- 6.3.2 Ms Graham advised Members that in order to improve staff engagement, the Directorate has successfully implemented a quarterly newsletter with specific themes. The newsletter has been growing in popularity and now has a waiting list to include good news stories. In addition, they participated in a national Estates and Facilities day, hosting events to celebrate staff on each main site, highlighting the essential roles of the teams. It is intended to replicate these initiatives going forward across other services to further promote engagement and recognition.

The Committee heard that staff are actively encouraged to attend various leadership and development courses offered by our Learning & Development Team, which have been well attended. In addition, the team are liaising with other Boards and Public Sector partners to share resources and undertake joint training and development initiatives.

- 6.3.3 Members were advised of the challenges facing the Directorate for the year ahead which included:
- Continued financial constraints

- Absence due to aging workforce – succession planning and knowledge gaps can affect service continuity
- Recruitment of hard to fill posts – trying to create opportunities for professional development and making jobs more appealing
- High turnover services

Ms Graham advised the Committee they are looking into developing an apprenticeship programme to aid with succession planning into areas such as plumbing, electricians, digital services, procurement and capital planning. However they are working on how to fund such programmes at present.

- 6.3.4 Ms Graham acknowledged the low response rate for iMatter despite best efforts to support and promote the completion of the survey. Members were advised that due to the blend of workforce within the Directorate, not all staff have access to a pc – there is the option for paper copies however this can be a barrier. Ms Graham assured the Committee the managers were working with HR colleagues on how to increase the uptake.

Members were advised that the Directorate was running a pilot in Domestic Services for staff to access Teams and Viva Engage in order to learn skills to use technology and increase confidence in staff to utilise these forums.

- 6.3.5 The Committee were advised that 2 key initiatives have been implemented to assist with open communication and flexibility which were important for staff satisfaction and engagement:

- Viva Engage – page was established to provide all staff with direct access to the Director, promoting transparency and open dialogue. An ‘Ask Me Anything’ mailbox has been introduced for staff to submit questions anonymously
- Distributed Working – this has been implemented within a section of the service which allows staff to work in a flexible environment. Staff have expressed appreciation for the flexibility and it has enhanced overall morale within the service

- 6.3.6 The Committee thanked Ms Graham for the positive update and appreciated the challenges with regards to skills and recruitment and the various initiatives promoting staff engagement. Members queried whether alternative methods of collating iMatter responses had been considered. Ms Graham advised that she had done a back to basics exercise with the Domestic team and it became apparent that several of them were unaware of the survey at all, which could be due to staff turnover or the information not being disseminated by line managers. Ms Graham advised she was having discussions with the HR Manager for that part of the

Directorate on how to ensure all staff are made aware of the survey going forward.

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

## **7. Committee Workplan**

- 7.1 The Committee approved the content of the Forward Planner for each meeting of the SGC through to their February 2025 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.**

## **8. Staff Governance Committee Dates 2025 - 2026**

- 8.1 Mrs Leslie advised the Committee that the Board Corporate Calendar was currently under review therefore meeting dates for 2025/26 for all Committees were delayed until the Board meeting dates were agreed and confirmed. Mrs Leslie noted dates for this Committee would be brought to the next meeting for approval.

**Outcome: The Committee noted the schedule would be discussed at the next meeting.**

## **9. Staff Governance Monitoring Return**

- 9.1 Mrs Leslie advised the Committee that the Staff Governance Monitoring exercise was paused for 2023-24 to facilitate a comprehensive review of the process. In the absence of normal reporting, Boards were requested to provide assurance that they are committed to upholding the Staff Governance Standards along with data on bullying & harassment, whistleblowing and retire & return information.

Members were content for our data to be submitted.

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

## **10. People Plan 2024/25 – ‘Develop’ Theme (incorporating Leadership & Development Update)**

- 10.1 Mrs Leslie extended her thanks to Mr David Black for providing updates on the Develop theme of the People Plan along with a more comprehensive update on Leadership & Management Development.



Mrs Leslie highlighted the key items describing progress against the Develop objective and the longer term actions to support NHS A&A's ambition to be an exemplar employer.

#### D1 – Staff appraisal – PDR and PDP

- Performance improvement from Oct '23 to Oct '24 increased to 40%. Monthly reports are provided on Athena which Directorates and Managers can access to help monitor and improve overall compliance

#### D2 – Training and development

- Engaging nationally to develop pipeline for aspiring senior leaders
- 47 Corporate Induction sessions from Oct'23 – Sept '24 with 1114 delegates

#### D3 – MAST

- Improved MAST compliance to 80% in Oct '24. Fire and Infection Prevention & Control training to 71% and 70% respectively as of Oct '24
- Scorecard has been mandated for all services and communication issued via Directors to improve the updating of the scorecard. Guidelines have been updated in addition to digital training available for users
- Reports are provided to CMT, APF, People Strategy Steering Group and this Committee

#### D4 – Effective Leadership and Management

- 50 managers accessed the Newly Appointed Managers programme in 2024
- Managers accessed 186 LearnPro LMS modules for Introduction to Leadership and Management Development programme
- 666 places were taken by team leaders and managers covering a range of HR topics which included Once for Scotland policies
- Programmes are promoted via Directors, Daily Digest, eNews and accessed via Athena
- Coaching requests are managed via the Head of Learning OD and Staff Experience to enable access to internal / Regional / national coaching. 47 leaders and managers attended Coaching 4 Change.
- 6 delegates accessed Leadership 3 which is facilitated in partnership with NHS A&A, NHS Dumfries & Galloway, NHS Forth Valley and Golden Jubilee National Hospital
- 6 delegates accessed NES Leading for the Future
- 3 delegates accessed West of Scotland Adaptive Leadership Programme

- 10 delegates accessed Step into Leadership which is facilitated in partnership with NHS A&A, NHS Dumfries & Galloway and Golden Jubilee National Hospital
- Compassionate Leadership sessions attended by 170 managers
- 120 staff attended Active Bystander sessions
- Planned development scheduled on a quarterly basis for Speak Up Advocates and Confidential Contacts for Whistleblowing
- Culture Steering Group reinstated and due to hold first meeting in December

D5 – OD support to assist delivery of integrated services

- Bespoke development activity has been designed and delivered for a range of services on request

- 10.2 The Committee thanked Mrs Leslie for the update and noted the number of delegates attending these sessions. There was a query if there was a way to measure the qualitative outcome of from the sessions using the Kirkpatrick model of evaluation to determine
- Level of satisfaction of users
  - What difference is it making in day to day working
  - Are the course evaluations useful

Mrs Leslie agreed to feed this back to the L&D team

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

## 11. Area Partnership Forum Update

- 11.1 Ms Burden provided an overview of the highlights from the APF meeting held on 30 September 2024.

- Acute Service update – Vicki Campbell advised she had completed team and ward visits to speak to staff as part of her induction programme. There is a strong focus on the financial recovery and unscheduled care performance whilst maintaining access to specialty care.
- Caring for Ayrshire Programme update – conversations required with Scottish Government around direction of travel in relation to reform proposals. Conversations with other Boards are ongoing to establish the position moving forward. An internal and external consultation piece is proposed along with the ambition to set out intentions in the whole system plan.

- Financial Management Report (FMR) – Board is overspent by £26.6million in the first 5 months. Current projected year end deficit remains at £53.3million. It was noted this update did not capture the detail of the cost pressures being held with HSCPs.
- Viridian Commission & Workforce – SG are supporting the funding for Viridian to work alongside the Board for 8 months to work on 9 areas of commission. Updates will be shared through regular meetings.
- Pay Reform – significant progression of work done within the 3 strands of pay reform and APF is kept apprised of progress as internal processes progress in teams.
- MAST – currently at 80% compliance which is an increase from March. The LearnPro team have been undertaking an exercise to ensure all staff using LearnPro have the correct eESS number to ensure data can flow between both systems. Managers have been requested to set up and use the 'Scorecard' on LearnPro for their teams to enable them to monitor MAST compliance in real time. Occupational Health & Safety team remain in the final stages of preparing to launch the Occupational Health & Safety Awareness modules on the LearnPro platform.
- PDR – current compliance is 39%. There are a number of supporting resources for PDR and Turas and work is ongoing to review the expiry of mandatory PDR LearnPro modules from a one-off to repeat every 3 years. PDR is included in planned Management Development sessions to heighten awareness.
- iMatter – Board response rate for 2024 was 56% which was a decrease from previous year however the EEI remained steady at 78%. 57% of action plans were submitted within the 8 week timeframe.
- Ayrshire Achieves – ceremony was held on 6 June 2024 to recognise and celebrate the excellence, achievements and commitment of staff across NHS A&A health and care system.
- Long Service Awards – in alignment of approaches in other Boards, the Chair had asked that NHS A&A look at a similar mechanism to acknowledge long service of our staff which is in keeping with our intent to be an exemplar employer. Format of recognition will be a pin badge acknowledging service milestones of 10, 20, 30 and 40+ years. As 40+

year's service is a considerable milestone, it was proposed that all staff achieving this length of service within the 2024 calendar year should be invited to a tea with the Chair and Chief Executive.

- Job Evaluation Annual Performance Report – annual return has been reintroduced by STAC subgroup and is approved by APF.

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

## **12. Strategic Risk Register**

- 12.1 Mrs Leslie presented the Strategic Risk Register which had been considered at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) on 25 October 2024. All risks are currently up to date however it was noted there are 2 due for review in December:  
ID351 – PDR  
ID357 – MAST

These risks will be reviewed and the Register updated within the correct timeframe.

- 12.2 There was 1 risk proposed for acceptance to the strategic risk register in relation to medical workforce supply and capacity. It was acknowledged that a separate workforce risk dedicated to medical workforce should be developed in order to closely monitor the actions and impact of the risk. This was widely discussed at the Strategic Medical Workforce Group and was finalised and endorsed for escalation in July.

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

## **13. iMatter**

- 13.1 Mrs Leslie outlined the results from 2024 iMatter run which is pivotal to staff experience. Response rate slightly decreased to 56% however the Employee Engagement Index (EEI) score remained static at 78%. There was a slight decrease in the number of completed action plans within the 8 week timeframe to 57%.

\*Ms Burden left the meeting for 10mins at this point\*

- 13.2 The top 4 scores from EEI report were:
- I am clear about my duties and responsibilities
  - My line manager is sufficiently approachable
  - I feel my line manager cares about my health and wellbeing

- I have confidence and trust in my direct line manager

The 4 lowest scores from the EEI were:

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

Mrs Leslie noted that the focus for the 2025 run will be:

- Promoting iMatter staff experience continuous improvement model
- Encouraging iMatter questionnaire completion and to improve the number of staff completing the survey
- Reducing the number of paper surveys selected and promoting use of SMS and email survey methods in place of paper based responses
- Encouraging team members to own their iMatter team session to concentrate on what the team wants to improve upon
- Supporting managers/supervisors to complete their team action plans and create storyboards within 8 weeks of EEI reports being published, even if they do not receive an individual team report

- 13.3 Members thanked Mrs Leslie for the update and noted it would be helpful to have information on all completed action plans and not just those submitted within the 8 week timeframe. Mrs Leslie advised it should be possible to get this information.

It was also noted that with the introduction of Protected Learning Time (PLT), staff would be allocated time to complete MAST, PDR and iMatter which may help increase the response rate. It was highlighted that not all staff have digital access therefore it is important to ensure all staff are catered for when PLT is introduced.

There was a suggestion to highlight how things have changed for the better to encourage staff to complete the questionnaire. Mrs Leslie assured the Committee that good case studies are shared nationally and locally and we have had some stories published nationally.

- 13.4 Members discussed how to improve the bottom 4 scores and it was suggested to take to groups (CMT/APF) and actively ask for feedback and collate views and suggestions to build learning and priorities.

**Outcome: The Committee noted the report and noted work was required on how to improve the bottom 4 scores which are consistently low.**

## **Key Updates**

### **14. Internal Audits**

- 14.1 Mrs Kenmuir advised Members that our internal auditors, Azets will review sickness absence management arrangements within NHS A&A, making use of data analytics to inform their testing and provide population level insight.

Fieldwork will commence in February 2025 and the final report will be due by March 2025 in order to be tabled at the Audit and Risk Committee meeting scheduled for June 2025.

The audit report will be tabled at a future SGC meeting.

**Outcome: The Committee were happy to note the dates for the scoping work and would receive the final report in due course.**

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

- 15.1 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 Q2 in line with national requirements for internal reporting.

There are 3 specific reporting expectations that Health Boards must comply with:

- High cost agency use – quarterly reports to Scottish Government
- Executive Nurse Director, Medical Director and Director of Public Health require to report to Board on a quarterly basis to outline the level of compliance against the legislation for the range of professional groups they have executive responsibility for, and steps being taken to improve compliance
- Annual report to be submitted to Scottish Ministers and the end of each financial year to detail compliance with the Act, high cost agency use and any severe and recurrent risks.

- 15.2 The last formal report submitted in April 2024 recognised the varied position across professional groups and a position of 'reasonable assurance' was declared at that time. In terms of overall position, the next formal report is due to Scottish Government in April 2025 and a status of reasonable assurance continues to be judged as appropriate.

In terms of local reporting, assurance reports encompassing all professional groups included under the scope of the legislation, are submitted to NHS A&A Health Care Staffing Programme Board. In Q2 assurance reports were provided to the Programme Board by:

- Nursing led by North Ayrshire HSCP
- Allied Health Professionals led by North Ayrshire HSCP
- Psychology (as an Ayrshire wide service, hosted in North Ayrshire HSCP)

15.3 The report detailed updates on all of the legislative duties.

Members were advised there was some variance across the professional groups in terms of position of compliance, although this has been partially mitigated through local awareness raising sessions, promotion of the national communications and learning resources and continued leadership and influence through the Programme Board.

15.4 The Committee thanked Mr Reid for the update and queried whether there were workforce tools for all staff groups to assess if we have the correct number of staff across all groups and not just nursing. Mr Reid advised the nationally approved tools were predominately for nursing and this had been raised nationally. Mr Reid acknowledged it was a challenge in the absence of workforce tools however assured Members that they used a range of different approaches in other staff groups.

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

## 16. Armed Forces Programme

16.1 Mr Lean provided the Committee with an overview of local work being undertaken within the Board to support the national NHS Scotland Armed Forces Talent Programme (AFTP).

The AFTP works with Boards to achieve the ambition of employing more members of the military community through advertising and educating about the opportunities of service leavers, veterans and their families and also to educate the NHS to ensure we understand the unique skills and perspectives the community can bring.

16.2 Members were advised that the Armed Forces and Veterans Champion for our Board is Dr Euan McKenzie, a Consultant in Emergency Medicine. In addition, we have 9 armed forces ambassadors from within our workforce who are veterans, reservists and families of armed force members.

There is an Armed Forces week planned for June and will include:

- Armed forces and reservists flag being flown at UHA
- Promotion of Armed Forces week and reservists day organisationally
- Launch of our Reserved Armed Forces Training and Mobilisation Guidance for managers and staff
- Re-signing of the refreshed Armed Forces Covenant by the Chief Exec reaffirming our organisational commitment. NHS A&A achieved Gold level accreditation in 2021 which will be due for revalidation in 2026

16.3 The Committee heard that work has been undertaken to establish an armed forces staff network, with a dedicated online Viva Engage community and there is also engagement with colleagues in NHS D&G, looking at the potential of a joint network or close collaborative working.

Further forthcoming work includes meeting with the Lowland Reserve Forces & Cadets Association to discuss opportunities for cadets in terms of work experience and employability opportunities, which are in keeping with our broader organisational objectives.

16.4 Members thanked Mr Lean for the comprehensive and positive update.

**Outcome: The Committee noted the update and were pleased with the work being undertaken to support the AFTP**

#### **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. The current mitigations will be refreshed.

**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 2024:

1. Updates on the 'Develop' theme of the People Strategy including a more in depth look at Management & Leadership Development courses available and the number of staff attending these sessions
2. Outcome from the 2024 iMatter run and discussions on how to improve response rate and action plan completion



3. Update on work being undertaken to support the Armed Forces Talent Programme (AFTP)

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

#### **Items for Information**

### **19. Employee Relations Report**

- 19.1 **Q2 2024/2025** – Read and noted by the Committee.

**Outcome: The Committee considered and noted the Employee Relations position in the Quarter 2 Report.**

### **20. Additional Remuneration Committee Update**

- 20.1 Read and noted by the Committee

**Outcome: The Committee noted the discussions from the additional meeting held on 17<sup>th</sup> October 2024.**

### **21. Any Other Competent Business**

#### **21.1 Employee Relations Report**

Dr Das raised a concern regarding the number of cases delayed due to process and asked for clarification. Mrs Kenmuir advised there are several reasons for delays, noting that cases cannot proceed if staff members are off sick, diary commitments, police involvement etc. Notes and logs are kept which keep track of all cases. Mrs Kenmuir agreed to look into the specifics and feedback where appropriate.

#### **Pastoral Care Quality Award**

Mr Lean advised the Committee that the International Recruitment team had received the Pastoral Care Quality Award and the Chief Exec had received a certificate from the Cabinet Secretary.

#### **Note of Thanks**

As this was the last meeting of the year, the Chair extended his thanks to the attendees and speakers for all their papers, contributions and hard work and to Mrs Symington for her admin support. The Chair wished the Committee good health for 2025.

### **22. Date of Next Meeting**

**Tuesday 11 February 2025 at 9.30am, MS Teams**

*Silvia Gallach*

Chair ..... Date .....11.02.2025...