PUBLIC BOARD MEETING	28 January 2026
	Item 17

THIS PAPER IS FOR NOTING

STAFF GOVERNANCE COMMITTEE MINUTES OF 04 SEPTEMBER 2025 AND AGENDA OF MEETING HELD ON 11 DECEMBER 2025

Lead Director **Author**	Madeline Smith, Chair of Staff Governance Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda.
Key points	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Staff Governance Committee held 04 September 2025 were approved by the Committee on 11 December 2025. The agenda from the meeting held on 11 December 2025 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Corporate Risk Identification	_
Link to Corporate Ambitions	This paper related to our goal of ensuring staff have a voice and people are at the heart of everything we do.
Link to NHS Scotland's Quality Ambitions	All work of the Staff Governance Committee and the Staff Governance Action Plan is aligned to safe, effective and person centred care.
Benefits to Patients	The Staff Governance Committee has responsibility, on behalf of the Board, to ensure that the NHS Staff Governance Standards are implemented in the Service and that an effective structure is in place to support and monitor implementation within the Service, including health, safety & wellbeing, as well as remuneration. Effective staff governance assists in creating a workplace where staff feel valued, and are appropriately located, skilled and developed to deliver safe, effective, patient centred and quality care.

Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	Workforce equality monitoring information, equality outcomes and associated reports, are monitored through the Staff Governance Committee. Equality impact assessments are carried out for individual workstreams, including policy development and review. Relevant equality impact information is reported to the Staff Governance Committee.

MINUTES OF STAFF GOVERNANCE COMMITTEE
10:00 AM ON THURSDAY 4 SEPTEMBER 2025
VIA MICROSOFT TEAMS

Present:	Madeline Smith, Non-Executive Director (Chair)
	Liz Humphreys, Non-Executive Director/Whistleblowing Champion (Vice Chair)
	Thane Lawrie, Non-Executive Director
	Mike McCormick, Non-Executive Director
	Maggie Watts, Non-Executive Director
	Willie Anderson, Staff Side Convenor, Unite (ex-Officio)
	Mark Hamilton, Acting GMB Convenor (ex officio)
	Gillian Somerville, Staff Side Convenor, Unison (joint role (ex-Officio)
In Attendance:	Coralie Colburn, Employee Relations and Equalities Manager
	Michael Dickson, Chief Executive
	Carrie Downie, Corporate Governance Administrator *(Observer)*
	Alison Ferahi, Head of Organisational Development and Wellbeing
	Graeme Ferguson, Acting Director of Workforce
	Janet Glen, Corporate Governance Administrator *(Observer)*
	Cheryl Harvey, Associate Director of Education and Professional Development
	Julie Kerr, Governance Officer (Minute Secretary)
	Fay McNicol, Head of Health and Safety
	Sandra Reid, Organisational Development Lead *(Agenda Item 5)*
	David Robertson, Regional Director, West Region
	Tom Steele, Board Chair, Non-Executive Director
	Sarah Stevenson, Risk Manager
Apologies:	Dougie Brownlie, Royal College of Nursing Representative
	Dave Bywater, Lead Consultant Paramedic
	Andrew Carruthers, Associate Director of Care Quality & Professional Development
	Stevie Gilroy, Employee Director
	Avril Keen, Director of Workforce
	Maria McFeat, Deputy Director of Finance
	Robert Pollock Staff Side Convenor, GMB (ex-Officio)
	Emma Stirling, Director of Care Quality & Professional Development
	Milne Weir, Regional Director, North Region

ITEM 1 WELCOME AND INTRODUCTIONS

Madeline Smith welcomed everyone to the meeting and apologies for absence were recorded as above.

ITEM 2   DECLARATIONS OF INTEREST

No new declarations of interest noted.

Standing declarations of interest were noted:

- Madeline Smith in her position as Board member of Scottish Fire and Rescue Service.
- Liz Humphreys - Non-Executive Director, Public Health Scotland and member of the Audit and Accountability Committee of the Police Investigations and Review Commission.
- Thane Lawrie is a Board member of the Scottish Legal Complaints Commission.

ITEM 3   MINUTES OF MEETING HELD ON 5 JUNE 2025

The minutes of 5 June 2025 were reviewed for accuracy, agreed as a true and accurate reflection of the meeting and were subsequently approved by Committee.

ITEM 4   MATTERS ARISING NOT ON THE AGENDA

None to note.

ITEM 5   SPECIAL TOPIC – iMATTER

Alison Ferahi, Head of Organisational Development and Wellbeing introduced Sandra Reid, Organisational Development Lead who joined today's meeting and provided Committee with a very informative presentation by way of an update on work ongoing in relation to iMatter. The presentation provided Committee with an overview of scores and trends as well as the quality of the process and governance. Key findings included an Employee Engagement Index (EEI) score of 67% and an action plan completion rate of 68%. Strengths identified were clarity of duties, respect, and a strong sense of achievement amongst teams. Identified areas for improvement included involvement in decision making, training, and confidence in raising concerns and their follow up. Administrative challenges were noted such as a 40% error rate in team confirmations, including incorrect manager listings and team names which may have affected participation. The survey tool itself is due for renewal and concerns were raised in relation to outdated materials, limited data analytics capabilities and no budgets available for enhancements.

Madeline Smith thanked Alison, Sandra and the wider team for the presentation and opened to Committee for comments and questions. A lengthy conversation ensued and the discussion emphasised the need to improve governance, ownership and communication around the survey and its outcomes. Suggestions included more strategic communications, town hall events and the exploration of alternative or supplementary engagement tools like the pulse surveys or in-hours data analytics solutions. Committee expressed their support for continuing to use i-Matter whilst seeking improvements and potential alternatives.

Madeline thanked Sandra for her invaluable input to today's meeting and Committee noted the very helpful update in relation to iMatter.

Sandra Reid left the meeting.

ITEM 6   STAFF GOVERNANCE

Item 6.1   Workforce Risk Register

Sarah Stevenson presented the Workforce Risk Register which members were asked to note and approve. Members noted that all changes made since last presentation of the Workforce Risk Register were highlighted in red. The report was taken as read and Committee were asked to:

- Consider escalation of any high or very high risks to the CRR via PPSG.
- Review and approve the Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.
- Approve all risks contained within the report identifying any that require escalation or further assurance.

Madeline thanked Sarah for the overview and opened to Committee for observations and questions. Concerns were raised from members in relation to the clarity and detail in respect of Risk ID 4636 Health and Wellbeing of staff and Risk ID 5520 EPDD Lack of placement educators. In terms of Risk ID 4636 Sarah advised that the actions are in fact progressing and up to date, but the delivery dates have been pushed back. Further work will be undertaken with Graeme Ferguson and input to the latest Performance and Planning Steering Group paper. Cheryl Harvey advised that work is progressing in the background in relation to encouraging practice educators to take on the role to provide assessment and supervision to students. A communication is currently being prepared to explain to staff the importance of their contribution in this role and to further encourage them to take it on.

Committee noted that the risk score for staff fatigue has been reduced from very high to high due to reviewed policies and management controls.

The focus of the conversation turned to Risk ID 5888 Workforce Planning and in particular point 4 in relation to reviewing the sustainability of longer-term resourcing in remote and rural locations. Thane Lawrie asked if there was any links to people areas which don't host placements, whether we then struggle to recruit people and if there is a link between the two. Challenges in rural recruitment and retention were then discussed, including the inaccessibility of the Technician to Paramedic progression route, housing issues and university recruitment limitations. Graeme Ferguson advised that efforts to address these include partnership working with councils and universities and exploring innovative approaches to support and retain staff in remote and rural areas.

Members discussed, noted and approved the updated Risk Register presented.

Item 6.2   Draft Workforce Plan

Graeme Ferguson provided Committee with a verbal update in relation to the Draft Workforce Plan and informed Committee that work is underway, despite delays in Scottish Government Guidance to prepare the 25-28 Workforce Plan. The Plan aims to align with the Annual Delivery and Financial Plans and is expected to be presented for consideration to December Staff Governance Committee. The Committee supported progressing the plan proactively to ensure organisational readiness.

Madeline thanked Graeme for the overview and Committee noted the update provided.

6.3   Internal Audit Action Update

Graeme Ferguson presented a paper to Committee which summarised the progress of implementing agreed actions from Internal Audit Reports as reported by management and validated by internal audit. Staff Governance Committee were asked to:

- Note there is currently one open action with a low rated risk level from the Health & Wellbeing Strategy 2021-24 Internal Audit with the remaining 7 actions now closed.
- Four new actions associated have been raised in relation to the GRS Timecard Implementation Audit, with 2 medium and 2 low rated risk levels and their subsequent timelines.

Graeme highlighted that the outstanding action is in relation to the Service Level Agreement (SLA) for the Occupational Health Contract which is not formally agreed or signed off. Graeme informed Committee that management updates could be updated to reflect that discussions are ongoing with National Services Scotland (NSS) regarding the Occupational Health provision and the requirement to provide a bespoke service for us. The Health Passport and Healthy Minds Policy are now in place. Moving forward work will also continue around the finer detail of the Fatigue and Overtime Policies. It was agreed that once the Management summary has been updated this will be shared with Committee virtually which should also include whether internal audit have confirmed if these items can be considered as complete to provide assurance to Committee.

Action/s: 1.   Acting Director of Workforce to update the management actions to reflect the ongoing discussions and progress in relation to the Occupational Health Contract Service Level Agreement (SLA) and share the updated Management Summary with Committee virtually once available.

Committee noted the Internal Audit Action Update presented and emphasised the importance of timely updates and assurance on Audit Action completion.

Committee noted the positive progression with the Internal Audit actions.

Item 6.4   Integrated Clinical Hub Internal Audit

Graeme Ferguson presented the Internal Audit in relation to the Integrated Clinical Hub which Committee were asked to note. Committee noted that an internal audit was conducted to evaluate governance and reporting arrangements within the Integrated Clinical Hub, focusing on performance feedback, staff training and patient feedback mechanisms. An overall rating of 'Significant assurance with minor improvements required' was provided which is in line with the forecasted assurance provided and appropriate management actions have been agreed. Committee discussed the workforce related actions within the report and noted that the audit is submitted to Staff Governance Committee for noting and information only, with management actions monitored and progressed through the Clinical Governance Committee.

Committee noted the Integrated Clinical Hub Internal Audit presented.

ITEM 7   PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY

Item 7.1   Staff Experience and Performance Report Including Staff Story

Madeline introduced Alison Ferahi, who presented a video from Stuart Macintosh, Trauma Risk Management (TRiM) Coordinator for the North Region. The video featured a compelling staff account related to the TRiM Service, illustrating the profound effects of trauma on ambulance personnel and underscoring the value of the TRiM Programme in supporting staff following traumatic experiences. In the video, Stuart emphasised the importance of continually promoting the benefits of TRiM and conducting face-to-face visits to help staff feel confident in seeking support and accessing the assistance they deserve.

The Committee expressed appreciation to Alison for presenting the video and extended their gratitude to Stuart for sharing this impactful staff story and firsthand experience.

Graeme Ferguson went on to present the Staff Experience and Performance Report which presents a cohesive and consolidated update on the overall staff experience and workforce performance within the Service and incorporates the previous separate reports on Health, Safety and Wellbeing and workforce performance metrics. Graeme advised Committee that any changes since the last reporting period are highlighted in red. The paper was taken as read and a lengthy conversation ensued in relation to the Staff Experience and Performance report, recognising its comprehensive nature and the breadth of topics covered. Members acknowledged the value of detailed workforce reporting at both Board and Committee levels, with an expectation for increased scrutiny and more granular information at Committee level going forward. The Committee reflected positively on the staff story presentation, noting its powerful impact and the importance of triangulating staff experience by potentially inviting staff to review and comment on future papers.

Several detailed points were raised, including questions around the apparent discrepancies in sickness absence data and the need to clarify trends, particularly regarding summer increases in absence rates. The issue of team leader protected time was discussed at length, with concerns highlighted about the accuracy of current data capture and whether under reporting reflects a lack of importance or a need to improve measurement. Committee members emphasised the need to support team leaders in their development and maintain focus on their pivotal role within the organisation.

Further queries were raised about rest breaks, the evaluation of wellbeing advisor appointments, and the transition of part-time NQP staff to full-time roles, with assurances provided that uptake had been strong and local plans were in place to support these changes. The Committee also noted the recent access to the Police National Treatment Centre as a potential enhancement to staff support services. Overall, the discussion reaffirmed the need for clear data, ongoing evaluation of initiatives, and a balanced approach to presenting staff experience information, with consideration given to both comprehensive reporting and accessible presentation.

Mike McCormick requested that the following additions are made to charts for the December report:

- Table 1 - budget numbers are included beside each post.
- Table 5 - it was agreed that a line would be inserted (using the approach showing the course capacity) which shows the number of NQP appointments we wish to make.
- Table 7 – would benefit from some explanation regarding the respective significance of the bars and lines on the graphs and the control lines.

It was also agreed that more narrative would be included in respect of Team Leader Time for the report presented to December Committee.

The undernoted actions were agreed:

Action/s: *2.*   *Acting Director of Workforce to ensure budget numbers are inserted beside each post in Table 1 for the December report.*

Action/s: *3.*   *Acting Director of Workforce to insert a line in Table 5 (using the approach showing course capacity) to indicate the number of NQP appointments intended to be made.*

Action/s: *4.*   *Acting Director of Workforce to add an explanation into Table 7 regarding the significance of the bars, lines and control lines on the graphs.*

Action/s: *5.*   *Acting Director of Workforce to ensure that more narrative is included in the report in respect of Team Leader Time for the December report to Committee.*

Madeline thanked Graeme for the overview and Committee noted and discussed the report presented.

ITEM 8   APPROPRIATELY TRAINED AND DEVELOPED

Item 8.1   Education Update

Cheryl Harvey presented an update on Education developments which provided Committee with a progress update since the last Committee meeting and was taken as read. Cheryl highlighted positive news regarding the Newly Qualified Paramedic (NQP) recruitment and increased participation in the Learning in Practice (LiP) Programme. The uptake of Continued Professional Development (CPD) support was also noted as a beneficial development. Members expressed their appreciation for the comprehensive data and reporting presented, with no further questions or comments raised.

Committee acknowledged the ongoing improvements and thanked Cheryl Harvey for the detailed update presented.

ITEM 9   TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

Item 9.1   Equality Monitoring Report

Coralie Colburn presented the Workforce Equality Monitoring Report 2024/25 which Committee were asked to discuss and approve. Coralie advised that the final report will be sent out virtually to members of the National Partnership Forum at the same time as Staff Governance Committee for approval. Once approved the Workforce Equality Monitoring Report will be published on the Service website.

Coralie took the paper as read and highlighted some minor amendments in staff disclosures and applications from the ethnic minority and LGBT communities. Challenges include visa sponsorship limitations affecting recruitment outcomes. Coralie proposed consolidating the action tables for clarity in future reports which will link to equality outcomes and mainstreaming activity.

Committee explored a range of challenges and ongoing initiatives aimed at enhancing employability and equality within SAS. Members raised the issue of monitoring applications from candidates not eligible to work in the UK, questioning whether equality monitoring should focus on UK based applicants or have a broader, global perspective. This led to a suggestion from Maggie Watts in

terms of reviewing recruitment data to create a subset for equality monitoring, focusing on those eligible to work in the UK and considering further analysis for applicants from ethnic minorities. Committee noted the continued success of student placements, with some individuals progressing to permanent roles, and highlighted the need to sustain and broaden such programmes. Concerns were expressed about the relatively low interview success rates among young applicants, especially those possibly applying directly from university. Actions suggested included strengthening relationships with universities to improve students' preparation for job applications and interviews and feeding back insights to help academic partners address employability skills within their courses. The Committee also discussed the alignment between staff profiles and community demographics, recognising recruitment limitations stemming from qualification and age requirements. Members acknowledged that these factors necessitate realistic expectations when aiming to match the staff profile to local communities. The anchor institution role of SAS was highlighted, with the outcome that further reflection is needed to ensure staff contributions to the community are fully recognised and captured in reporting.

Committee agreed on the importance of prioritisation, focusing resources on initiatives with the greatest potential impact. There was consensus on the need to move from activity based reporting to outcome focused evaluations, ensuring that success is clearly defined and measured year-on-year. Ongoing work around disability inclusion, including support for neurodiversity and improvements to recruitment processes was cited as a positive example of targeted action with tangible outcomes.

The Committee commended the quality of the report which they endorsed, pending the suggested changes noted above. The final version of the report will be presented to the Board at the end of September for approval prior to publication on the Service Website.

Item 9.2   Equality Fora Update

Coralie Colburn presented Committee with an update in relation to Equality Fora work for the various Equality Networks across the Service and commended the contributions made by Shy Das-Bharadwa in producing this latest report for Committee. Recognition was given to the Equality and Diversity Steering Group, which benefits from executive leadership and enjoys strong attendance, including participation from regional directors who influence key areas. The group continues to add new staff led networks, reflecting high levels of interest and commitment.

Committee members commended the support from senior leadership and the Executive Team, which has been instrumental in driving the agenda forward. The importance of capturing the added value from focused resources was emphasised, particularly in light of international initiatives and the potential for securing external funding. Additional suggestions included considering an annual conversation between network chairs and the Board, to reinforce leadership commitment. The ongoing involvement of staffside representatives throughout the process was also highlighted and appreciated.

Madeline thanked Coralie for the overview and Committee members discussed and noted the update provided.

Item 9.3   Draft Anti-Racism Plan

Coralie Colburn presented the Draft Anti-Racism Plan which Committee were asked to note. The Draft Plan will be sent out virtually to members of the National Partnership Forum at the same time as Staff Governance Committee for comment. Once feedback is received the final report will come back to Committee for final approval. Members discussed the development and progression of the Anti-Racism Plan and there was a consensus on the importance of aligning the plan with existing

equality outcomes and ensuring these are clearly referenced within the document, rather than treating anti-racism as a separate initiative. Members emphasised the need for greater clarity on timelines, expressing a desire for interim milestones and stronger momentum, rather than waiting until the 2029 target. There was strong support for an early and public commitment from leadership to anti-racism, involving staff contributions and communication through established forums such as the Ethnic Minority Forum.

Feedback was provided regarding the current draft, particularly around the clarity of certain elements, including the flow chart on page 13 and the inclusion of the Ethnic Minority Network's existing work plan, which already contains timelines and owners. The importance of incorporating SMART objectives throughout the plan was raised, as was the need for training recruiters to recognise and address various forms of discrimination. It was confirmed that anti-racism objectives are already embedded in directors' objectives, and that individual responsibilities are currently being implemented across the organisation. Next steps included strengthening the draft and seeking further feedback virtually, with the aim to circulate an updated version to Committee members in the coming weeks ahead of the December Staff Governance Committee meeting.

Madeline thanked Coralie for the overview and Committee acknowledged the proposed way forward.

Item 9.4   Policies

The undernoted policy was presented to Committee for approval:

- Lone Worker Policy

The Lone Worker Policy was approved with minor updates, clarifying its application excludes students who are supervised until competent.

Item 9.5   Whistleblowing Quarterly Report

In the absence of Andrew Carruthers Madeline Smith presented the Whistleblowing quarterly report which Committee were asked to discuss and note. Key points included:

- There were 11 concerns raised but no new WB investigations launched in Q1 2025.
- All concerns were all managed via BAU.
- Two investigations concluded at INWO, with all recommendations actioned and accepted.
- There is 1 concern currently with INWO for further investigation.
- Whistleblowing cases are now managed via InPhase.

Committee discussed and noted the Whistleblowing Quarterly Report with no immediate questions raised.

ITEM 10   INVOLVED IN DECISIONS

Item 10.1   Partnership Update

Committee noted the paper presented on recent partnership activity, including updates on National Partnership and the reconvened Hot Topics Group. The report highlighted sensitive discussions on Rest Breaks, Reduction in the Working Week, and the end of the Technician to Paramedic progression route. The Hot Topics meetings facilitate open dialogue on challenging issues and

Committee recognised the complexity of these discussions and the shared responsibility between management and staff representatives to resolve matters constructively. Gillian Somerville highlighted ongoing concerns regarding the length of time investigations are taking even with early resolution taking place and Graeme noted the joint responsibility with staffside and advised that work is ongoing to move forward the investigation process to bring these difficult issues to a conclusion as quickly as possible.

The Committee welcomed the update and acknowledged the importance of ongoing partnership working and transparency in addressing sensitive issues in order to bring them to a successful resolution.

Item 10.2   Learning from Events Group

In the absence of Emma Stirling, Madeline Smith informed Committee that Emma is working with core members of the Learning from Events Group to realign activity with other sub-groups established within the Service who also discuss and report on quality, safety, learning and performance. This restructure will include a refreshed Terms of Reference and a proposed change in title (Quality, Safety & Learning Forum) which will go through the appropriate governance routes. A workshop took place in August to understand and determine what data was available and discuss how this could be utilised as part of a Quality, Safety & Learning Forum which will potentially link into the Excellence in Care measures across the Service. An updated report will be presented to the next Staff Governance Committee meeting in December.

Committee acknowledged and took assurance from the update provided.

ITEM 11   Staff Governance Action Plan 2025/26

Graeme Ferguson presented Committee with the Staff Governance Action Plan from 01 April 2025 – 31 March 2026 and Committee were asked to:

- Discuss and approve the activity on the Staff Governance Action Plan from 1st April 2025 – 31 March 2026 which contains 13 initiatives, which are, new activities, ongoing yearly activities or have been rolled over from the April 2024 – March 2025 Plan.
- Note that as a reprioritisation exercise of the Service's priorities is undertaken the initiatives within the SGAP will be developed or changed to reflect these.

The Committee reviewed the Action Plan and noted that, whilst the plan is progressing, it currently lacks updates which reflect the full extent of work being undertaken. Members agreed that several recent developments and actions discussed during the meeting should be incorporated to better demonstrate ongoing progress. It was agreed that future iterations of the plan would provide more comprehensive updates.

Action/s: 6.   Acting Director of Workforce to ensure that future versions of the Staff Governance Action Plan fully reflect ongoing work and progress.

Committee discussed and approved the draft Staff Governance Action Plan 2025/26.

ITEM 12   ACTION TRACKER

Committee noted the following items as closed and approved their removal from the SGC action tracker.

2023/12/07.1	Workforce Data Reporting
2023/12/07.2	Workforce Report
2024/09/06.3	Workforce Report
2025/03/06.1	Workforce Report

Committee also noted the updates on the following items and agreed their closure and approved their removal from the SGC Action Tracker.

2025/06/07	Staff Governance Committee and Sub-Group Annual Reports
2025/06/08.2	Internal Audit GRS Timecard Implementation

The Actions below will remain open and timelines extended to December 2025.

2025/03/07.2	Staff Experience and Staff Story
2025/06/09.2	Staff Experience and Performance Report

ITEM 13   STAFF GOVERNANCE COMMITTEE WORKPLAN 2025

Members noted the Committee Workplan which is provided to each meeting for assurance and Information with any changes annotated in red.

ITEM 14   ANY OTHER BUSINESS

Overtime Policy

Graeme Ferguson made Committee aware that final conversations are taking place in partnership in relation to the Overtime Policy and it is anticipated that agreement will be reached imminently between the 2 Committee cycles. Graeme asked for Committee approval to circulate the policy virtually for approval prior to the next Staff Governance Committee meeting in December.

Members agreed that the Policy should be submitted virtually for approval prior to the next Committee meeting and then the Policy presented to December Committee for noting only.

Madeline Smith thanked members and attendees for their participation and contributions to the meeting.

DATE OF NEXT MEETING

The next meeting will take place on Thursday 11th December 2025.

MEETING OF THE STAFF GOVERNANCE COMMITTEE
10:00 ON THURSDAY 11 DECEMBER 2025
VIRTUAL MEETING VIA MICROSOFT TEAMS
AGENDA

The matrix below links the agenda items within the Staff Governance Committee with the Corporate Risks (CR) in place across the Service.

Key:
CR 4638 – Very High – Hospital Handover Delays
CR 5062 – Very High – Financial Targets
CR 5519 – Very High – Statutory and Mandatory Training
CR 5602 – High - Service's Defence Against a Cyber Attack
CR 5603 – High - Maintaining required service levels (Business Continuity)
CR 4636 – High - Health and Wellbeing of staff affected
CR 5653 – High - Organisational Culture
CR 5887 – High - Service Transformation (Change Management)
CR 5888 – High - Workforce Planning
CR 5889 – High - Workforce Sustainability
CR 5890 – High - Environmental Sustainability
CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	**Almost Certain (5)**					
	Likely (4)					
	Possible (3)			CR 4636 – 8 Items CR 5062 – 1 Item CR5891 – CR 5888 – 1 Item CR 5889 – 1 Item	CR4638 – 6 Items CR5653 – 5 Items	
	Unlikely (2)			CR5887 -		
	Rare (1)					

		Agenda Item	Brief Type	Lead	Risk
10:00	1.	Welcome & Apologies	For Noting	M Smith	_
	2.	Declarations of Interest relevant to meeting	For Noting	M Smith	_
	3.	Minutes of meeting held on 4 September 2025	For Approval	M Smith	_
	4.	Matters Arising not on the Agenda	For Discussion	M Smith	_
10:10	5.	**SPECIAL TOPIC** – Quality Safety & Learning and links to LiP and Professional Standards	For Discussion	E Stirling	
10:30	6.	**STAFF GOVERNANCE**			
	6.1	Workforce Risk Register	For Approval	S Stevenson	CR 4636 CR 4638 CR 5653
	6.2	Staff Element of the ADP	For Discussion	G Ferguson / C Colburn	

	6.3	Internal Audit Action Update Report	For Discussion/ Approval	G Ferguson	CR 4636
	6.4	Internal Audit – Statutory and Mandatory Training	For Discussion	G Ferguson	
11:10	7.	**PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY**			
	7.1	Staff Experience and Performance Report	For Discussion	G Ferguson/ A Ferahi/ F McNicol	CR 4636 CR 4638 CR5653
11:20	8.	**APPROPRIATELY TRAINED AND DEVELOPED**			
	8.1	Education Update	For Noting	T Devine	CR 4636 CR 4638 CR 5062 CR 5888 CR 5889
	8.2	Remuneration Committee Mid-Year Report	For Noting	L Humphreys/ M McCormick	-
11:40	9.	**TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED**			
	9.1	Equality Fora Update	For Discussion	C Colburn	-
	9.2	Inclusion Update	For Discussion	G Ferguson	
	9.3	Policies • Overtime Policy • Control of Substances Hazardous to Health (COSHH) Policy • Risk Management Policy	For Approval	F McNicol	CR 4636 CR 5653
12:00	9.4	Whistleblowing Quarterly Report	For Noting	A Carruthers	CR 4636 CR 4638 CR 5653
12:05	10.	**INVOLVED IN DECISIONS**			
	10.1	Partnership Update	For Noting	G Ferguson/S Gilroy	CR 4636 CR 4638 CR 5653
12:10	11.	**WELL INFORMED**			
	11.1	Workforce Communications and Engagement Update	For Noting	M Hannan / C Higgs	
12:20	12.	Staff Governance Committee Effectiveness Review Action Plan Progress Update – Verbal Update	For Noting	M Smith	
12:30	13.	Action Tracker	For Approval	M Smith	
12:35	14.	Staff Governance Action Plan 2025/26 Progress Update	For Noting	G Ferguson	CR4636 CR 4638
12:45	15.	Staff Governance Committee Draft Workplan 2026	For Approval	M Smith/G Ferguson	_
12:50	16.	Staff Governance Committee Workplan 2025	For Noting	M Smith/G Ferguson	_
12:55	17.	Staff Governance Committee Meeting Dates 2026 • 4 March 2026 • 4 June 2026 • 3 September 2026 • 10 December 2026	For Noting	M Smith	
12:55	18.	Any Other Business			

Date of next meeting: Wednesday 4 March 2026 at 10:00 am