



PUBLIC BOARD MEETING

30 September 2026

Item 17

THIS PAPER IS FOR NOTING

**STAFF GOVERNANCE COMMITTEE MINUTES OF 04 JUNE 2026 AND
AGENDA OF MEETING HELD ON 03 SEPTEMBER 2026**

Lead Director Author	Mike McCormick, 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 June 2026 were approved by the Committee on 03 September 2026. The agenda from the meeting held on 03 September 2026 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.
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**Scottish
Ambulance
Service**

Working in Partnership with Universities



**MINUTES OF STAFF GOVERNANCE COMMITTEE
10:00 AM ON THURSDAY 4 JUNE 2026
VIA MICROSOFT TEAMS**

- Present:** Mike McCormick, Non-Executive Director
Paul Gray, Non-Executive Director
Liz Humphreys, Non-Executive Director/Whistleblowing Champion
Thane Lawrie, Non-Executive Director (Vice Chair)
Maggie Watts, Non-Executive Director
- In Attendance:** Chris Carron, Head of Workforce Systems and Analytics
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
Kenny Freeburn, Regional Director East Region
Elise Gallagher, People and Culture Consultant
Claire Higgs, Communications and Engagement Manager (Agenda Item 13.1)
Julie Kerr, Governance Officer (Minute Secretary)
Murray McEwan, Deputy Regional Director West (Agenda Item 5)
Maria McFeat, Deputy Director of Finance
Fay McNicol, Head of Health and Safety
Eleanor Pollock, Corporate Governance Administrator (Observer)
David Robertson, Regional Director, West Region
Tom Steele, Board Chair, Non-Executive Director
Sarah Stevenson, Risk Manager
- Apologies:** Willie Anderson, Staff Side Convenor, Unite (ex-Officio)
Dougie Brownlie, Royal College of Nursing Representative
Stevie Gilroy, Employee Director
Cheryl Harvey, Associate Director of Education and Professional Development
Aileen McLaren, Staff Side Convenor, Unison (joint role) (ex-officio)
Robert Pollock, GMB Convenor (ex Officio)
Madeline Smith, Non-Executive Director
Kevin Stewart, Staff Side Convenor, Unison (joint role (ex-Officio)
Emma Stirling, Director of Care Quality & Professional Development
Jim Ward, Medical Director
Milne Weir, Regional Director, North Region

ITEM 1 WELCOME AND INTRODUCTIONS

Mike McCormick welcomed members and attendees to the meeting, and apologies for absence were recorded as above. Mike also thanked Madeline Smith for her service on the Committee and

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acknowledged the valuable contribution she has made ahead of the conclusion of her term as Non-Executive Director on 30 June 2026.

ITEM 2 DECLARATIONS OF INTEREST

New declarations of interest from Paul Gray were noted as below:

- Lay Member, Judicial Appointments Board for Scotland
- Non-executive Director, Care Inspectorate
- Senior adviser, Charlotte Street Partners
- Founding Director, Newlands Murray Ltd
- Chair of the Management Advisory Board at the Scottish Public Pensions Agency

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.
- Thane Lawrie is a Board member of the Scottish Legal Complaints Commission.

Liz Humphreys advised that her membership of the Audit and Accountability Committee of the Police Investigations and Review Commission ceased on 31st March 2026.

ITEM 3 MINUTES OF MEETING HELD ON 4 MARCH 2026

The minutes of 4 March 2026 were reviewed for accuracy and agreed as a true and accurate reflection of the meeting and subsequently approved by Committee.

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

None to note.

ITEM 5 SPECIAL TOPIC – INCLUSION

Coralie Colburn introduced Murray McEwan, Deputy Regional Director, West Region who provided Committee with an update on work underway to improve inclusion and support for staff with disabilities and long-term health conditions. Murray outlined the work of the recently rebranded Enable Network, which brings together disability, neurodiversity, cancer, autoimmune disease and musculoskeletal support networks. The Committee noted that disability disclosure rates within the Service remain low and heard that a partnership had been established with Inclusion Scotland, including the appointment of an Inclusion Support Officer, to better understand barriers to disclosure and develop resources to support staff and managers. A staff survey has been launched to gather feedback on barriers to disclosure which will inform future support arrangements, including the use of Health Passports.

Discussion highlighted that low disclosure rates and concerns about trust were not unique to the Service and were reflected across wider NHS and ambulance service networks. Members noted that some staff remain reluctant to disclose disabilities due to concerns about how information would be used or whether meaningful action would follow. It was recognised that improving confidence, trust and organisational culture would be critical to encouraging disclosure and ensuring that staff felt supported.

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The Committee discussed the importance of linking this work with the wider organisational culture programme and creating an environment in which staff felt confident to speak up and seek support. Members also reflected on the language used when discussing disability and neurodiversity, recognising that some individuals did not identify with the term “disability”. The Committee noted the value of framing discussions around enabling and empowering staff, while acknowledging the terminology required within legislation.

The Committee welcomed the progress being made, including the use of staff stories and lived experience to build confidence and understanding across the organisation. It was agreed that regular updates on disclosure rates and progress against this work should be incorporated into future reporting arrangements through the Staff Experience Report.

Action/s: **1. Deputy Director of People and Culture to ensure that regular updates on disclosure rates and progress against this work are incorporated into future iterations of the Staff Experience Report.**

Murray McEwan left the meeting.

Item 5.1 Culture Update

Elise Gallagher provided an update on the Culture Programme, and Committee were asked to note that the Framework was approved by the Board on 27th May 2026 and will return to Staff Governance Committee for detailed assurance and oversight. Members were advised that quarterly updates would be provided, with a more detailed report scheduled for September, including the development of a culture dashboard, reporting and feedback mechanisms, local listening exercises and progress on the first phase of values based work.

Discussion focused on the challenge of measuring cultural outcomes such as trust, connection and colleague experience. It was acknowledged that identifying meaningful measures would be an important aspect of the programme's next phase. The Committee noted that staff feedback mechanisms, including the iMatter survey, would support the assessment of progress in these areas. The Committee heard that the programme had drawn on learning from wider ambulance and NHS sectors, including the Melia review of English ambulance services and other international examples, while remaining focused on the specific context and needs of the Scottish Ambulance Service. Members recognised the value of considering lessons from similar organisations and cultures, alongside local intelligence and priorities.

The Committee welcomed the appointment of Marie Liston, who brings extensive HR and ambulance sector experience and will provide additional leadership capacity to support delivery of the Culture Programme. Members emphasised the importance of maintaining momentum and continuing to embed culture improvements across the organisation.

Mike thanked Elise for the overview and Committee noted the update presented.

ITEM 6 STAFF GOVERNANCE COMMITTEE AND SUB-GROUP TERMS OF REFERENCE

Mike McCormick presented the Committee/Sub-Committee Terms of Reference for annual review and Committee were asked to:

- Review the Terms of Reference (ToR) for the Staff Governance Committee which outlines minor track changes and recommend any further changes.
- Note that the Remuneration Committee have considered and endorsed their ToR with track changes at their meeting on 26th November 2025.

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- Note the Health Safety and Wellbeing Group have considered and endorsed their ToR with no changes as outlined at Appendix 3

Committee reviewed the Staff Governance Committee Terms of Reference and it was agreed that the wording should be updated to clarify that the Committee Chair is a Non-Executive member. Subject to this minor change the Staff Governance Committee Terms of Reference were approved.

Action/s: 2. Secretariat to amend the Staff Governance Committee Terms of Reference to clarify that the Committee Chair is a Non-Executive member.

Committee went on to review the Remuneration Committee Terms of Reference which were approved without amendment.

In reviewing the Health, Safety and Wellbeing Group Terms of Reference, members noted a minor amendment was required to reflect the updated job title of the Director of Workforce role which should now read Director of People and Culture. Subject to this minor change the Health, Safety and Wellbeing Group Terms of Reference were approved.

Action/s: 3. Head of Health and Safety to change the job title for the Director of Workforce role to read Director of People and Culture on the Health, Safety and Wellbeing Group Terms of Reference.

Subject to the minor changes above Committee approved the Terms of Reference presented.

ITEM 7 STAFF GOVERNANCE COMMITTEE AND SUB-GROUP ANNUAL REPORTS

Mike McCormick presented the Staff Governance Committee and Sub-Group Annual Reports and Committee were asked to:

- Approve the Staff Governance Committee Annual Report for presentation to Audit and Risk Committee and the Board.

The annual report shows that the Staff Governance Committee has fulfilled its delegated responsibilities for monitoring the implementation of the NHS Staff Governance Standards within the Service. The report also details committee responsibilities, membership, meetings and business covered over the year 2025/2026. Appended to the report are the Annual Reports for Remuneration Committee and Health, Safety & Wellbeing Committee.

Committee members reviewed and approved the Staff Governance Committee Annual Report for presentation to Audit and Risk Committee and the Board.

ITEM 8 STAFF GOVERNANCE

Item 8.1 Workforce Risk Register

Sarah Stevenson presented the Workforce Risk Register which members were asked to discuss 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.

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- 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.

Sarah advised that 2 additional risks have been incorporated following discussion at the previous meeting which relate to statutory and mandatory training compliance and appraisal completion rates.

Mike thanked Sarah for the overview and opened to Committee for comments and questions. Committee discussed the value of introducing performance trajectories for appraisal completion rates, similar to those already used for statutory and mandatory training. It was agreed that future reports should include projected milestones and improvement trajectories to support ongoing monitoring and assurance.

Members also considered the risk relating to practice placement capacity for BSc students. The Committee heard that the shortage of practice education support staff remained a significant and pressing issue, particularly as increasing numbers of students enter training programmes. While work continues to encourage greater participation in student supervision, the Committee noted ongoing challenges in securing sufficient support capacity and the need for further discussions with staff side representatives. Assurance was provided that the issue continues to receive focused attention and would be reported back to a future meeting. The Committee recognised that the risk had the potential to impact the organisation's ability to provide appropriate supervision and support for future cohorts of students and newly qualified paramedics. Members noted the actions underway to mitigate the risk and expressed their support for efforts to strengthen practice placement capacity across the Service.

Committee agreed that the Risk Register would be updated to show performance trajectories for appraisal completion rates, similar to those already used for statutory and mandatory training. It was further agreed that the Risk Register would be updated to show progress and actions being taken to address the shortfall in Practice Educators for NQPs.

Action/s: **4. Risk Manager to update the Risk Register to show performance trajectories for appraisal completion rates similar to those already used for statutory and mandatory training.**

Action/s: **5. Risk Manager to update the Risk Register to show progress and actions being taken to address the shortfall in Practice Educators for NQPs.**

Members discussed, noted and approved the Risk Register presented.

8.2 Internal Audit Action Update Report

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 and 3 medium rated risk level actions from the Statutory and Mandatory Training Audit.
- Three new Actions have been added this reporting period in relation to the Rest Break Compliance Internal Audit.
- No Actions have been closed this reporting period.

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Mike thanked Graeme for the overview and Committee received an update for the open action relating to the Health and Wellbeing Strategy and associated Occupational Health arrangements. Members heard that work continues in this area, with further engagement planned with NHS National Services Scotland counterparts to identify and resolve outstanding issues.

The Committee noted that progress continues against actions relating to statutory and mandatory training compliance, with performance improving, albeit at a slower pace than desired. Members heard that responsibility for reviewing and updating statutory and mandatory training requirements now sits with the national NHS team, with new training requirements, including fraud and counter-fraud content, being introduced through national processes.

Item 8.3 Rest Break Compliance Internal Audit

Graeme Ferguson presented the Rest Break Compliance Internal Audit Report which Committee were asked to discuss and note. An Internal Audit was conducted to assess the controls in place to monitor adherence with the Rest Break compliance processes and the effectiveness of the organisational governance arrangements. An overall rating of 'Significant assurance with minor improvements required' was provided which is in line with management expectations and appropriate management actions have been agreed. The Audit is submitted to Committee for information with management actions progressed and monitored quarterly on the Internal Audit Action Tracker by Committee.

Graeme highlighted the progress made in strengthening rest break arrangements across the Service. Committee heard that there was a high degree of confidence in the processes now in place and in the ability of operational teams and Ambulance Control Centres to support compliance. Members noted that significant work has been undertaken to embed the revised arrangements and that maintaining compliance, particularly during periods of increased operational pressure, would remain a key challenge. An update was provided on recent performance data, which showed continued improvement across most areas of the Service. However, the Committee noted emerging deterioration in rest break performance at a small number of stations in the West Region, particularly within Glasgow, Lanarkshire and Ayrshire. Members heard that further analysis was underway to identify the contributory factors and that targeted action was being taken to address these issues. Assurance was provided that staff side representatives remained engaged and supportive of the improvement work.

Mike thanked Graeme for the overview and Committee noted the Rest Break Compliance Internal Audit Report presented and acknowledged the significant collaborative effort that had contributed to the progress achieved to date.

ITEM 9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY

Item 9.1 Draft Workforce Plan Proposal

Chris Carron presented an update on the development of the Draft Workforce Plan and Committee noted the progress made since the previous iteration. Chris advised that the plan remains a developing piece of work intended to evolve over time, with further refinement required before it would be considered the final long-term Workforce Plan. The Committee heard that the latest draft incorporates workforce demand modelling based on service pressures, population health needs, workforce attrition, skill mix requirements and future service developments. Members noted the

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inclusion of workforce planning assumptions relating to reductions in the working week, recruitment, education and training capacity, workforce analytics, and governance arrangements.

Mike thanked Chris for the overview and discussion focused on the need for clearer articulation of the intended future workforce model and the outcomes the plan seeks to deliver for patients, staff and services over the longer term. Members highlighted the importance of defining measurable outcomes, establishing clear baselines and ensuring that progress against assumptions and objectives could be monitored through regular reporting to the Committee. The Committee also discussed the relationship between workforce planning, culture and wellbeing, the implications of changing skill mix requirements, and challenges associated with recruitment and development pathways, particularly within remote and rural areas. Members emphasised the importance of ensuring equitable opportunities for career progression and maintaining an appropriate balance of skills across the workforce.

It was agreed that the Workforce Plan should continue to be developed iteratively, with an update provided to the next Staff Governance Committee. Members also supported the proposal to develop a shorter summary report focused on key workforce metrics, assumptions and workforce implications to facilitate ongoing monitoring and assurance while the longer term plan continues to evolve. It was suggested that the next iteration of the Plan should include:

- Intended trajectories for staff numbers in each of the job families over each of the years of the plans duration.
- The pressures on the workforce are well described as are the proposed remedies to specific issues and the staff numbers related to those remedies. These staff increases could be included in the projections for staff numbers.
- The Plan should show how the workforce will change in terms of numbers and skills mix and particularly how those changes are expected to affect outcomes in terms of service Delivery - ideally with measures attached to those service changes.
- Whilst recognising that the plan will be iterative, it will be important for there to be a particular baseline/moment in time against which changes would be measured.
- It would be worth adding an explicit reference to staffing pressures in the remote and rural areas and the connection to the technician to paramedic career path.
- There is an interesting question in the reference to 'the creation of a more skilled workforce' as that may imply a move to treat only more seriously ill or injured patients, and therefore the focus perhaps should be extending the range of skills within the overall workforce and not necessarily up-skilling all clinical staff.
- There is a question about having a very pared back workforce plan which focuses on projections of staff numbers and roles with intended service outcomes rather than providing detail on all underpinning drivers and rationale.
- The actions and governance arrangements to oversee the Service establishment numbers and associated recruitment requirements were well received and could be implemented before the plan is completed.

Action/s: **6. Head of Workforce Planning and Analytics to update the Workforce Plan with the next iteration to be presented to the next meeting of Staff Governance Committee.**

Mike thanked Chris for the overview and Committee noted the Workforce Plan update presented.

Item 9.2 Staff Experience and Performance Report and Staff Story

Alison Ferahi introduced the staff story, which was supported with presentations from Harry Saddiq, Paramedic from Douglas Station and Ben Jackson, Paramedic from Dunoon Station. Harry and

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Ben provided Committee with an update on the Reverse Mentoring Programme which brings together senior leaders and colleagues with lived experience to promote understanding, inclusion and learning across the organisation. Harry and Ben reflected on their participation as mentors in the first cohort of the programme. They highlighted the value of creating a safe space for open dialogue, enabling senior leaders to gain a deeper understanding of the experiences of colleagues from diverse backgrounds and the barriers they may face in the workplace. Committee heard that the programme had provided meaningful opportunities for senior leaders and staff to share perspectives, challenge assumptions and build greater awareness of issues affecting inclusion, career progression and staff experience. Participants emphasised the importance of listening to lived experiences and noted the positive impact that these conversations could have on leadership, decision making and organisational culture. Ben spoke about the challenges experienced by some colleagues from ethnic minority backgrounds, including instances of discrimination and abuse encountered in the course of their duties. Members noted the importance of providing opportunities for staff to share these experiences directly with senior leaders and recognised the role of the programme in increasing understanding and supporting the development of more inclusive practices.

The Committee welcomed the positive feedback from both mentors and mentees and heard that participation had increased understanding of lived experience and identified opportunities to improve areas such as induction, onboarding and staff support. Members recognised the value of one-to-one conversations in informing leadership practice and decision making and expressed support for extending the programme more widely, including consideration of opportunities for Non-Executive Board members to participate.

The Committee noted that feedback was being gathered from participants to inform future development of the programme and heard that there was growing interest in the initiative both within the Service and across the wider ambulance sector. Members requested a future update on the next phase of the programme, including opportunities to broaden participation and share learning across the organisation.

Mike thanked both Harry and Ben for joining the meeting and Committee welcomed the work of the Reverse Mentoring Programme.

Action/s: 7. Head of Organisational Development to prepare an update in relation to the Reverse Mentoring Programme for a future Staff Governance Committee meeting describing the actions already taken, next stages of the initiative, and how wider teams and Non Executives may be captured within the arrangements to ensure that frontline staff and their experiences can influence Board decision making.

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 highlighted that sickness absence levels had shown a downward trend following sustained organisational focus on attendance management, greater consistency in processes, preventative interventions and increased use of wellbeing support services. The Committee noted the ongoing work to better understand the root causes of absence, strengthen support arrangements and develop improved management information to support attendance management across the Service. Committee heard that collaborative work with NHS 24 had informed the development of new approaches to managing absence, including proposals for enhanced management dashboards to provide managers with timely access to attendance information and support decision making.

Mike thanked Graeme for the overview and opened to Committee for comments and questions.

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Members discussed opportunities to strengthen the report by providing clearer links to the Workforce Risk Register and Internal Audit actions, enabling a more joined up view of workforce risks and improvement activity. The Committee also considered RIDDOR reporting compliance and heard that ongoing work was progressing to improve awareness, reporting processes and manager education, with performance broadly comparable to other ambulance services. It was agreed that information within the Staff Experience paper, Workforce Risk Register and Education Update would contain the same information and updates to ensure consistency.

Action/s: 8. Deputy Director of People and Culture to ensure consistency in information reported across the Staff Experience Report, Risk Register and Education Report.

The Committee noted that anxiety, stress and depression remained the most common reasons for absence. Members heard that the establishment of the Wellbeing Hub, including specialist mental health support, together with the TRiM programme, had encouraged more staff to seek support and discuss wellbeing concerns. The Committee welcomed the positive cultural shift towards greater openness in discussing mental health issues and the increased utilisation of available support services.

The Committee also discussed the ongoing challenge of measuring and reporting Team Leader protected time. Members were advised that further work was underway to improve the quality and usefulness of reporting information, with an updated approach to be presented at the September meeting.

Committee discussed and noted the Staff Experience report presented.

ITEM 10 APPROPRIATELY TRAINED AND DEVELOPED

Item 10.1 Education Update

In the absence of Cheryl Harvey Andrew Carruthers presented an update on Education developments which provided Committee with a progress update since the last Committee meeting and was taken as read.

Committee considered the proposal to discontinue reporting on the legacy diploma programme, recognising that this area of work had now largely concluded. Members agreed that it was appropriate to cease this element of reporting and endorsed the recommendation.

Committee discussed and noted the Education update.

ITEM 11 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

Item 11.1 Equality Diversity and Inclusion 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. The report was taken as read and as previously mentioned Coralie advised that future reporting would adopt a more focussed approach, concentrating on specific priority areas rather than attempting to provide comprehensive updates on all equality related activity at each meeting. Members were advised that a rolling programme of themed updates would be developed to support more meaningful discussion and assurance.

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The Committee supported a proposal for the next update to focus on the collaborative work between SAS and NHS 24, recognising that this would provide a useful opportunity to explore a significant area of equality and inclusion activity in greater detail. Members also agreed that future discussions with senior leaders would help identify further priority areas for coverage within the programme of work. Members discussed the importance of ensuring that equality related reports clearly identify associated organisational risks where relevant. It was noted that equality and inclusion activity links to a number of broader themes, including organisational culture, and that future reports should better reflect these connections through the risk section of the covering paper.

Mike thanked Coralie and Committee welcomed the update and noted that the proposed changes would strengthen oversight of equality, diversity and inclusion activity through more focussed and thematic reporting.

Item 11.2 Policies

No Policies presented for consideration this reporting period.

Item 11.3 Whistleblowing Annual Report

Andrew Carruthers presented the Whistleblowing Annual Report which Committee were asked to discuss and approve. Andrew highlighted that the Service received a total number of 25 concerns to the Whistleblowing mailbox between 1st April 2025 and 31st March 2026. Two of these were taken forward one as a stage 1 and one as a stage 2 Whistleblowing concern. Of the remaining 23 concerns, 13 were taken forward as BAU and 10 did not require further input at the time of raising the concern. One concern was closed this year, and there are no open concerns.

Mike thanked Andrew for the overview and Committee commended the work undertaken by the Andrew and the Whistleblowing Team and welcomed the positive culture that had been established around speaking up and raising concerns. Members noted the emphasis on resolving concerns through normal management processes where appropriate, whilst maintaining compliance with national whistleblowing standards and reporting requirements.

Committee approved the Whistleblowing Quarterly report presented.

ITEM 12 INVOLVED IN DECISIONS

Item 12.1 Partnership Update

Committee noted the paper presented on recent partnership activity, including updates on Hot Topics, Reduced Working Week and Rest Breaks. Committee noted positive progress achieved through joint working on a number of significant workforce issues. Members heard that partnership arrangements had been instrumental in supporting discussions and resolution of challenges relating to rest breaks and the reduction in the working week. The Committee welcomed the constructive approach taken by management and staff side representatives and recognised this as a positive example of effective partnership working. Committee also noted that the organisation's approach to implementing the reduction in the working week had attracted external interest and was being used as an exemplar case study as part of research being undertaken on behalf of UNISON. The Committee welcomed this recognition and noted the potential for the work to be highlighted through trade union and academic channels.

Mike thanked Graeme for the overview and Committee noted the Partnership update presented.

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Item 12.2 Partnership Conference Update

Graeme Ferguson provided Committee with a verbal update in relation to the forthcoming Partnership Conferences which will take place in 2026. Graeme highlighted that three regional partnership events are being planned for September and October with the programme still to be finalised. Prior to the regional events an engagement workshop will be held with trade union colleagues to review and refresh partnership arrangements. This workshop is intended to strengthen engagement and help shape a revised approach to the regional partnership events.

Mike thanked Graeme for the overview and Committee welcomed the proposal, recognising the value of reviewing partnership arrangements to ensure they remain effective and continue to support positive engagement across the organisation.

ITEM 13 WELL INFORMED

Item 13.1 Workforce Communications and Engagement Update

Claire Higgs joined the meeting and presented the Workforce Communications and Engagement Update paper which was taken as read. Claire highlighted that following the election period, normal communications activity has resumed. Members heard about planned engagement activity over the summer, including Pride Month communications, publication of violence against staff statistics, media engagement, and the continued promotion of staff stories through internal communications channels. Staff stories covering a range of lived experiences, including neurodiversity and wellbeing, were highlighted as an important means of supporting organisational learning and engagement.

Committee discussed the role of communications in supporting delivery of the Culture Programme and strengthening staff engagement. Members noted that communications would have a leading role in promoting feedback, values based work and engagement activity, with consideration being given to how communication channels could be evaluated and enhanced to improve reach and effectiveness.

Mike thanked Claire for the overview and Committee noted the update presented.

ITEM 14 DRAFT STAFF GOVERNANCE ACTION PLAN 2026/27

Graeme Ferguson presented the Draft Staff Governance Committee Action Plan for 2026/27 which Committee were asked to discuss and approve. Graeme advised that the paper presents the opening position of the Staff Governance Action Plan from 01 April 2026 to 31 March 2027. Committee noted that the Plan was revised following previous feedback to provide clearer actions and timescales and is intended to provide a high level summary of the key workstreams and assurance activities that the Committee will monitor over the next 12 months.

Members discussed the number of action plans currently in place across the organisation and highlighted the importance of ensuring alignment to avoid duplication. The Committee agreed that there may be scope to further streamline and simplify the SGAP to improve clarity whilst retaining the information required for Scottish Government reporting and annual review purposes. The Committee welcomed the opportunity to review the format of the Plan and agreed that consideration should be given to whether the presentation of actions could be further distilled and aligned with other reporting mechanisms, whilst maintaining the necessary strategic overview and assurance requirements.

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Action/s: **9. Deputy Director of People and Culture to review the Staff Governance Action Plan and consider opportunities to streamline and improve clarity of reporting whilst maintaining statutory reporting requirements.**

Mike thanked Graeme for the overview and Committee noted the Staff Governance Action Plan presented.

ITEM 15 ACTION TRACKER

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

2025/09/07.1 (2)	Staff Experience and Performance Report
2025/09/07.1 (4)	Staff Experience and Performance Report
2026/03/06.1 (1)	Workforce Risk Register
2026/03/06.1 (2)	Workforce Risk Register
2026/03/07.1	Staff Experience and Performance Report
2026/03/12	Staff Governance Committee Action Plan 2025/26
2026/03/13	Staff Governance Committee Action Plan 2026/27

Committee discussed the undernoted Actions and agreed to extend their timelines to September 2026.

2025/06/09.2	Staff Experience and Performance Report
2025/12/09.1	Equality Fora Update

ITEM 16 STAFF GOVERNANCE COMMITTEE WORKPLAN 2026

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

ITEM 16 ANY OTHER BUSINESS

No items of other business have been received in advance of today's meeting.

Mike McCormick thanked members and attendees for their participation and contributions to the meeting and members were asked to remain on the call to discuss the Staff Governance Committee Effectiveness Review which will be taken in private.

ITEM 18 **RESTRICTED – STAFF GOVERNANCE COMMITTEE EFFECTIVENESS REVIEW**

Restricted – Staff Governance Committee Effectiveness Review - Invoking Standing Order 5.22 resolution to take item in private.

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DATE OF NEXT MEETING

The next meeting will take place on Thursday 3rd September 2026 at 10:00 am.

Mike McCormick thanked members for their contributions and brought the meeting to a close.

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**MEETING OF THE STAFF GOVERNANCE COMMITTEE
10:00 AM ON THURSDAY 3 SEPTEMBER 2026
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 – Failure to Achieve Financial Target
CR 5602 – High - Service's Defence Against a Cyber Attack
CR 4636 – High - Health and Wellbeing of staff affected
CR 5653 – High - Organisational Culture and Staff Experience
CR 5889 – High – Future Workforce
CR 5891 – High - Collaborative Working
CR 5560 – High – Future Direction of NHS (New Proposed Risk)

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)				CR4638 – 8 Items	
	Likely (4)			CR4636 - 10 Items	CR5062 – 1 Item CR5653 – 8 Items	
	Possible (3)			CR5891 – 1 Item CR5889 – 2 Items		
	Unlikely (2)					
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome & Apologies	For Noting	M McCormick	–
	2. Declarations of Interest relevant to meeting	For Noting	M McCormick	–
	3. Minutes of meeting held on 4 June 2026	For Approval	M McCormick	–
	4. Matters Arising not on the Agenda	For Discussion	M McCormick	–
10:10	5. SPECIAL TOPIC – iMatter	For Discussion	A Ferahi	
10:30	6. Culture Update - Verbal	For Noting	E Gallagher	CR 5653
	6.1 People Measures/Culture Dashboard	For Discussion	E Gallagher	
10:40	7. STAFF GOVERNANCE			
	7.1 Workforce Risk Register	For Approval	S Stevenson	CR 4636 CR 4638 CR 5653
	7.2 Internal Audit Action Update Report	For Discussion/ Approval	G Ferguson	CR 4636
	7.3 Culture and Staff Engagement Internal Audit	For Noting	E Gallagher	
11:10	8. PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY			

	8.1	Workforce Plan Proposal Update	For Discussion	C Carron	CR 4636, CR 5653 CR 5889
	8.2	Staff Experience and Performance Report – Including Staff Story	For Discussion	G Ferguson / A Ferahi / F McNicol	CR 4636 CR 4638 CR5653
11:30	9.	APPROPRIATELY TRAINED AND DEVELOPED			
	9.1	Education Update	For Noting	C Harvey	CR 4636 CR 4638 CR 5062 CR 5889
11:40	10.	TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED			
	10.1	Equality Monitoring Report	For Approval	C Colburn	
	10.2	SAS Anti-Racism Plan 2025-29	For Discussion	C Colburn	
	10.3	Equality Outcomes – Progress on Collaborative work between SAS and NHS 24 – Verbal Update	For Noting	C Colburn	
	10.4	Policies No Policies for consideration this quarter.	For Information	F McNicol	-
	10.5	Whistleblowing Quarterly Report	For Noting	A Carruthers	CR 4636 CR 4638 CR 5653
12:10	11.	INVOLVED IN DECISIONS			
	11.1	Partnership Update	For Noting	G Ferguson/S Gilroy	CR 4636 CR 4638 CR 5653
	11.2	Partnership Conference Update – Verbal Update	For Discussion	G Ferguson/S Gilroy	CR 4636 CR 4638 CR 5653
	11.3	Quality, Safety & Learning Forum	For Noting	E Stirling	CR 4636 CR 4638 CR 5653
12:30	12.	Staff Governance Action Plan 2026/27 Update	For Information	G Ferguson	CR4636, CR 4638
12:40	13.	Action Tracker	For Approval	M McCormick	
12:50	14.	Staff Governance Committee Workplan 2026	For Noting	M McCormick	–
12:55	15.	Any Other Business			

Date of next meeting: Thursday 10 December 2026 at 10:00 am

RECORDING PRIVACY NOTICE

Please note this meeting will be recorded for the purposes of the minute. The audio recording will be deleted after the minute is produced and approved in line with the MS Teams Audio & Transcription Guidance.