

BOARD OFFICIAL

NHSGGC SGC(M)24/03

Minutes: 36-55

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Staff Governance Committee**

**held in the JB Russell House Boardroom & via Microsoft Teams, on
Tuesday 13 August 2024 at 9.30am**

PRESENT

A Cameron-Burns (Co-Chair in the Chair)

K Miles (Co-Chair)

M Ashraf

Cllr C McDiarmid

P Ryan

Dr L Thomson KC (Board Chair)

J Grant (Chief Executive)

IN ATTENDANCE

M Allen	Senior Administrator
Dr J Armstrong	Medical Director
S Bustillo	Director of Communications
T Carrey	Workforce Planning Lead
C Cowan	Interim Acting Director of Research and Innovation
B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr S Davidson	Deputy Medical Director
K Donald	Corporate Services Manager
M Gardner	Deputy Nurse Director
A Hair	Partnership Representative – Unite the Union
D Hudson	Staff Experience Advisor
K Heenan	Chief Risk Officer
C Lavery	Chief Officer, Renfrewshire HSCP
S MacLean	Human Resources Manager, Renfrewshire HSCP
A MacPherson	Director of Human Resources and Organisational Development
D Mann	Head of Organisational Development – Acute & Corporate
A McCready	Staff Side Lead, Non City HSCP Staff Partnership Forum and East Renfrewshire HSCP Staff Partnership Forum
S Munce	Head of Workforce Planning and Resources
Dr C Perry	Director of Medical Education
SJ Porch	Human Resources Manager – Corporate Services
Dr M Pay	Workforce Strategy Manager
N Smith	Depute Director of Human Resources

BOARD OFFICIAL

I Shariff	Business Manager, Medical Directorate
L Spence	Head of Staff Experience
A Walton	Staff Side Partnership Lead

36.	WELCOME AND APOLOGIES	ACTION BY
	A Cameron-Burns welcomed all to the meeting. Apologies were noted for B Auld, C Vincent, F Carmichael, T Keenan, Prof Wallace, C Rennie, M MacDonald and E Quail.	
37.	DECLARATIONS OF INTEREST	
	There were no formal declarations of interest intimated.	
38.	MINUTES The Minutes of the Committee meeting held on 21 May 2024 (SGC(M)24/02) were approved as a correct record. P Ryan asked whether there had been an update from the Health and Safety Executive in relation to ligature incidents, with A MacPherson advising that investigations are currently still taking place. <u>APPROVED</u>	
39.	MATTERS ARISING	
	<u>Rolling Action List</u>	
	A Cameron-Burns referred to the Rolling Action List (Paper 24/21) and advised that there were eight items, all marked for closure. The Committee noted the updated Rolling Action List and agreed the items proposed for closure. <u>APPROVED</u>	
40.	URGENT ITEMS OF BUSINESS <u>UK Riots – Islamophobia and Anti-Racism</u>	

BOARD OFFICIAL

	<p>The Committee discussed the UK riots that had taken place, firstly acknowledging the tragic deaths of three young people and the impact on their families. The Committee noted the support available to staff and additional planned anti-racism initiatives. Staff communication and the use of the right language was recognised as being critical, and that the communication issued jointly by Dr Thomson and J Grant had been well received.</p> <p>Dr Thomson and A MacPherson highlighted that as well as taking advice from Police Scotland regarding risk in the NHSGGC geographical area, the BME Network provided helpful information regarding staff anxiety.</p> <p>The Committee noted that a watching brief will be maintained, with further discussion and reflections to take place through the Workforce Equality Group.</p>	AMacP / LS
41.	<p>ASSURANCE PRESENTATION</p> <p><u>Board Medical Directorate</u></p> <p>A Cameron-Burns introduced Dr Armstrong, acknowledging that it was her last Staff Governance Committee meeting before retirement and thanking her for her contribution to the Committee.</p> <p>Dr Armstrong, Medical Director, supported by SJ Porch, Human Resources Manager and C Cowan, Interim Acting Director of Research and Innovation, gave a presentation on Staff Governance activity within the Board Medical Directorate. This provided an overview of key workforce metrics, including sickness absence, Statutory and Mandatory training, KSF compliance and iMatter participation, outlining the actions being undertaken within the Directorate to meet the agreed targets.</p> <p>SJ Porch highlighted key achievements, including actively monitored workforce plans for each sub-directorate, and attendance management focus groups to promote early intervention and the promotion of health and wellbeing initiatives.</p> <p>Dr Armstrong advised the Staff Governance Committee that there are some continuous improvement opportunities for the Directorate over the next 18 months. These include contributing to the development of the next NHSGGC Workforce Strategy, and</p>	

BOARD OFFICIAL

	<p>further development of a programme for site visits to ensure visibility of the Board Medical Director. This will include all sub-directorates as well as visits to acute, primary care and mental health settings.</p> <p>C Cowan showcased Glasgow Clinical Research Facility's Staff Wellness Project as the Directorate's case study. The project was established in 2023 and works with the NHSGGC Peer Support Team to offer support and advice to staff, including endowment funding for wellbeing activities.</p> <p>A MacPherson expressed her appreciation to all in the Directorate for their work towards securing Investors in People accreditation.</p> <p><u>Renfrewshire Health and Social Care Partnership</u></p> <p>C Lavery, Chief Officer, supported by Shirley MacLean, Human Resources Manager and A Hair, Staff Side Lead, Unite the Union, gave a presentation on Staff Governance activity within the HSCP. This provided an overview of key workforce metrics, including sickness absence, Statutory and Mandatory training, KSF compliance and iMatter participation, outlining the actions being undertaken within the Directorate to meet the agreed targets.</p> <p>C Lavery highlighted key achievements, including a new staff health and wellbeing group and online resource, staff development fund, equality, diversity and inclusion training and an international recruitment pilot.</p> <p>C Lavery advised the Staff Governance Committee that there are some continuous improvement opportunities for the HSCP over the next 18 months. These include sickness absence reduction, progressing implementation of Health and Care (Staffing) Act, a focus on statutory and mandatory training compliance and building appropriate staff side consultation in relation to organisational change and financial planning.</p> <p>C Lavery showcased the appointment of a Compliance Officer in December 2023 as the HSCP's case study. The role improves and co-ordinates compliance across the Partnership, with a focus on Health and Safety and Induction. Results to date include an</p>	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

BOARD OFFICIAL

	<p>increase in Personal Development Planning and Review compliance and a reduction in overdue Datix reviews.</p> <p>A Cameron-Burns asked whether there is a limit on the number of times staff can apply for funding, with C Lavery advising that there was a broad agreement of once per year, but the senior leadership team will consider additional requests on a case by case basis, if the individual's line manager supports the application.</p> <p>M Ashraf asked whether making Integration Joint Board meetings available to watch online had been received well, with C Lavery confirming that they were watched by a significant number of people, added an additional level of transparency and were helpful to watch back as a team for learning and reflection.</p> <p>A Cameron-Burns thanked all involved in the delivery of the assurance presentation, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
42.	<p>WORKFORCE STRATEGY 2021-25 PROGRESS & LEADERSHIP AND CULTURE UPDATE</p> <p>Dr Pay discussed the Workforce Strategy 2021-25 (Paper 24/22), advising the Committee that the Strategy is in its concluding phase (April 2024 - March 2025) and the corresponding Phase Four Action Plan was approved by the Corporate Management Team in June 2024.</p> <p>Dr Pay advised that the Phase Four Action Plan contains 32 actions, which will further develop 18 strategic activities. Seven of the actions in Phase Four have particular priority due to their links with outstanding commitments within the Workforce Strategy 2021-2025, or legislative requirements.</p> <p>Dr Pay highlighted that 2024/25 actions from the Staff Health Strategy, Internal Communications and Employee Engagement Plan and Recruitment will be delivered as part of the Workforce Strategy Action Plan 2024/25.</p>	

BOARD OFFICIAL

Dr Pay confirmed that there are no actions identified as not being achievable and that work is underway on development of the Workforce Strategy 2025-30.

Leadership and Culture Update

D Mann provided an update on Leadership and Culture, highlighting the following:

Investors in People (IiP) – IiP accreditation was confirmed for the full organisation in June 2024, with NHSGGC the largest organisation that Investors in People have ever accredited with their international standard.

Civility Saves Lives (CSL) – This key initiative continues to grow momentum across NHSGGC and the members of the Champions Groups in each of the IiP Clusters are engaging their colleagues in raising awareness and ensuring that their clinical areas and offices are civil, kind and positive places to work. Civility Leads training has now started and 30 Civility Leads have now been trained with another cohort of 15 scheduled for later this year. This means there is now coverage in this role in all main sites.

Success Register – The Success Register continues to grow in its use and is popular both as a way of thanking colleagues for great work and as a way to share good practice between areas. It has now had more than 18,000 visits by staff and over 2000 messages of thanks sent between staff.

Senior Manager Programme – The Senior Manager Programme first two phases have now concluded, with 300 senior managers and lead clinicians taking part. Work on continuing to develop and grow the learning in the cohort continues and a reference group has been set up to test current proposals and take forward the plan for the remainder of 2024/25.

Medical Manager Programme – This has now been reviewed using the feedback from the first version of the programme and the new programme has now commenced and is delivered face to face on three modular days covering Medical Management Practice, Organisational Knowledge and Leadership Skills. Feedback to date has been extremely encouraging.

BOARD OFFICIAL

	<p>Leadership Programme for Staff from Black and Minority Ethnic Backgrounds – The second annual programme for 30 BME delegates has now concluded, with a mixture of online and face to face sessions, delivered over eight days. Feedback has been extremely positive and funding for the next programme is currently being sought.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none">• Committee members were encouraged by the update on the Success Register.• The Workforce Equality Group is undertaking work following a deep dive into BME recruitment data. A detailed report will be provided at the next Workforce Equality Group meeting, with any issues flagged through the Corporate Management Team and Staff Governance Committee, as appropriate.• The recruitment team carry out equality and diversity focussed recruitment training monthly, with this supported with online resources.• Recognising the lived experience of staff who have experienced incivility is important, due to potential impact on performance. <p><u>Leadership and Culture Video</u></p> <p>D Mann introduced a video, which focussed on participants' experiences of the Senior Management Programme and BME Leadership Programme.</p> <p>A Cameron-Burns thanked Dr Pay and D Mann for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
43.	<p>NURSING AND MIDWIFERY COUNCIL REFERRALS AND ASSURANCE (ANNUAL REPORT)</p> <p>M Gardner discussed a report (24/23) providing the Staff Governance Committee with an update of Nursing and Midwifery Council (NMC) referral activity across the Board, during the period 2023/2024 and providing assurance that all NHSGGC referrals are managed consistently.</p>	

BOARD OFFICIAL

<p>M Gardner advised that during the reporting period April 2023 to March 2024, NHSGGC managed 106 referrals. There are currently 70 open cases, with reasons broadly themed into a range of categories. The majority of referrals were received from members of the public (34) in relation to concerns about treatment or care.</p> <p>M Gardner highlighted that the most frequent reason for referral fall under professional capability and/or conduct issues (36% of all cases), followed by concerns regarding patient care (21% of all cases) and fraud or criminal concerns (18% of all cases).</p> <p>M Gardner advised that the total number of open and closed cases (21) where the NHSGGC employee has been dismissed, have broad themes including medication issues, this includes theft of drugs from NHSGGC, falsifying clinical documents, fraudulently claiming monies from NHSGGC, breaching professional boundaries and omission of care.</p> <p>M Gardner highlighted that within the first four months of the 2024/25 reporting period, there have been nine new referrals to the NMC. Four of these relate to criminal/fraud and Drug error/substance abuse and theft. Given this trend, there is a commitment from the Chief Nurse groups to improve governance and systems to minimise these incidents.</p> <p>M Gardner advised that there is awareness of the impact of referrals on staff, with anybody referred offered support through dedicated resources.</p> <p>In response to questions from P Ryan about NMC timescales and staff morale in relation to a drug error culpable homicide referral, M Gardner advised that referrals are made by NHSGGC in a timely way. It was noted that there is sometimes a delay with the NMC internal processes, as in the case of possible criminal issues, a decision is not usually progressed until the outcome of any Police Scotland investigation. M Gardner advised that the drug error culpable homicide referral had increased staff anxiety, but not stopped people from being transparent about reporting errors, with appropriate support for staff available.</p> <p>M Ashraf asked whether there was any benchmarking in relation to nursing headcount and numbers of referrals, with M Gardner</p>	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

BOARD OFFICIAL

	<p>advising that there is not but that there has never been any feedback that the number of referrals made within NHSGGC are out of line with other Health Boards.</p> <p>The Committee noted that a robust process for NMC referrals is in place across NHSGGC and was assured that NMC processes are effective and adhere to organisational policy and values whilst supporting continuous learning and improvement.</p> <p>A Cameron-Burns thanked M Gardner for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
44.	<p>MEDICAL EDUCATION</p> <p>Dr Armstrong introduced Dr Perry, who discussed a report (Paper 24/24), which provides the Committee with assurance on quality control in Medical Education and the quality improvements and progress in respect of the General Medical Council (GMC) Enhanced Monitoring status.</p> <p>Dr Perry advised that NHSGGC now has one department remaining on enhanced monitoring – General Internal Medicine at the Queen Elizabeth University Hospital. Dr Perry highlighted that whilst the department remains on Enhanced Monitoring, significant improvements have been made in recent year with focus now on completing the final three of the original 19 recommendations – handover, accessing educational opportunities and trainee wellbeing.</p> <p>Dr Perry advised the Committee that there are currently 10 units or departments within a formal Deanery quality process, with this representing less than 5% of the 200+ approved training units within NHSGGC acute services. This also represents a steady decrease in the number of units under active Deanery review over the past five years, from 23 Deanery visits during 2019.</p> <p>Dr Perry further advised the Committee that:</p> <ul style="list-style-type: none">• Approximately 277 new FY1 trainees joined NHSGGC on 29 July 2024 for a seven day shadow period. Preparations	

BOARD OFFICIAL

	<p>are well underway to support their induction, with their first NHSGGC rotations having commenced on 7 August 2024.</p> <ul style="list-style-type: none">• Further Active Bystander Training sessions have been made available to trainees from July 2024 to February 2025.• In response to feedback, the team is developing an ePhoto-Board for use within service, aimed at facilitating better engagement by educational supervisors, clinical supervisors and departments with trainees. <p>During discussion, it was recognised that it is difficult to move an area out of Enhanced Monitoring, but that the team is working closely with the Deanery to address the three final recommendations at the remaining site.</p> <p>A Cameron-Burns thanked Dr Perry for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
45.	<p>CAREER GRADE MEDICAL AND DENTAL JOB PLANNING: AUDIT FOLLOW-UP</p> <p>Dr Davidson discussed a report (Paper 24/25), which provides the Committee with an update on the external audit of job planning conducted in 2023 and the progress made against the recommendations.</p> <p>Dr Davidson advised that Career Grade Medical and Dental clinicians (Consultants, Associate Specialists, Specialist Doctors and Specialty Doctors) require to have a Job Plan agreed on commencement of employment and thereafter Job Planning is required to be undertaken annually. However, following a temporary halt to Job Planning to focus on frontline work during the pandemic, the annual Job Planning process recommenced in 2021, however, many services at that time were not able to return to normal working arrangements which meant it was difficult to agree prospective job plans.</p> <p>Dr Davidson advised that following a 2023 external audit that highlighted job planning issues, corrective actions were implemented, included policy review, enhanced manager training, and integrating Team Service Planning into the job</p>	

BOARD OFFICIAL

	<p>planning process. It is acknowledged that 100% will not be reached by 31 July 2024, due to the requirement for mediation in some cases and other external factors. Reviews are on-going and the current sign-off at 9 August 2024 is 60% and 75% have been agreed in the last year.</p> <p>As part of the update, Dr Davidson highlighted a number of actions which will support and increase in compliance. These include:</p> <ul style="list-style-type: none">• Review of current calendar and timescales for annual review.• Review of time in Medical Managers Job Plans to ensure they have time to engage with Team Service Planning and review their Teams' job plans.• Introduction of Job Planning Leads for each Sector/Directorate.• Re-establishment of the Job Plan Steering Group, which now meets monthly. The group are currently reviewing a number of areas, including Job Planning Policy, Flexible working and Team Service Planning. <p>In response to a question from A Cameron-Burns, Dr Davidson confirmed that job plans cover all planned work, based on the individual's contract.</p> <p>The Committee noted that the local teams continue to work towards ensuring full compliance with the Consultant and SAS Grade Terms & Conditions of employment which stipulate they must have an annual Job Plan review.</p> <p>A Cameron Burns thanked Dr Davidson for the update and for keeping the Committee updated with progress.</p> <p><u>ASSURANCE NOTED</u></p>	
46.	<p>AUDIT PLAN UPDATE: STAFF ATTENDANCE AND 2024/25 AUDITS</p> <p>N Smith discussed a report (Paper 24/26), providing an update on the 2023/24 Audit relating to managing staff attendance, which concluded in March 2024.</p>	

BOARD OFFICIAL

	<p>N Smith advised that the Audit highlighted two specific areas of good practice:</p> <ul style="list-style-type: none">• NHSGGC has effective and robust arrangements in place to collate and report absence data. Managers at all levels of the organisation are able to obtain information regarding absence rates.• The NHSGGC sickness absence action plan featured specific actions assigned to different individuals in a bid to address staff attendance issues. Actions were directly related to issues raised during regular meetings with Human Resource leads and included an action owner and timescale for completion. <p>N Smith discussed the Audit Action Plan, noting that all actions had been completed, with the exception of “Human Resources will report on the results of the spot checks and Attendance policy compliance audits to senior management”. This action is due to be fully complete by the end of August 2024.</p> <p>N Smith highlighted that an Audit Plan for 2024/25 was considered and approved by the Audit and Risk Committee in March 2024. Staff Training and Development and Succession Planning are both included in the 2024/25 plan.</p> <p>A Cameron-Burns thanked N Smith for the update and the Committee noted the progress of the relevant internal audit programme for 2022/23 and the Audit Plan for 2024/25.</p> <p><u>ASSURANCE NOTED</u></p>	
47.	<p>WHISTLEBLOWING ANNUAL REPORT AND MONITORING UPDATE</p> <p>K Donald discussed the annual report (Paper 24/27), providing the Staff Governance Committee with an overview of whistleblowing activity during 2023/24. The report provided assurance that whistleblowing investigations are taking place in line with the National Whistleblowing Standards.</p> <p>K Donald advised that Stage 1 Performance achieved 100% against the target of five working days, with Stage 2 Performance achieving 0% against the target of 20 working days. The</p>	

BOARD OFFICIAL

	<p>Committee was advised that Stage 2 investigations are complex and involve site visits, interviews and review of multiple forms of evidence and that whilst meeting the Stage 2 target has been challenging, it is important that investigations are thorough and robust. This issue is consistent with other Health Boards.</p> <p>K Donald highlighted that NHSGGC received one Stage 3 outcome from the Independent National Whistleblowing Officer, which was not upheld.</p> <p>K Donald advised that work continues with Human Resources and Communications team colleagues regarding the ongoing publicising of Speak Up! The dedicated Speak Up! week this year takes place week commencing 30 September 2024.</p> <p>A Cameron-Burns advised the Committee that Brian Auld is the new Board Whistleblowing Champion from 1 July 2024 and thanked C Vincent for his dedication to the role as previous Whistleblowing Champion.</p> <p>A Cameron-Burns thanked K Donald for the update.</p> <p><u>ASSURANCE NOTED</u></p>	
48.	<p>WORKFORCE PLAN ACTION PLAN UPDATE</p> <p>S Munce discussed a report (Paper 24/28), which provided the Staff Governance Committee with assurance of the progress against agreed Workforce Planning actions throughout Year Two (2023/24) and progress to date of actions for Year Three (2024/25).</p> <p>S Munce advised that for Year Two, of the six actions aligned to this period, all have been completed.</p> <p>S Munce advised that for Year Three, of the 15 actions aligned to this period, four have been completed with 11 remaining in progress, with the latest completion date of March 2025.</p> <p>S Munce highlighted that positive progress has been made against all actions in the plan, with 11 of the 13 remaining open, expecting to be delivered and only two currently delayed at risk of</p>	

BOARD OFFICIAL

	<p>not being delivered due to associated capital costs, with discussions ongoing in this regard.</p> <p>S Munce confirmed that the next iteration of the Workplace Plan is being developed and will be presented to the Committee at the appropriate time.</p> <p>During discussion, it was confirmed that Dr Thomson had been appointed Chair of Glasgow Centre for Population Health.</p> <p>K Miles suggested there is benefit in discussing hard to fill speciality posts and wider succession planning. A MacPherson advised that this can be tabled at a future meeting of the Staff Governance Committee.</p> <p>A Cameron-Burns thanked S Munce for the update.</p> <p><u>ASSURANCE NOTED</u></p>		AMacP
49.	<p>STAFF GOVERNANCE PERFORMANCE REPORT</p> <p>S Munce discussed the Staff Governance Performance Management Report (Paper 24/29), providing an update on workforce data and performance as at 30 June 2024. The following positive trends were highlighted:</p> <ul style="list-style-type: none"> • Nursing and Midwifery job family establishment position has remained consistent over the last quarter whilst facing the usual winter pressures. There have been 734 offers of employment issued to adult nurses in the Newly Qualified Practitioners (NQP) 2024 campaign and the current Internationally Educated Nurses recruitment campaign has seen offers of employment made to 101 successful candidates so far. • Staff turnover has continued to reduce as forecast – the 2023 turnover was 10.4%, while rolling 12 months to 30 June 2024 is 8.7%. • Staff availability has remained challenging over the quarter, with sickness absence sitting above 7.0% for the three consecutive months. For two months in this period Covid was more prevalent. Whilst the June 2024 sickness absence rate (7.5%) remains above both national and local targets, this continues to be an area of focus for local teams, 		

BOARD OFFICIAL

	<p>with a range of measures in place supported by Human Resources.</p> <ul style="list-style-type: none">• Compliance rates for all Statutory Mandatory training courses have improved. At Board level, eight out of nine courses are now at 90% or above.• Personal Development Planning and Review completion rate is at 55%. <p>During discussion, the Committee noted that challenges around staff absences are being addressed with support from partnership colleagues via a number of initiatives, including performance management and support for flexible working.</p> <p>A Cameron-Burns thanked S Munce for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
50.	<p>HUMAN RESOURCES RISK REGISTER</p> <p>K Heenan discussed the Human Resources Risk Register (Paper 24/30), highlighting that the risks were reviewed by the Human Resources Senior Management Team in July 2024 and the Corporate Management Team in August 2024.</p> <p>K Heenan highlighted that following a deep dive review of the “Delivery of medical training to the GMC required standards” risk, it was proposed that the risk score is revised from 12 to eight.</p> <p>K Heenan advised that in addition to the monthly review of Corporate Risks, a number of detailed Corporate Risk Reviews are ongoing or have been planned with Risk Leads and the Corporate Risk Register will be updated following these reviews. The review includes all aspects of the risk including controls, future mitigations and risk score. The remaining four risks will be reviewed by the end of September 2024.</p> <p>A Cameron-Burns thanked K Heenan for the update, with the Committee content to approve the one change to the Risk Register.</p> <p><u>APPROVED</u></p>	

BOARD OFFICIAL

51.	AREA PARTNERSHIP FORUM A Cameron-Burns discussed the Area Partnership Forum update (Paper 24/31), highlighting that all relevant information is contained within the report. The Committee noted the update. <u>ASSURANCE NOTED</u>		
52.	REMUNERATION COMMITTEE MEETING UPDATES A Cameron-Burns provided an update on the Remuneration Committee meetings held on 25 June and 25 July 2024, highlighting the following: <ul style="list-style-type: none"> • The Performance Outcomes for the Executive and Senior Manager cohorts for 2023/2024 were discussed in detail, providing the Committee with assurance on the process and determination of the outcomes. The Board Chair confirmed she had also reviewed the Executive Directors and the Chief Executive's remaining direct reports as Grandparent reviewer and was in agreement with the performance ratings; • On receipt of the national circulars, NHSGGC will process any payments accordingly; • The Chief Executive provided the members with an update of appointments and movement in the Executive cohort. • The meeting on 25 July 2024 covered the outcomes of the Chief Executive's performance review by the Board Chair. The Remuneration Committee as the Grandparent reviewers were provided with assurance and approved the outcome recommended by the Board Chair. <u>ASSURANCE NOTED</u>		
53.	STAFF GOVERNANCE COMMITTEE VISIT A Cameron-Burns and K Miles advised that as part of the Board Members' visiting programme, on 5 June 2024, members of the Staff Governance Committee visited the Human Resources and		

BOARD OFFICIAL

	<p>Organisational Development teams based at West Glasgow ACH.</p> <p>The Co-Chairs advised that the visit allowed Board Members to receive a high level overview of work being undertaken across the Directorate, as well as the wide range of support offered by the teams to staff across NHSGGC.</p> <p>Members attending wish to formally express their thanks to all those involved in organising and taking part in the visit, with the Committee noting that the opportunity to hear first-hand what is happening in different areas across the Board is invaluable.</p> <p><u>ASSURANCE NOTED</u></p>		
54.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD <p>A Cameron-Burns thanked all presenters, contributors to discussions during the meeting and those involved in preparing papers.</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the 27 August 2024 Board meeting and include the UK Riots (anti-racism and Islamophobia) update, Assurance Presentations, Workforce Strategy Action Plan update, Medical Education, Nursing and Midwifery Council Annual Report, Audit update on Managing Staff Attendance, Career Grade Medical and Dental Job Planning and approval of the Human Resources Risk Register.</p>		
55.	DATE & TIME OF NEXT MEETING <p>The next meeting of the Staff Governance Committee will be held on Tuesday 19 November 2024 at 09.30am.</p>		
	<p>The meeting ended at 1150hrs.</p>		