

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/172</b>
<b>Paper Title:</b>	<b>Standing Committee Chair's Board Report</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Date of Meeting:</b>	<b>18 December 2025</b>
<b>Purpose of Paper:</b>	<b>For Assurance</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Name of Reporting Committee:</b>	<b>Staff Governance Committee</b>
<b>Date of Reporting Committee:</b>	<b>27 November 2025</b>
<b>Committee Chairperson:</b>	<b>Mehvish Ashraf, Co-Chair</b>

## 1. Purpose of Paper:

The purpose of this paper is to inform the NHS Greater Glasgow and Clyde (NHSGGC) Board on key items of discussion at the most recent meeting of the NHSGGC Staff Governance Committee (the Committee).

## 2. Recommendation:

The Board is asked to note the key items of discussion at the meeting of the Committee on Thursday 27 November 2025, as set out below and seek further assurance as required.

## 3. Key Items of Discussion:

### 3.1 Assurance Presentation

- For assurance.
- The Committee received a presentation from Renfrewshire HSCP, which included results from the 2025 iMatter Survey, a range of good practice examples and evidence of how each of the five strands of the Staff Governance Standard are being met. A staff health and wellbeing event was showcased as the HSCP's case study, highlighting how the event offered staff meaningful opportunities to pause, recharge, and explore what support is available for them.

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- The Committee noted the assurance presentation and recognised the good examples provided against the five strands of the Staff Governance Standard, particularly the achievement of 80% PDP&R conversation compliance.

### **3.2 Staff Governance Assurance Workplan**

- For assurance.
- The Committee reviewed the Workplan, which is collated from the Workforce Strategy Action, Workforce Equality Group Action Plan and Fair Work self-assessment. The Committee also considered themes for Directorate/HSCP assurance presentations that the Committee uses to scrutinise how the organisation is meeting the Staff Governance Standard.
- The Committee noted the Workplan and agreed Attendance Management, the use of iMatter feedback and improving PDP&R compliance as the three assurance presentation themes for the next twelve months.

### **3.3 Workforce Strategy 2025-30 Phase One Action Plan and Widening Access to Employment Activity**

- For assurance.
- The Committee reviewed the Phase One Action Plan of the Workforce Strategy 2025-2030. As part of the report, there was a specific focus on Widening Access to Employment activity, covering apprenticeships, pre-employment programmes and careers outreach with schools and young people.
- The Committee noted the updates provided and that of the 40 actions within the Action Plan, 13 are complete, with 27 progressing and on target.

### **3.4 Safety, Health and Wellbeing**

- For assurance.
- The Committee was provided with an update on Ligature Risk Reduction, Audits, Enforcement Activity, Training Compliance and Mental Health and Wellbeing activity.
- The Committee noted the updates provided.

### **3.5 Health and Care Staffing Scotland Act Programme Update**

- For assurance.
- The Committee considered the quarterly report on the HCSSA, which is provided to the Committee each quarter.
- The Committee noted that the Quarter 1 report (April to June 2025) received Reasonable Assurance.

### **3.6 Medical Education**

- For assurance.
- The Committee was provided with an update on Medical Education, noting that three departments are currently within a formal Deanery quality process and that one department remains on enhanced monitoring – General Internal Medicine at the Queen Elizabeth University Hospital. Committee members noted the positive work around early induction for International Medical Graduates and how this affords the opportunity to evaluate and support individual needs.
- The Committee noted the update and assurance provided. It was noted that Dr Thomson will discuss de-escalation from Enhanced Monitoring for General Internal Medicine at the Queen Elizabeth University Hospital separately with the Board Medical Director and Director of Medical Education.

### **3.7 Board Appeals Update**

- For assurance.
- The Committee reviewed an update report on Board-level appeals. The report highlighted the current position, improvement actions implemented and planned mitigations.
- The Committee noted the update.

### **3.8 Risk Register**

- For approval.
- The Committee noted that the five risks assigned to the Staff Governance Committee had been reviewed monthly by the Human Resources Senior Management Team and Corporate Management Team. The Committee agreed that the risks are clearly described, appropriate and the proposed mitigating actions will address the risks.
- The Committee approved the updated Risk Register.

## **4. Issues for referral to other Standing Committees or escalation to the NHS Board:**

There were no issues for referral to other Standing Committees.

## **5. Date of Next Meeting:**

Thursday 12 February 2026.