

## NHS GREATER GLASGOW AND CLYDE

### Minutes of a Meeting of the NHS Greater Glasgow and Clyde Staff Governance Committee held in the Board Room at JB Russell House and via Microsoft Teams, on Tuesday 12 August 2025 at 9.30am

#### PRESENT

A Cameron-Burns (Co-Chair in the Chair)  
K Miles (Co-Chair)  
M Ashraf  
M McGinty  
R Moran  
P Ryan  
Dr L Thomson KC (Board Chair)

#### IN ATTENDANCE

|                |                                                                    |
|----------------|--------------------------------------------------------------------|
| A Chappell     | Chief Officer, East Renfrewshire HSCP                              |
| K Donald       | Corporate Services Manager – Governance                            |
| G Duncan       | Corporate Executive Business Manager                               |
| C Ferguson     | Head of HR – Inverclyde HSCP                                       |
| M Gardner      | Deputy Nurse Director, Acute                                       |
| K Heenan       | Chief Risk Officer                                                 |
| D Hudson       | Staff Experience Advisor                                           |
| H Jackson      | Head of Health and Care (Staffing) (Scotland) Act Programme        |
| M MacDonald    | Head of Learning and Education                                     |
| S MacLean      | HR Manager, East Renfrewshire HSCP                                 |
| D Mains        | Health and Safety Manager                                          |
| A McCready     | Deputy Staff Side Lead, Unite the Union                            |
| S Munce        | Head of Workforce Planning and Resources                           |
| Dr M Pay       | Head of Human Resources – Strategic Development                    |
| E Quail        | Staff Side Partnership Lead                                        |
| C Reid         | HR Manager, East Renfrewshire HSCP                                 |
| C Rennie       | Workforce Planning and Information Manager                         |
| K Rocks        | Chief Officer, Inverclyde HSCP                                     |
| N Smith        | Interim Director of Human Resources and Organisational Development |
| L Spence       | Head of Staff Experience                                           |
| Prof A Wallace | Executive Nursing Director                                         |
| A Walton       | Staff Partnership Lead                                             |

BOARD OFFICIAL

|                                     |                                                                                                                                                                                                                                                                                                                      |  | <b>ACTION<br/>BY</b> |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
| <b>37. WELCOME AND APOLOGIES</b>    |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     | <p>A Cameron-Burns welcomed those present to the August meeting of the Staff Governance Committee.</p> <p>Apologies were noted for B Auld, N Bailey, F Carmichael, B Culshaw, J Gardner, F Lyall, T Keenan, C McDiarmid and C Reichle.</p>                                                                           |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
| <b>38. DECLARATIONS OF INTEREST</b> |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     | <p>The Chair invited Committee Members to declare any interests in the items being discussed. There were no declarations of interests made.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                           |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
| <b>39. MINUTES</b>                  |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     | <p>The Committee considered the minutes of the meeting held on 20 May 2025 [SGC(M)25/02] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><b><u>APPROVED</u></b></p>                                                                                                     |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
| <b>40. MATTERS ARISING</b>          |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |
|                                     | <p><u>Rolling Action List</u></p> <p>The Sub Committee considered the Rolling Action List [Paper 25/18] presented by the Chair of the Committee for approval. There six items which were all marked for closure and the Committee were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p> |  |                      |
|                                     |                                                                                                                                                                                                                                                                                                                      |  |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ACTION<br/>BY</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>41.</b> | <b>URGENT ITEMS OF BUSINESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|            | <p>The Chair invited Committee Members to raise any urgent items of business. There were no urgent items of business raised.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| <b>42.</b> | <b>ASSURANCE PRESENTATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|            | <p><u>Inverclyde Health and Social Care Partnership</u></p> <p>K Rocks, Chief Officer, gave a short presentation on Staff Governance activity within the HSCP. K Rocks 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 HSCP to meet the agreed targets. The presentation included evidence of compliance with the five strands of the Staff Governance Standard.</p> <p>K Rocks also highlighted key achievements, including the Maximising Independence initiative, HCSWs completing nursing training and staff development. K Rocks advised the Committee of continuous improvement opportunities for the HSCP over the next 18 months. These include improved Personal Development Planning and Review compliance, reduced sickness absence and staff engagement in Reduced Working Week plans.</p> <p>K Rocks said appropriately trained and developed was a key action and local face to face leadership sessions had been developed and rolled out to run quarterly. This included a real focus on AHPs which would provide development opportunities and lead to career progression. Grow Your Own had been instituted two years ago because of particular recruitment and retention issues in Inverclyde, which built on where people were more likely to live and work. This programme targeted the non-professional workforce and put them through Open University Courses. The demand for this had been large and been opened up to health colleagues.</p> |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ACTION<br/>BY</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>Action had been taken to address the key feedback from staff raised via iMatter including how this was being shared back with staff. Supporting attendance action plan had been a particular focus in Inverclyde and in terms of sickness absence statistics for July had seen a reduction so they were beginning to see some of the benefits from the action plan. The HSCP is planning to introduce joint training sessions with HR colleagues within Inverclyde Council to identify good practice. PDPR compliance was challenging but had slightly improved in July and they were working with the SMT to ensure each service has a number of reviews completed each month</p> <p>In response to a query on the task calendar, K Rocks said that there was some system wide work required to ensure that when staff moved their responsibilities were updated on the task calendar.</p> <p>K Rocks said that in Inverclyde they had a really good relationship with staffside which helped connections with the workforce. K Rocks noted that the biggest challenge was getting the right message out to staff so that they could see the benefit in what we were doing. K Rocks added that for the next report she would like to include more of a staff voice and how they're feeling the impact of this.</p> <p>A Cameron-Burns said that this had been a good presentation and commended the work in partnership in Inverclyde.</p> <p><u>East Renfrewshire Health and Social Care Partnership</u></p> <p>A Chappell, Chief Officer, 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. The presentation included evidence of compliance with the five strands of the Staff Governance Standard. A Chappell highlighted some key strands around being well informed and ensuring people were</p> |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION<br/>BY</b> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>being appropriately trained and developed as well as setting out supporting evidence and actions.</p> <p>The key feedback was confidence that staff's ideas were listened to and acted upon, to improve the visibility of senior managers, to ensure there was adequate time given to staff to support learning and development as well as statutory and mandatory training. As a new Chief Officer a new "Coffee with Alexis" has been introduced where staff could talk to her about anything they were proud of, raise any challenges and be kept informed and they are introducing "A day in the life" where A Chappell could shadow staff and they could shadow her.</p> <p>A Chappell advised the Staff Governance Committee of some continuous improvement opportunities for the HSCP over the next 18 months. These included improving PDP&amp;R compliance, supporting health and wellbeing opportunities for staff in line with reducing absence and exploring opportunities for engagement with staff on embracing change in the workplace.</p> <p>A Chappell showcased the successful closure of Netherton Learning Disability In-Patient Unit as a key achievement, highlighting how this was delivered in partnership with a jointly delivered communication strategy and noting the positive outcomes for staff who were able to remain working in the Learning Disability In-Patient Service. This had been a really good example of collaborative engagement and they intended writing this up as a briefing and to share lessons learned with colleagues.</p> <p>A Chappell said that Blythswood House was a key priority for the HSCP and she was working with colleagues to take a report to the September CMT to move this forward while ensuring staff and patients felt informed and supported.</p> <p>In response to a query, it was recognised that equality and diversity was core to building a workforce that reflected the diversity of East Renfrewshire and they would ensure that recruitment was values based and reflecting the community they serve ensuring their voices were heard. In</p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>ACTION<br/>BY</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            | <p>terms of PDPR, they were working on how to have a consistent approach to 1-2-1s, wellbeing as well as development, and build this in so it becomes routine and normal. They were looking at developing a one year plan to be focused and clear on actions and look at how take forward priorities including how we value our workforce.</p> <p>A Chappell agreed that where there were identified budget reductions, how this was relayed to staff is important and there was an opportunity through staffside and HR to manage these conversations. As part of this, the reduced working week was a positive step which should be of benefit to staff.</p> <p>A Cameron-Burns thanked A Chappell for the presentation and noted the positive partnership working in East Renfrewshire.</p> <p>The Committee were content to note the updates.</p> <p><b><u>ASSURANCE NOTED</u></b></p> |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
| <b>43.</b> | <b>WORKFORCE STRATEGY 2025-30: PHASE ONE ACTION PLAN AND LEADERSHIP &amp; CULTURE UPDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
|            | <p>M Pay and L Spence presented the Workforce Strategy 2025-2030 Phase One Action Plan (Paper 25/26) for assurance.</p> <p>The Workforce Strategy had been approved by the NHS Board in June and this action plan had been developed structured around the same four pillars that framed the overall strategy and targeting areas where early progress would be built on. The key highlights from the paper were:</p> <ul style="list-style-type: none"> <li>• The introduction of a digital health and safety performance storyboard;</li> <li>• Embedding wellbeing conversations into PDP&amp;Rs;</li> <li>• The development of a new Positive Engagement Conversations toolkit;</li> </ul>                                                                                                                                                                                             |  |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION<br/>BY</b> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <ul style="list-style-type: none"> <li>• A new integrated Occupational Health and Spiritual Care support model;</li> <li>• Expanding the rollout of digital staff health checks;</li> <li>• A strategic focus on inclusive recruitment and diverse panel representation and how to make the process more transparent;</li> <li>• A commitment to launch structured career pathways and youth engagement;</li> </ul> <p>In relation to Leadership and Culture, this quarter's thematic deep dive highlighted:</p> <ul style="list-style-type: none"> <li>• Following full Investors in People (IiP) accreditation in June 2024, NHSGGC is embedding the framework across all clusters, aiming for Silver accreditation by 2027. Cluster plans were informed by IiP, iMatter, and Collaborative Conversations.</li> <li>• The Civility Saves Lives (CSL) programme had grown, with 270+ Champions and 46 Leads active across clusters. A refreshed action plan (July 2025) included new initiatives such as e-learning, awareness sessions, and a Civility and Kindness Day.</li> <li>• Key leadership programmes included: <ul style="list-style-type: none"> <li>○ NES Leading for the Future: 5 NHSGGC participants</li> <li>○ West of Scotland Adaptive Leadership: 18 NHSGGC participants</li> <li>○ Medical Managers: 51 participants</li> <li>○ Nursing &amp; Midwifery Development: 81 in pilot cohort; 2 more cohorts planned through 2026 (approx. 200 staff)</li> <li>○ BME Leadership Programme: 30 participants</li> <li>○ Leadership Accelerator: Planned for 2025 (40 places)</li> <li>○ Estates &amp; Facilities: Developing bespoke programme</li> </ul> </li> <li>• Broader cultural mapping was underway to inform the next phase of a Board-wide culture programme. Plans were progressing to support engagement of all staff in the cultural change.</li> </ul> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ACTION<br/>BY</b>  |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|            | <p>Each item is linked to the corporate objectives and will have a named lead and an agreed delivery date. Any future financial requests would be identified early to ensure these would not impact delivery. Quarterly updates would continue to be provided to the Committee.</p> <p>In response to a query about the importance of PDPRs in the roll out of key areas, including staff wellbeing and development, N Smith acknowledged that the rate of PDPRs remained low and said there was a commitment to improving that with a number of actions in place to increase the rate of PDPRs completed. It was agreed to go through the plan and timescales with E Quail out with the meeting.</p> <p>A Cameron-Burns thanked Dr Pay and L Spence for the update and the Committee were content to note the paper.</p> <p><b><u>ASSURANCE NOTED</u></b></p>                                                                                          | N Smith / M MacDonald |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |
| <b>44.</b> | <b>HEALTH AND SAFETY POLICY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |
|            | <p>D Mains presented the Health and Safety Policy (Paper 25/27), for approval, noting the following highlights from the paper:</p> <ul style="list-style-type: none"> <li>• A technical and administrative review of the Health and Safety Policy has been completed, following a delay from its scheduled April 2023 review. The delay was due to anticipated guidance on a Once for Scotland NHS policy, which is no longer progressing. The policy will be replaced if it becomes part of the programme in future or at its next scheduled review.</li> <li>• The Health and Safety Policy was shared with Health and Safety Forum members for local dissemination. The Head of Health and Safety also engaged key stakeholders across Acute, HSCPs, Estates, Facilities, and Corporate Services. It was additionally shared with senior leaders and staffside representatives, who responded positively.</li> <li>• Key changes include:</li> </ul> |                       |



|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>ACTION<br/>BY</b> |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            | <ul style="list-style-type: none"> <li>○ General Policy Statement now includes “arrangements” with policies and procedures.</li> <li>○ Radiation Safety now references applicable legislation (per Radiation Safety Policy).</li> <li>○ Fire code updated to align with NHS Scotland Assure Fire code.</li> <li>○ Practitioner roles now include Violence Reduction.</li> <li>○ Communication improved via monthly and quarterly SHaW performance storyboards.</li> <li>○ Annual audits replaced by risk-based SHaW audits and local self-audits.</li> <li>○ KPIs now reported through monthly performance storyboards.</li> <li>○ SHaW Task Calendar now part of local inspection duties.</li> <li>○ Acute Services Directors confirmed as responsible for local SHaW Plans.</li> <li>○ Separately detailed responsibilities for Chief Executive and Director of HR&amp;OD.</li> <li>○ Chief Officers now have separate responsibilities outlined.</li> </ul> <p>A Cameron-Burns said that this was an important policy and there had been significant involvement from colleagues and staffside. A Cameron-Burns noted that this was being presented to the Area Partnership Forum later in the week. K Donald advised that as health and safety was delegated to this forum in the Scheme of Delegation the policy should have been presented to the Area Partnership Forum before being presented to this Committee.</p> <p>It was therefore agreed that the policy could not be approved by the Committee and it would be circulated for virtual approval following the Area Partnership Forum.</p> <p><b><u>ONGOING</u></b></p> |  | D Mains              |
| <b>45.</b> | <b>HEALTH AND CARE STAFFING SCOTLAND ACT PROGRAMME UPDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                      |
|            | A Wallace presented the update (Paper 25/28), which provided the Staff Governance Committee with assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ACTION<br/>BY</b> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>via quarterly report on the Health and Care (Staffing) (Scotland) Act 2019 supported by H Jackson and M Gardner highlighted the following:</p> <p>H Jackson set out the key areas from the report which included:</p> <ul style="list-style-type: none"> <li>• The Q4 HCSSA Report (Jan–Mar 2025) received Reasonable Assurance, showing improved compliance with the Act compared to Q3. Submitted to the Transition Oversight Board, and approved for CMT and Staff Governance Committee.</li> <li>• Substantial assurance was achieved for: <ul style="list-style-type: none"> <li>○ Real-Time Staffing &amp; Risk Escalation (12IC/ID)</li> <li>○ Duty to Seek Clinical Advice and Time to Lead (12IF/IH)</li> <li>○ Appropriate Training &amp; Common Staffing Method (12II–12IL) <ul style="list-style-type: none"> <li>○ 12IA (Guiding Principles and Appropriate Staffing) remains below substantial assurance due to the need for better process embedding, monitoring, and workforce planning.</li> </ul> </li> </ul> </li> <li>• Key Areas Under Review or Mitigation: <ul style="list-style-type: none"> <li>○ Staffing reviews underway for Skye House and Ward 4 due to increased demand; added to service and HSCP risk registers.</li> <li>○ Neurodevelopmental diagnostic services facing staffing shortfalls; added to risk register.</li> <li>○ Health Visitor Universal Pathway delivery challenges noted; reduced contact for Core HPI families.</li> <li>○ District Nursing Out of Hours SOPs under review, with update due Q2 2025.</li> <li>○ Emergency Department staffing tools identified as outdated in HIS report; SafeCare deployment planned.</li> <li>○ HIS recommendations to be addressed, including adoption of eRostering and SafeCare for real-time staffing monitoring.</li> </ul> </li> </ul> <p>The next steps were also set out which included:</p> |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ACTION<br/>BY</b> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <ul style="list-style-type: none"> <li>Continuing to embed Internal Assurance Reporting as business-as-usual.</li> <li>Producing Board-level report on 2024–25 Common Staffing Method outputs.</li> <li>Refining Real-Time Staffing and Risk Escalation processes.</li> <li>Monitoring developments from AFC Protected Learning Group and Time to Lead assurance.</li> <li>Reviewing and update service planning processes, including those involving Independent Contractors pending Scottish Government legal advice.</li> </ul> <p>H Jackson advised that the report had been presented to the Transformation Oversight Board and agreed for onward transmission to the Corporate Management Team and this Committee.</p> <p>In response to a query, H Jackson said that there were no official comparators to other Boards but from discussion at the national workforce leads group there were generally no outliers. The challenges seemed to be the same across all Boards.</p> <p>A Wallace said that the Act was to ensure the systematic use of workforce tools which provided Boards with assurance on staffing required. These tools had been running for some time with further work over the last three years to ensure this was robust and we were now developing a clear picture of nursing and midwifery staffing across all area. In certain services, as the level of patient needs were changing over time the staffing requirements were also changing.</p> <p>H Jackson said these were national tools and Boards were not able to change those tools in isolation but there was engagement with HIS and a number of national discussions on how we can improve tools and data going forward. A Wallace said that NHSGGC could be more confident now about the tools and robustness and Quality indicators which helped make the right decisions around resources. This work also fed into the new blueprint and</p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ACTION<br/>BY</b> |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|            | <p>how services could be remodel to best meet the needs of patients and staff.</p> <p>A Cameron-Burns thanked H Jackson for the quarterly update, noting the assurance level of compliance against the act as at the end of Q4</p> <p><b><u>ASSURANCE NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
| <b>46.</b> | <b>NURSING AND MIDWIFERY COUNCIL REFERRALS AND ASSURANCE (ANNUAL REPORT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
|            | <p>A Wallace presented the report (Paper 25/29), providing the Staff Governance Committee with an update on Nursing and Midwifery Council (NMC) referral activity across NHSGGC for the period April 2024 to March 2025, offering assurance that referrals are managed consistently and in line with regulatory requirements. A Wallace invited M Gardner to highlight some key points from the report.</p> <p>M Gardner said that this was an annual report on all the cases that NHSGGC had been managing with the NMC. A Wallace was accountable for the quality of nursing and midwifery through the Board and there was a well-developed referrals process in place across the Board that ensured a high level of consistency with a number of excellent areas of good practice. There is frequent contact with the NMC, including a bimonthly meeting to ensure the threshold for referral was consistent and benchmarked with other UK organisations. NHSGGC has received positive feedback in terms of referral and benchmarking.</p> <p>It was reported that 69 new referrals had been made during the reporting period; of these, 24 cases were closed and 45 remained open. The majority of referrals (24) were from members of the public, and the majority of public referrals were closed at the early screening stage as they did not meet the threshold for NMC investigation. Ten registrants had been dismissed following formal NHSGGC investigations. Case themes included medication errors and theft, document falsification, fraud, professional boundary breaches, and care omissions. A Wallace also highlighted that in the first four months of this year,</p> |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ACTION<br/>BY</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>NHSGGC had already identified nine new referrals, including four related to fraud, substance misuse, and theft. Chief Nurse groups were committed to strengthening governance and systems to reduce these incidents.</p> <p>The single point of contact had improved referrals to and communication with the NMC and the discussions A Wallace led on with NMC professionals provided a professional forum to pick up any potential issues. It was also noted that the lead nurse for professional governance had undertaken a significant amount of learning and education with colleagues across the system and had recently set up an anonymised case learning event, to ensure the sharing of best practice, learning from any actions, consistent standardising and benchmarking. For next year's report, an oversight of the revalidation process and activity would be included.</p> <p>The report also emphasised that NHSGGC recognised the personal impact of referrals on staff. Support was provided through online resources, occupational health, witness support, and line management to ensure staff wellbeing during the NMC process. M Gardner outlined the support provided to registrants and provided assurance that all staff would receive the same level of support and she would discuss this further offline with E Quail and N Smith if there were any further queries on this,</p> <p>In response to a query, M Gardner said that the NMC had changed their own threshold for screening and progressing cases which had reduced the turnaround time, however, there were still a number of cases which were still at the investigation stage, some of which related to active criminal investigations which the NMC could not progress until the criminal case had been concluded. In relation to social media, the NMC scanned this and if there were any social media issues they would get in touch with the relevant Board.</p> <p>In response to a query, M Gardner said that each case was taken individually with an assessment of risk to the public and there were some instances where a referral would be made prior to an internal investigation if there</p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ACTION<br/>BY</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|            | <p>were safeguarding concerns. The NMC were clear that organisations can put mitigating or supporting actions in place and can also make a referral at any point.</p> <p>The Committee noted that a robust process for NMC referrals was in place across NHSGGC and was assured that NMC processes are effective and adhered 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><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
| <b>47.</b> | <b>REMUNERATION COMMITTEE – MEETING OF 26 JUNE 2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|            | <p>A Cameron-Burns provided a verbal update from the Remuneration Committee meeting held on 26 June 2025: The Remuneration Committee met on 26 June and:</p> <ul style="list-style-type: none"> <li>• Noted for assurance, Executive and Senior Manager appraisal outcomes for 2024/25;</li> <li>• Noted for assurance, changes to the Executive and Senior Manager cohorts since the February meeting and approved the salary placement for the Director of Access;</li> <li>• Noted the Non-Exec Directors update.</li> </ul> <p>A Cameron-Burns noted that there had been some changes to the Executive Team and welcomed M Breen as the incoming Director of Finance.</p> <p>A Cameron-Burns advised that an additional meeting of the Remuneration Committee was taking place on 13 August 2025 to review and approve Chief Executive and Executive Director objectives for 2025/26. The Committee would also review the objectives of other Directors reporting to the Chief Executive for assurance.</p> <p><b><u>NOTED</u></b></p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>ACTION<br/>BY</b> |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |
| <b>48.</b> | <b>BOARD APPEALS UPDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |
|            | <p>S Munce provided an update (Paper 25/30) on Board-level appeals following concerns raised in May 2025 regarding delays in progressing hearings, and said the main highlights were outlined in the report:</p> <ul style="list-style-type: none"> <li>• Appeals volume increased significantly in 2024, with 29 received compared to an annual average of ~12 in prior years. Nine of these related to Internationally Educated Nurses—an isolated event.</li> <li>• In 2025 to date, seven appeals have been received, with a full-year forecast of 12, indicating a return to previous levels.</li> <li>• Average resolution time has increased to 22 weeks due to a winter backlog, panel availability, and case complexities.</li> <li>• 13 cases held in last six months. Nine appeals remain outstanding: <ul style="list-style-type: none"> <li>○ Five are scheduled within the next six weeks.</li> <li>○ Three are awaiting assignment of Non-Executive Board Members.</li> <li>○ One is on hold due to health reasons.</li> </ul> </li> <li>• Improvement actions implemented: <ul style="list-style-type: none"> <li>○ Improved diary coordination for panel members.</li> <li>○ Temporary HR resource realignment to clear backlog.</li> <li>○ Improved engagement with Non-Executive Board Member with support from Corporate Services.</li> </ul> </li> <li>• Planned mitigations: <ul style="list-style-type: none"> <li>○ Introduction of fixed scheduling slots for hearings.</li> <li>○ Use of MS Teams where in-person attendance isn't feasible.</li> <li>○ Proposal submitted to extend the Non-Executive Board pool.</li> </ul> </li> <li>• The backlog is expected to be cleared by October 2025, and performance metrics will be included in future Workforce updates.</li> </ul> <p>The Non-Executive Board Members and the Board Chair, Dr L Thomson KC, expressed concerns that the report</p> |  |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ACTION<br/>BY</b>                        |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|            | <p>suggested that the availability of Non-Executive Board Members was responsible for appeal delays. They stated that this was not the case as the Non-Executives had been extremely flexible with their availability to accommodate the appeal dates circulated through the HR team. The number of Non-Executives trained to be involved in this process had also been doubled to ensure there was sufficient availability to fill the panels. N Smith said that there were a number of challenges and agreed that the availability of Non-Executives was not the issue. It was agreed to review the paper and update it to reflect the correct position and a breakdown on the specific reasons to be provided to the Board Chair.</p> <p>A Cameron-Burns agreed that it was frustrating for staff and partnership colleagues when there were delays with appeals and this was detrimental to the health and wellbeing of staff involved in the process. It was requested that the number of cases being reappointed could be included in these reports in future.</p> <p>A Cameron-Burns thanked S Munce for the update, noting that the paper would be reviewed to reflect the discussion.</p> <p><b><u>ONGOING</u></b></p> | <p>N Smith /<br/>S Munce</p> <p>S Munce</p> |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| <b>49.</b> | <b>AUDIT PLAN 2024/25 UPDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
|            | <p>M MacDonald provided the Committee with an update (Paper 25/31) on the two 2024/25 internal audits relevant to staffing, one of which covered Succession Planning and the other which covered Staff Training and Development. In addition, M MacDonald provided a specific deep dive on Personal Development Planning and Review (PDP&amp;R), and how compliance with our 80% target would be reached.</p> <p>The key highlights from the paper included:</p> <ul style="list-style-type: none"> <li>• Succession Planning <ul style="list-style-type: none"> <li>○ All seven audit recommendations have now been completed, including improvements to guidance,</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |



|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION<br/>BY</b> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>risk assessments for business-critical roles, succession list templates, and monitoring arrangements.</p> <ul style="list-style-type: none"> <li>○ KPI tracking has been introduced, and development plans are now in place for identified successors.</li> <li>● PDP&amp;R Audit &amp; Improvement <ul style="list-style-type: none"> <li>○ A 2025 internal audit identified seven recommendations; six are addressed via a detailed action plan, with the seventh being progressed separately regarding training data recording.</li> <li>○ Current NHSGGC-wide compliance (as of June 2025) is 57.99%, up 1.07% from May, but still below the 80% target.</li> <li>○ Local trajectories are in place across services. Variation exists, e.g. Regional Services at 61.71%, Inverclyde HSCP at 45.14%, and Out of Hours at 16.25%.</li> <li>○ Action plans include improving reviewer training, data quality, local support sessions, and embedding PDP&amp;R in induction and career development.</li> </ul> </li> <li>● Additional Activity <ul style="list-style-type: none"> <li>○ A communications campaign, reviewer training, and “Collaborative Conversations” sessions are underway to enhance engagement and quality.</li> <li>○ NHSGGC is aligning PDP&amp;R efforts with broader strategies (e.g., Digital, Nursing &amp; Midwifery) and national developments (Once for Scotland policy).</li> <li>○ Compliance monitoring and system improvements (e.g., via Turas) are ongoing.</li> </ul> </li> </ul> <p>M MacDonald acknowledged the concerns noted earlier around the level of PDP&amp;Rs. The paper looked at compliance and culture in terms of PDPR with the main areas of activity around data cleansing and ensuring planning tools were available and visible to all managers and reviewers. There had been a continued marginal increase of 1% overall. There is a range of current training and resources and there are collaborative conversations planned throughout September with feedback used to continue to build on actions and support.</p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>ACTION<br/>BY</b> |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            | <p>The Committee remained concerned that across the Board 40% of staff were not getting a PDP&amp;R and said that management needed to focus on this. Dr L Thomson agreed and expressed concern that over 40% of staff across the organisation were not getting the minimum of one recorded discussion a year. This had been raised at the People Committee as a target area and there needed to be actions put in place to improve this situation urgently. It was identified this is a critical area for the organisation and that this needed to be elevated to Board level to ensure significant improvements were made quickly.</p> <p>A Cameron-Burns thanked M MacDonald for the update and the Committee noted the ongoing work in this space and the focus of the PDP&amp;R work at the People Committee and a Board focus to support this working moving forward. The Committee noted the report.</p> <p><b><u>NOTED</u></b></p>                                                                                             |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |
| <b>50.</b> | <b>STAFF GOVERNANCE PERFORMANCE REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |
|            | <p>C Rennie discussed the Staff Governance Performance Management Report (Paper 25/32), providing an update on workforce data and performance as at 30 June 2025. The following trends were highlighted in the paper:</p> <ul style="list-style-type: none"> <li>• Nursing and Midwifery job family establishment position has remained consistent over the last quarter for both registered staff and Health Care Support Workers (Acute and Partnerships).</li> <li>• Reduced turnover has had a positive impact as well as continued enhanced recruitment activity, through events / open days at hospital sites, recruitment fairs, digital media (Twitter, Facebook, LinkedIn) and traditional approaches (newspaper/radio).</li> <li>• Additional resources will also be incorporated through the Newly Qualified Practitioners (NQP) 2025 campaign which is underway with a target of 587 NQPs agreed</li> <li>• Turnover continues to reduce - annualised turnover for the rolling 12 months to June 2025 was 7.3%,</li> </ul> |  |                      |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ACTION<br/>BY</b> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|  | <p>compared with 8.7% for the 12 month period ending June 2024 and 10.4% for the 12 month period ending June 2023.</p> <ul style="list-style-type: none"> <li>• Staff availability has remained relatively consistent over the quarter with sickness absence in March at 7.0% and at 7.2% in June 2025. With the sickness absence rate remaining above both national and local targets, this continues to be an area of focus for local teams, with a range of measures in place supported by Human Resources.</li> <li>• Compliance rates for all Statutory Mandatory training courses have remained consistent over the last quarter. At Board level, 8 out of 9 courses are at 90% or above.</li> <li>• Personal Development Plan &amp; Review (PDPR) completion rates at Board level are 58%, up by 2% from March 2025.</li> <li>• eRostering Implementation – NHSGGC will meet the requirement of the Scottish Government to implement eRostering by March 2028. An executive oversight group is being re-established with relevant working groups currently in place.</li> </ul> <p>There was a concern raised that sickness absence remained at 7% despite the actions that had been put in place to tackle this and asked if these were the right actions or should there be separate actions in separate spaces. It was noted that the Board attendance group were looking at pragmatic approaches as well as reviewing individual cases and identifying individual ways to support people back to work. N Smith said that there was a focus on action plans, both Board-wide and locally.</p> <p>It was noted that the Women and Children's Directorate had reduced their absence rate each month and there would be a follow-up discussion with the Directorate to identify how they had made that progress and share this as an example of best practice across the organisation.</p> <p>A Cameron-Burns thanked C Rennie for the update, noting that the Committee had been fully assured.</p> |                      |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>ACTION<br/>BY</b> |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            | <b><u>ASSURANCE NOTED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
| <b>51.</b> | <b>HUMAN RESOURCES RISK REGISTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
|            | <p>K Heenan discussed the Human Resources Risk Register (Paper 25/33), highlighting the six risks assigned to the Staff Governance Committee and noting that these are reviewed monthly by the Human Resources Senior Management Team and Corporate Management Team.</p> <p>K Heenan noted that there were no proposed changes to any of the risk scores. 100% of risks had been reviewed with seven actions reported as complete since last the update, three actions remained open and one new action had been added. The Committee agreed that the risks were clearly described, appropriate and the proposed mitigating actions would address the risks.</p> <p>A Cameron-Burns thanked K Heenan for the update, with the Committee content to approve the Risk Register.</p> <p><b><u>APPROVED</u></b></p> |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
| <b>52.</b> | <b>AREA PARTNERSHIP FORUM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
|            | <p>A Cameron-Burns discussed the Area Partnership Forum update (Paper 25/34), highlighting discussions on key items discussed by the APF.</p> <p>A Cameron Burns said that there was still work ongoing with H Jackson on the Health and Care Scotland Act which was having an impact in some areas. One of the areas that had been discussed was the change to the Scottish Government's PVG guidance which meant that more staff had been required to undertake PVG checks. This had been an example of good partnership working to accelerate this and support staff. It was noted that the Ministerial Annual Review was due to take place on 8 September 2025 and would include a session with the Area Partnership Forum.</p>                                                                             |  |                      |

BOARD OFFICIAL

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>ACTION<br/>BY</b> |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
|            | The Committee noted the update.<br><br><b><u>ASSURANCE NOTED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
| <b>53.</b> | <b>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
|            | <p>A Cameron-Burns thanked all presenters and contributors to discussions during the meeting and those involved in preparing papers.</p> <p>A Cameron-Burns said that key messages to the Board would be included in the Co-Chairs' report to the August 2025 Board meeting and would include the assurance presentations from Inverclyde and East Renfrewshire HSCPs, the update on the Workforce Strategy Action Plan, the Nursing and Midwifery Council Annual Report, and the Internal Audit update. A Cameron-Burns said that the Board Appeals update would be reviewed to ensure this reflected the true position of Non-Executive Board Members. It had also been agreed that the Health and Safety Policy would be approved virtually by email.</p> <p>A Cameron-Burns closed by acknowledging K Miles and thanking her for her term as Co-Chair and she welcomed M Ashraf who would now take on the role of Co-Chair of the Committee.</p> <p><b><u>NOTED</u></b></p> |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
| <b>54.</b> | <b>DATE &amp; TIME OF NEXT MEETING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |
|            | <p>The next meeting of the Staff Governance Committee will take place on Thursday 27 November 2025 at 1.30pm.</p> <p>The meeting ended at 12.25 pm.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |