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NHSGGC SGC(M)25/02

Minutes: 18-36

NHS GREATER GLASGOW AND CLYDE

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

**held in the boardroom at JB Russell House and via Microsoft Teams, on
Tuesday 20 May 2025 at 9.30am**

PRESENT

K Miles (Co-Chair in the Chair)
A Cameron-Burns (Co-Chair)
M Ashraf
B Auld
C McDiarmid
M McGinty
Dr L Thomson KC (Board Chair)
Prof. J Gardner (Chief Exec)

IN ATTENDANCE

M Allen	Senior Administrator
N Bailey	Interim Depute Director of Human Resources
F Carmichael	Staff Side Lead, Acute Partnership Forum
Dr E Crighton	Director of Public Health
B Culshaw	Chief Officer, West Dunbartonshire HSCP
K Donald	Corporate Services Manager – Governance
K Heenan	Chief Risk Officer
D Hudson	Staff Experience Advisor
T Keenan	Assistant Chief Officer – Human Resources, Glasgow City HSCP
CA Keogh	Head of Human Resources – Corporate
M MacDonald	Head of Learning and Education
Prof C McKay	Deputy Medical Director
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 Rennie	Workforce Planning and Information Manager
N Smith	Interim Director of Human Resources and Organisational Development
L Spence	Head of Staff Experience
P Togher	Chief Officer, Glasgow City HSCP
Prof A Wallace	Executive Nursing Director
F Warnock	Head of Health and Safety

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18.	WELCOME AND APOLOGIES	ACTION BY
	K Miles welcomed all to the meeting. Apologies were noted for Paul Ryan, Dr Scott Davidson, Amanda Walton, Cllr Robert Moran and Margaret McCarthy.	
19.	DECLARATIONS OF INTEREST	
	There were no formal declarations of interest intimated.	
20.	MINUTES The Minutes of the Committee meeting held on 18 February 2025 (SGC(M)25/01) were approved as a correct record. The minutes were approved following a motion from B Auld, which was seconded by A Cameron-Burns. <u>APPROVED</u>	
21.	MATTERS ARISING	
	<u>Rolling Action List</u>	
	<p>K Miles referred to the Rolling Action List (Paper 25/11) and advised that there were six items, all marked for closure.</p> <p>It was agreed that the two actions related to Health and Safety Executive cases were sufficiently closed from a Staff Governance Committee perspective, but there is a broader Board action relating to Fatal Accident Inquiries and this will be discussed at the new Inquiries Oversight Sub-Committee.</p> <p>K Miles advised that she and her fellow Co-Chair have requested a paper on appeal hearings to be presented at the August 2025 meeting. This is reflected on the Cycle of Business for 2025/26.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>APPROVED</u></p>	

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22.	URGENT ITEMS OF BUSINESS <u>Emergency Department Survey Feedback</u> N Smith advised that following the Healthcare Improvement Scotland Emergency Department (ED) review, intensive staff engagement has taken place, including meetings led by senior management and a survey with 111 responses from approximately 550 staff. N Smith highlighted that key messages received included the need to increase staffing levels and skill mix, enhanced management support, improved facilities and equipment, improved flow, promoting mental health and wellbeing and strengthening trust and collaboration. N Smith advised that a Whole System Group has been established to review ED operations within the broader system. Survey feedback will inform the commissioning of external support to improve relationships, behaviours, wellbeing, and culture, potentially including mediation, facilitation, restorative practice, coaching, career conversations, and leadership development.	
23.	ASSURANCE PRESENTATIONS <u>Public Health Directorate</u> Dr Crighton, Director of Public Health, supported by CA Keogh, Head of Human Resources - Corporate, gave a presentation on Staff Governance activity within the Public Health Directorate. Dr Crighton 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 Public Health Directorate to meet the agreed targets. The presentation included evidence of compliance with the five strands of the Staff Governance Standard. Dr Crighton highlighted key achievements, including workforce planning, manager training and Directorate Communications.	

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	<p>Dr Crighton advised the Staff Governance Committee of continuous improvement opportunities for the Directorate over the next 18 months. These include building on learning from the first Public Health Modern Apprentice, capitalising on mental health skill sets to support wellbeing and dealing with an aging workforce.</p> <p>Dr Crighton showcased Workforce Planning as the Public Health Directorate's case study. Dr Crighton highlighted how a Steering Group is driving this work forward, following feedback from all staff groups. It is expected that work will continue throughout 2025, including formal consultation with staff, with the new structure due to be in place from January 2026.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none">• Directorate Forum meetings are open to all staff, ensuring everyone is "Well Informed".• Following an incident at a community clinic venue where a number of staff advised that they had suffered electric shocks, F Warnock and his team have, in partnership, worked to assure staff that the venue is safe, with the circuit board upgraded. It was agreed that assurance on the safety of third party premises will be included in future updates.• Planning for a Corporate Partnership Forum is taking place, with approval from the Corporate Management Team expected shortly with the new forum to be established once that approval has been agreed.• Public Health Consultants provide public health subject matter expertise and leadership functions, and there are medical (with GMC registration and Specialist Registrar) and non-medical (Public Health Specialist on UK Public Health Register) entry routes to the role.• The Directorate are working with colleagues in Human Resources to reduce sickness absence. <p><u>Glasgow City Health and Social Care Partnership</u></p> <p>P Togher, Chief Officer, supported by T Keenan, Assistant Chief Officer – Human Resources, 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</p>	<p>FW</p>
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<p>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.</p> <p>P Togher highlighted key achievements, including the introduction of Performance Improvement Groups, a succession planning tool pilot and opening of The Thistle – Safer Drug Consumption Unit.</p> <p>P Togher advised the Staff Governance Committee of some continuous improvement opportunities for the HSCP over the next 18 months. These include work on the Supporting Attendance Joint Action Plan 2025/26, development of a three year Joint Workforce Plan in development and the new Executive Team structure.</p> <p>P Togher showcased the Performance Review Group as the HSCP's case study, highlighting that in response to concerns about the current performance monitoring approach, which did not provide assurance, a new Performance Improvement Groups approach, had been agreed in partnership and is now reporting to the Finance, Audit and Scrutiny Committee.</p> <p>P Togher advised that Josh Cairns had been appointed as Staff Side Lead and looks forward to working in partnership, with additional support offered from the Employee Director's office.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> • Partnership working is prominent within the HSCP, with staff involved in budget discussions and IJB development sessions being hosted in partnership. Regular conversations take place between Chief Officers and Chief Finance Officers, including best practice examples of partnership working. • There will be an initial six month review of The Thistle – Safer Drug Consumption Unit, which will include the unique recruitment methods used. • Staff and members of the public can observe IJB meetings, with Glasgow City working collaboratively and with transparency. IJB development sessions have helped to 	
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	<p>foster positive working relationships, although challenges exist.</p> <p>K Miles thanked all involved in the delivery of the assurance presentations, noting that the Committee had been fully assured, including all data in the accompanying report (Paper 25/12).</p> <p><u>ASSURANCE NOTED</u></p>		
24.	<p>SAFETY, HEALTH AND WELLBEING</p> <p>F Warnock provided a Safety, Health and Wellbeing update (Paper 25/13), highlighting the range of Safety, Health and Wellbeing activities being developed and deployed:</p> <p>Ligature Risk Reduction – The final Suicide Reduction Activity Plan item, a Ligature Awareness Training Video, is in progress and due in June 2025. To date, 7,408 colleagues have completed the Ligature Awareness LearnPro module. Heads of Health and Safety across Scotland are forming a short-life working group to develop a consistent national approach to self-harm and suicide prevention. Risk assessment training for Mental Health inpatient staff continues.</p> <p>Capital Planning Update – Reduced ligature work (Phase 1) at Leverndale Wards 3B, 4A, and 4B, following the Ward 3b decant to Nairn Ward (July 2024), commenced in January 2025 and is expected to be completed by the end of May 2025. Phase 2 surveys are complete for Leverndale Ward 3a, Dykebar South Ward, and Stobhill Armadale Ward, with design consultants appointed and works expected to start in August 2025. Phase 3, the Leverndale PICU, is currently with the Capital Planning Team for assessment.</p> <p>Enforcement Activity (Vale of Leven Ward 14) – On 25 November 2024, an elderly patient attempted to abscond from Ward 14, sustaining ankle and back injuries. The HSE investigated and issued a Notice of Contravention regarding windows and alarmed door checks. Subsequently, all windows in Ward 14 and Vale of Leven Hospital were fitted with correct restrictors. The HSE is satisfied with the actions taken.</p>		

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	<p>Enforcement Activity (Royal Alexandra Hospital – ED) – Following a patient’s death by suicide in June 2024, the HSE issued an Improvement Notice which has been complied with. The HSE has submitted a report regarding the RAH suicide to the Procurator Fiscal, and a response is awaited.</p> <p>Enforcement Activity (QEUH Ward 5c) – On 6 January 2025, a patient was found deceased, which may have involved bed rails. HSE inspectors attended the ward on 12 March 2025. The Head of Health and Safety has shared the requested documents, and feedback is awaited.</p> <p>Safety Culture Framework – Work is underway to convert the 26 Health and Safety Performance Storyboards to a self-serving digital format. The revised Health and Safety Policy, presented at the February forum, is expected to be submitted for final approval at the June 2025 Corporate Management Team meeting. Three new Health and Safety Performance Storyboards have been developed for the North East, North West, and South areas of Glasgow City HSCP. The Safety Health and Wellbeing Task Calendar for 2025/26 has been revised and is supported by a communication plan.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> • Safety, Health and Wellbeing as a Committee update will be considered by the Inquiries Oversight Sub-Committee to ensure governance arrangements are appropriately aligned. • Self-audits and audits by the Health and Safety Team have been introduced, with the Health and Safety Team taking a risk based approach and prioritising key areas. • Audits carried out by the Health and Safety team are consistent and generally score lower than self-audits, because self-audits tend to be less rigorous and more focused on identifying areas of non-compliance. • The question set includes two 25% scores for training and risk assessments – these are deliberately high as they are areas where the HSE can prosecute failures. <p>K Miles thanked F Warnock for the update, noting the Committee had been fully assured.</p>	
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	<u>ASSURANCE NOTED</u>		
25.	<p>WORKFORCE STRATEGY 2021-25 & WORKFORCE EQUALITIES / ANTI-RACISM PLAN UPDATE</p> <p>Dr Pay discussed the Workforce Strategy 2021-25 (Paper 25/14), advising the Committee that the Strategy is now concluded, with 38 of the 40 commitments complete and one continuing to progress (Implement the agreed improvements to the Ready to Lead programme based on evaluation feedback). One is no longer a commitment (Contribute to the transformation of recruitment services across the West of Scotland), although this may be resurrected if taken forward by the Regional HR Directors Group.</p> <p>M Ashraf asked whether leadership programmes help tackle inequalities at senior levels. L Spence advised that programmes are reported on at the Workforce Equality Group by protected characteristics, enabling targeted actions for any underrepresented areas. L Spence added that the recent Pay Gap report picked up actions tackling gender inequality – and proposes actions such as encouraging flexible working at more senior levels.</p> <p><u>Workforce Equalities / Anti-Racism Update</u></p> <p>L Spence provided an update on workforce equalities and the anti-racism plan, highlighting the following:</p> <ul style="list-style-type: none"> • The Staff Governance Committee receives regular updates on the progress towards creating a Better Workplace for all staff, with Equality, Diversity, and Inclusion (EDI) mainstreamed throughout this strategic aim. The focus on protected characteristics ensures policies and working practices align with statutory duties and national best practice. • Oversight of Workforce Equality Activities is provided by the Workforce Equality Group (WEG), chaired by the Director of Human Resources and Organisational Development. Membership includes Non-Executive equalities champions, trade union representatives, and leaders from various NHS GGC services. 		

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	<ul style="list-style-type: none">• Three staff-led equality groups—the BME Network, Staff Disability Forum, and LGBTQ+ Staff Forum—feed into the WEG, ensuring that progress is co-created and informed by lived experience. The Chairs of these groups are members of the WEG.• The overarching aims of the WEG are incorporated into the Fairer Glasgow Equality Scheme, aligning all activities with the Board's overall EDI approach. A detailed annual action plan for workforce actions is approved and managed by the WEG, contributing to the Better Workplace strategic aim within the Workforce Strategy and in line with the Staff Governance Standard and organisational Values.• Progress in 2024/25 against the Action Plan's key themes included comprehensive EDI training and resources, the publication of the 2025 Equal Pay statement demonstrating a reducing gender pay gap with an improvement plan, Board agreement for the Sexual Harassment: Cut It Out programme aiming for accreditation by December 2025, the launch of a Neurodiversity resource pack, and the delivery of an annual engagement programme.• A key milestone was the Board's approval of the first Anti-Racism Plan in 2024. Staffing highlights include the third cohort of the BME Leadership programme, the launch of a BME Mentoring programme, and BME Network representatives participating in senior recruitment. The 2025/26 WEG Action Plan is under development, prioritising the workforce elements of the Anti-Racism Plan, embedding the 'Sexual Harassment: Cut it Out' programme, mainstreaming reasonable adjustment guidance, and promoting an inclusive culture through events and learning. <p>During discussion, it was noted that there is likely under-reporting in Hate Crime. The Equality and Human Rights Team continue to promote the importance of reporting Hate Crime and a breakout session will run on the topic at August's Equality, Diversity and Inclusion Conference.</p> <p>K Miles thanked Dr Pay and L Spence for the update, noting that the Committee had been fully assured.</p>	
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	<u>ASSURANCE NOTED</u>		
26.	<p>WORKFORCE STRATEGY 2025-2030</p> <p>Dr Pay presented the Workforce Strategy 2025-30 (Paper 25/15), highlighting the following to the Committee in terms of its development:</p> <ul style="list-style-type: none"> • The 2021-25 Workforce Strategy was used as a foundation to build the refreshed version. • Development of the Strategy was driven by the feedback staff provided through a focussed period of engagement, in addition to insight gained from iMatter, the Staff Health questionnaire, Investors in People and feedback from our partnership representatives who have been involved at all stages. • Comment was sought from a number of local partnership forums including the Area Partnership Forum and the Area Joint Trade Unions and Professional Organisations Committee via the JOC. • Monthly progress updates were provided to the Human Resources Senior Management Team, Workforce Strategy Steering Group and Workforce Strategy Reference Group. • The Strategy has been approved by the Corporate Management Team and Area Partnership Forum. <p>Dr Pay advised that the strategy is organised around four pillars: Safety, Health and Wellbeing, Culture and Leadership, Learning and Careers and Recruitment and Retention.</p> <p>Dr Pay highlighted that NHSGGC will build upon its 2021-2025 Workforce Strategy with a new five-year plan focused on supporting and developing staff within a complex healthcare landscape. This strategy aligns with the Board's "Moving Forward Together" framework and emphasises strong Partnership Working with staff, trade unions, and management to foster a supportive environment and achieve organisational goals.</p> <p>Dr Pay advised that the new Workforce strategy is closely aligned with the Scottish Government's Transform and Reform priorities, supporting ambitions to improve access, harness digital innovation, shift the balance of care, and improve</p>		

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	<p>population health. Key focuses over the next five years include empowering staff through skills development and support, nurturing talent and career progression, prioritising diversity and inclusivity, embracing technology to streamline processes, and ensuring consistent communication across the organisation. By embedding these principles, NHSGGC aims to create a resilient and skilled workforce capable of delivering excellent care and maintaining its leadership in the healthcare sector.</p> <p>The Committee recommended the Workforce Strategy 2025-30 be submitted to the Board in June 2025, for approval.</p> <p>K Miles thanked Dr Pay for presenting the Strategy to the Committee.</p> <p><u>APPROVED</u></p>	
27.	<p>WORKFORCE PLAN 2025-28</p> <p>S Munce discussed a report (Paper 25/16), which provided the Staff Governance Committee with the final version of the NHSGGC Workforce Plan 2025-28.</p> <p>S Munce advised that NHS Boards had previously been advised to develop three-year workforce plans to cover from 2025-2028. The Scottish Government provided guidance on the 17 December 2024, advising there is no requirement to submit a full three-year plan and instead provided a reporting template detailing nine questions for Boards and HSCPs to complete. NHSGGC submitted our return to the Scottish Government on 11 March 2025 following CMT approving on 06 March 2025.</p> <p>S Munce highlighted that despite the Scottish Government not requiring a three year plan, NHSGGC took the decision to continue to develop a full three year plan for the years of 2025-28. This was developed with a range of stakeholders across all areas of the Board and was led through the Workforce Planning Steering Group. This plan was put on hold from progressing through governance channels until March 2025 to enable the new Chief Executive and Interim Director of Human Resources and Organisational Development to consider it. The Corporate Management Team approved the final draft of the plan on 1 May 2025.</p>	

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	<p>The Committee noted the plan and that it will be published in due course and that an associated action plan will be developed. It was agreed that S Munce would contact M Ashraf about how the Global Citizenship Programme is promoted.</p> <p>K Miles thanked S Munce for presenting the Strategy to the Committee for assurance.</p> <p><u>ASSURANCE NOTED</u></p>		SM
28.	<p>MEDICAL REVALIDATION</p> <p>Professor McKay discussed a report (Paper 25/17) on Medical Appraisal and Revalidation for 2024/25, including key objectives for the upcoming year. The annual Medical Appraisal is essential for all doctors and informs revalidation recommendations to the General Medical Council (GMC), which is required every five years for doctors to maintain their license to practice. NHS Greater Glasgow and Clyde (NHSGGC) has fully re-established the appraisal process post-pandemic and coordinates it across the appraisal year, which runs from April to March.</p> <p>Professor McKay noted that in 2024/25, a key focus was ensuring all appraisals aligned with their established phase. The Responsible Officer of NHSGGC oversees 3993 doctors, with 2707 in Secondary Care, including 156 bank doctors. The number of salaried Clinical Fellows has slightly increased, and their appraisal and revalidation are the Responsible Officer's responsibility. There are 156 doctors working exclusively via the Medical Staffbank, a 29% increase from 2023/24, and NHSGGC is responsible for their appraisal and revalidation.</p> <p>Professor McKay advised for patient feedback, the use of the electronic system is still low compared to the paper-based system. The GMC's updated Good Medical Practice guidelines, effective from January 2024, emphasize respectful, fair, and supportive workplaces. In 2024/25, 949 out of 1073 doctors due for revalidation were successfully revalidated. The most common reasons for deferral were issues with timely appraisal completion and feedback. No non-engagement recommendations were made in 2024/25.</p>		

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	<p>Professor McKay highlighted that the majority of doctors successfully completed their appraisal, with completion rates similar to pre-2020 levels. The ratio of appraisers to appraisees remains tight, and there is an ongoing effort to recruit and support appraisers. An Electronic Patient Questionnaire pilot has been introduced, with increasing uptake expected. Updates to the Scottish Online Appraisal Resource (SOAR) were implemented in January 2025, which changed the four domains of Good Medical Practice.</p> <p>Professor McKay explained that key objectives for 2025/26 include ensuring appraisals meet GMC requirements, focusing on doctor wellbeing, completing appraisals within the quarterly phase, and reducing deferral rates. NHSGGC will continue to promote the appraiser role, recruit new appraisers, establish a secondary care appraisal network, and ensure Clinical Fellows are paired with an appraiser upon appointment. The electronic patient feedback system will continue to be refined and promoted, and the appraisal process for Medical Staffbank doctors will be improved. The aim is to achieve 90% appraisal completion in both Primary and Secondary care by reintroducing the reminder system and fully implementing the Board non-engagement process.</p> <p>The Committee noted that NHSGGC has a robust appraisal and revalidation process and that local guidance is in accordance with that provided nationally. Appraisal and revalidation rates are in-line with other Health Boards in Scotland.</p> <p>K Miles thanked Professor McKay for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
29.	<p>STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2024/25</p> <p>K Miles highlighted the draft annual report (Paper 25/18) which describes the purpose and composition of the Staff Governance Committee, the business items considered, and key outcomes identified through the presentations heard by the Committee during 2024/25.</p>	

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	<p>K Miles highlighted that the report reflects a well-supported Board Committee and that neither of the Co-Chairs had any amendments to recommend.</p> <p>The Staff Governance Committee approved the Annual Report of Staff Governance 2024/25, for submission to the NHSGGC Board in June 2025.</p> <p><u>APPROVED</u></p>	
30.	<p>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE</p> <p>K Donald discussed a report (Paper 25/19), highlighting that the only change to the Terms of Reference at this stage is clarification on the membership number, in line with Terms of Reference for other Standing Committees. It was noted that the transition period to embed the revised Committee structure could lead to additional changes to the Terms of Reference and that, if required, a revised Terms of Reference will be brought back to the Committee at that point. The Committee approved the Terms of Reference, as presented.</p> <p><u>APPROVED</u></p>	
31.	<p>STAFF GOVERNANCE PERFORMANCE REPORT</p> <p>C Rennie discussed the Staff Governance Performance Management Report (Paper 25/20), providing an update on workforce data and performance as at 31 March 2025. The following positive trends were highlighted:</p> <ul style="list-style-type: none"> • Nursing and Midwifery job family establishment position has remained consistent over the last quarter for both registered staff and Health Care Support Workers (Acute and Partnerships). <ul style="list-style-type: none"> ○ 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 (X, Facebook, LinkedIn) and traditional approaches (newspaper/radio). ○ Additional resources will also be incorporated through: 	

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	<ul style="list-style-type: none"> ▪ Newly Qualified Practitioners (NQP) 2025 campaign – preparations and modelling underway to determine targets • Internationally Educated Nurses (UK-based) 2023/24 campaign - target achieved with 101 candidates recruited. 80 candidates have commenced employment as of March 2025 – start dates continue to be agreed for the remainder. • Turnover continues to reduce - annualised turnover for the rolling 12 months to March 2025 was 7.7%, compared with 8.8% for the 12-month period ending March 2024 and 11.5% for the 12-month period ending March 2023. • Staff availability has increased over the quarter with sickness absence reducing from 8.3% in December 2024 to 7.0% in March 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. • Compliance rates for all Statutory Mandatory training courses have improved or remained steady over the last quarter. At Board level, 8 out of 9 courses are at 90% or above. • Personal Development Plan (PDP) completion rate at Board level is 56%. <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> • The recruitment of Internationally Educated Nurses has been hugely positive for NHSGGC. • There is recognition that some PDP&R conversations happen informally and are not captured on TURAS, but there is a need to make time to reflect in TURAS and drive improvement in PDP&R compliance, with the Board willing to support this. • HR case numbers and outcomes are not currently truly reflective of the full position and there is a need to improve case recording and accuracy. <p>K Miles thanked C Rennie for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	<p style="text-align: center;">NS</p> <p style="text-align: center;">NS</p>
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32.	HUMAN RESOURCES RISK REGISTER K Heenan discussed the Human Resources Risk Register (Paper 25/21), 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. K Heenan highlighted that the due dates for two of the actions under the “Failure to Recruit and Train Staff” risk and one under “Management of Staff Attendance” had passed, but that two of these were referenced in the meeting papers and one to be discussed by the Corporate Management Team. All will be closed before the next meeting in August. Following a discussion, the Committee agreed that the risks are clearly described, appropriate and the proposed mitigating actions will address the risks. The Committee was therefore content to approve the reviewed corporate risks. K Miles thanked K Heenan for the update, with the Committee content to approve the amendments to the Risk Register. <u>APPROVED</u>		
33.	AREA PARTNERSHIP FORUM A Cameron-Burns discussed the Area Partnership Forum update (Paper 25/22), highlighting discussions on sustainability and value, the Anti-Racism Plan and the guidance for supporting neurodivergent staff as key items discussed by the APF. The Committee noted the update. <u>ASSURANCE NOTED</u>		
34.	CYCLE OF BUSINESS 2025/26 L Spence advised that the 2025/26 Cycle of Business for the Staff Governance Committee (Paper 25/23) had been included for awareness and was based on positive feedback of Committee business covered in 2024/25. <u>AWARENESS NOTED</u>		

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35.	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p> <p>K Miles thanked all presenters, contributors to discussions during the meeting and those involved in preparing papers.</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the 24 June 2025 Board meeting and include the Assurance Presentations, Safety, Health and Wellbeing update, Workforce Strategy 2021/25 and Equalities update, Medical Revalidation, and approval of the Risk Register and Workforce Strategy 2025-30.</p>		
36.	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Staff Governance Committee will be held on Tuesday 12 August 2025 at 9.30am.</p>		
	<p>The meeting ended at 11.45am.</p>		