

BOARD OFFICIAL

NHSGGC SGC(M)25/01

Minutes: 01-17

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Staff Governance Committee
held via Microsoft Teams, on
Tuesday 18 February 2025 at 9.30am**

PRESENT

A Cameron-Burns (Co-Chair in the Chair)
K Miles (Co-Chair)
B Auld
Cllr R Moran
P Ryan
Dr L Thomson KC (Board Chair)

IN ATTENDANCE

M Allen	Senior Administrator
F Carmichael	Staff Side Lead, Acute Partnership Forum
B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr S Davidson	Medical Director
K Donald	Corporate Services Manager - Governance
W Edwards	Chief Operating Officer – Acute Services
M Gardner	Deputy Nurse Director
M Hopkirk	Human Resources Manager, East Dunbartonshire HSCP
D Hudson	Staff Experience Advisor
H Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme
M MacDonald	Head of Learning and Education
A MacPherson	Director of Human Resources and Organisational Development
N Mcseveny	Deputy Director of Communications
S Munce	Head of Workforce Planning and Resources
Dr M Pay	Workforce Strategy Manager
D Pearce	Chief Officer, East Dunbartonshire HSCP
Dr C Perry	Director of Medical Education
E Quail	Staff Side Partnership Lead
C Rennie	Workforce Planning and Information Manager
N Smith	Depute Director of Human Resources
L Spence	Head of Staff Experience
Prof A Wallace	Executive Nursing Director

01.	WELCOME AND APOLOGIES	ACTION BY
	A Cameron Burns welcomed all to the meeting. Apologies were noted for Professor J Gardner, M Ashraf, Cllr McDiarmid, Cllr McGinty, A McCready and K Heenan.	

BOARD OFFICIAL

02.	DECLARATIONS OF INTEREST		
	There were no formal declarations of interest intimated.		
03.	MINUTES The Minutes of the Committee meeting held on 19 November 2024 (SGC(M)24/04) were approved as a correct record, subject to the addition of wording to reflect updates being provided with reference to any Health and Safety Executive cases proceeding to prosecution.. It was noted as part of the discussion that further clarification of the related governance and assurance path was required. It was also agreed to add the sharing of any learning arising from incidents at Leverndale and the Royal Alexandra Hospital to the Rolling Action List. The minutes were approved following a motion from Dr Thomson, which was seconded by B Culshaw. <u>APPROVED</u>		Head of Health and Safety
04.	MATTERS ARISING		
	<u>Rolling Action List</u>		
	A Cameron Burns referred to the Rolling Action List (Paper 25/01) and advised that there were two items, both marked for closure. The Committee noted the updated Rolling Action List and agreed the items proposed for closure. It was agreed that Professor Wallace will progress the Board awareness session on the Health and Care Staffing Scotland Act. <u>APPROVED</u>		AW
05.	URGENT ITEMS OF BUSINESS		
	There were no urgent items of business.		
06.	ASSURANCE PRESENTATIONS		
	<u>Acute Services</u> W Edwards, Chief Operating Officer – Acute Services, supported by N Smith, Depute Director of Human Resources, M Gardner, Deputy Nurse Director and F Carmichael, Staff Side Lead, Acute Partnership Forum gave a presentation on Staff Governance activity within Acute Services. W Edwards provided an overview of key workforce metrics, including sickness		

BOARD OFFICIAL

	<p>absence, Statutory and Mandatory training, KSF compliance and iMatter participation, outlining the actions being undertaken within Acute Services to meet the agreed targets. The presentation included evidence of compliance with the five strands of the Staff Governance Standard.</p> <p>W Edwards highlighted key achievements, including the achievement of Investors in People and continued work towards the next level of accreditation, visible Senior Management Team walk rounds and Schwartz rounds having been rolled out and continuing.</p> <p>W Edwards advised the Staff Governance Committee of some continuous improvement opportunities for the Directorate over the next 18 months. These include focused support and intervention to help the most pressurised areas, an increase in Violence and Aggression training for staff and an increase in iMatter response rate and action planning.</p> <p>M Gardner showcased how NHSGGC is an 'Employer of Choice', as the Acute Services case study. M Gardner highlighted how 'The Big Conversation' has led to the launch of the Nursing and Midwifery Strategy and how NHSGGC has had a successful year of recruitment, including Internationally Educated Nurses, delivered through sustainable strategies.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none">• It is extremely positive to see stability in staff numbers and that this reflects NHSGGC being seen as an employer of choice.• Some student nurses may not be successful in securing their Board of choice, but NHSGGC will have the best chance of recruiting and securing permanent staff, with learning from 2024 recruitment being applied.• Acute Services covers a broad range of job families, with this being reflected in the metrics and different areas being a focus for each annual assurance presentation. For future assurance presentations, a breakdown of staff by job family will be included.• To increase Personal Development Planning and Review compliance, action plans are in place in relevant areas, including providing dedicated time to support these conversations. <p><u>East Dunbartonshire Health and Social Care Partnership</u></p> <p>D Pearce, Chief Officer, supported by M Hopkirk, Human Resources Manager, 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.</p>	<p>MA/CR</p>
--	--	---------------------

BOARD OFFICIAL

	<p>D Pearce highlighted key achievements, including the opening of the Allander Centre, savings delivered on Changes to Services and the Life Long Smiles initiative in Oral Health.</p> <p>D Pearce advised the Staff Governance Committee of some continuous improvement opportunities for the HSCP over the next 18 months. These include additional work enabling a committed, adaptable workforce, developing a strong change appetite and strengthening partnership working.</p> <p>M Hopkirk showcased the induction process as the HSCP's case study, highlighting how it encourages collaborative working, explains the concept of an Integration Joint Board and allows staff to meet members of the Senior Management Team.</p> <p>K Miles asked whether the HSCP could share any best practice in terms of high Personal Development Planning and Review compliance, with D Pearce advising that strong front line leadership is an important contributing factor.</p> <p>A Cameron-Burns 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 25/02).</p> <p><u>ASSURANCE NOTED</u></p>	
07.	<p>STAFF ENGAGEMENT</p> <p>7a) Internal Communications and Employee Engagement Strategy Update</p> <p>L Spence and N Mcseveny provided an update on the delivery of the Internal Communications and Employee Engagement Strategy (Paper 25/03), highlighting that key deliverables in the 2024/25 Action Plan have included:</p> <ul style="list-style-type: none"> • Achieved Investors in People accreditation, engaging over 3,000 staff. • Hosted our second EDI Learning Event for managers and multiple other EDI events, engaging over 500 staff directly. • Engaged over 1,000 staff in strategy development through events, focus groups, and digital input. • Launched the Sexual Harassment: Cut It Out programme to address concerns from national surveys. • Introduced Team Talk to highlight key priorities and encourage two-way staff engagement. • Delivered campaigns aligning with NHSGGC's vision, including sustainability, waste reduction, virtual consultations, and staff vaccinations. • Launched a proactive approach to long-service recognition, featured at the Excellence Awards. • Continued Board Member visits, highlighted in key staff communications like the Chief Executive's message. 	

BOARD OFFICIAL

	<ul style="list-style-type: none"> Completed our first Communications Audit since launching the new intranet to assess workforce engagement. <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> Staff who do not have access to IT facilities have communications such as Core Brief shared with them via managers printing and sharing physical copies. The upcoming Digital Literacy Campaign may add further insight into this area, as will undertaking further initiatives with Estates and Facilities and teams in the community. Whilst year one established communication mechanisms and year two built on these, the Staff Governance Committee asked that it was noted the need to continue to innovate in this area and that the forward plan is reviewed in light of any new organisational culture work that is currently being considered. <p><u>ASSURANCE NOTED</u></p> <p>7b) iMatter 2024</p> <p>L Spence and D Hudson provided an iMatter 2024 update (Paper 25/03), highlighting that Key metrics from the 2024 survey are:</p> <ul style="list-style-type: none"> The overall number of responses within NHSGGC increased from 26,829 in 2023, to 27,004 in 2024. The percentage response rate dipped slightly from 54% to 53%. The Employee Engagement Index score remained steady at 76, while the national comparison dropped one point to 77. Both are within the Green, 'Strive and Celebrate' category. Across NHSGGC, we saw a 1% increase in action planning (within 8 weeks), up to 56%. This rate, and the improvement from 2023, is in line with the National action planning completion rate. <p>During discussion, it was noted that targeted support is planned for teams who do not complete action plans, or who have not engaged their full team when developing their plan. This is in addition to a team engagement guide that helps managers to guide action plan discussions.</p> <p>A Cameron-Burns thanked L Spence, N McSeveney and D Hudson for the updates.</p>	LS/NM
08.	<p>WORKFORCE STRATEGY 2021-25 PROGRESS & CORE HUMAN RESOURCES ACTIVITY</p> <p>Dr Pay discussed the Workforce Strategy 2021-25 (Paper 25/04), advising the Committee that the Strategy is in its concluding phase (April 2024 - March 2025), with the corresponding Phase Four Action Plan approved by the Corporate Management Team in June 2024.</p>	

BOARD OFFICIAL

<p>Dr Pay advised that the Phase Four Action Plan contains 32 actions, which will further develop 18 strategic activities. Seven of the actions in Phase Four have particular priority due to their links with outstanding commitments within the Workforce Strategy 2021-2025, or legislative requirements.</p> <p>Dr Pay confirmed that there are no actions identified as not being achievable and that work continues on development of the Workforce Strategy 2025-30.</p> <p>The Committee noted that the next Workforce Strategy was scheduled to be presented to the Board for approval in February 2025. The organisation decided that the approval of the Strategy should be postponed until the incoming Chief Executive and Director of Human Resources and Organisational Development commenced. The Chief Executive has now approved that the proposed Strategy should be progressed through Board governance.</p> <p>Dr Pay noted that NHSGGC mental health services intended to be early adopters of the Medical Associate Professional (MAP) roles under Action 18. Whilst job descriptions and recruitment plans were approved, funding delays have postponed the launch. Discussions continue on alternative funding, including role redesign within mental health services.</p> <p>Discussing the MAP role, the Committee noted that despite challenges across NHS Trusts in England, NHS Grampian had some success in trialling the role and are sharing an evaluation with NHS Scotland Board Medical Directors, with a view to adopting a consistent model across NHS Scotland.</p> <p><u>Core Human Resources Activity</u></p> <p>N Smith provided an update on Core Human Resources Activity, highlighting the following:</p> <p>The Head of Human Resources and HR Manager Team provides strategic and operational HR support to Directorates and Health and Social Care Partnerships. There are five Heads of HR for Acute Services, four for Health and Social Care Partnerships (with some shared roles), and one each for Estates & Facilities and Corporate Services. Their key responsibilities include workforce planning, enhancing staff experience, enabling service redesign, and supporting local staff governance.</p> <p>The HR Support and Advice Unit is the primary contact for HR-related queries when information is not available on HR Connect, the cloud-based self-service website. The unit handles general HR tasks, case management, and customer enquiries, providing a "one team" approach to support managers and employees across NHSGGC.</p> <p>Their top priority is managing sickness absence cases, as absence rates exceeded the 5% target, reaching 8.34% in December 2024. They play a key role in coaching managers on the NHS Scotland Attendance policy.</p> <p>The unit also includes a specialist Employment Relations service, which advises on Employment Tribunals, Employment Law, and complex</p>	
--	--

BOARD OFFICIAL

	<p>employee relations cases, while also supporting negotiations with trade unions.</p> <p>In 2024, the unit handled 15,679 enquiries, managing an average of 146 employee relations cases and 635 attendance cases per month, closing 19 and 156 cases per month, respectively.</p> <p>The Medical Staffing Team provides specialist HR advice on Medical and Dental terms and conditions, ensuring compliance with NHS Scotland, government directives, and regulatory bodies. They support Career Grade job planning, annual appraisals, and revalidations for 2,500 medical staff every five years to maintain their licences. As the Lead Employer for 2,650 Doctors and Dentists in Training across the West of Scotland, the team also manages Resident Doctor monitoring and rota design, conducting around 400 monitoring rounds per year.</p> <p><u>Core Human Resources Activity Video</u></p> <p>N Smith introduced a video, which focussed on the work delivered by the Head of Human Resources and Human Resources Manager Team, Human Resources Support and Advice Unit and Medical Staffing teams.</p> <p>During discussion, it was noted that continuity of information across areas is vitally important, with N Smith confirming that case learning and best practice is regularly shared across Human Resource Clusters.</p> <p>A Cameron-Burns thanked Dr Pay and N Smith for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
09.	<p>HEALTH AND SOCIAL CARE WORKFORCE PLANNING 2025 – SCOTTISH GOVERNMENT RESPONSE</p> <p>S Munce discussed a report (25/05) providing the Staff Governance Committee with an update on the Board's proposed response to nine workforce planning questions set by the Scottish Government for 2025.</p> <p>S Munce informed the Committee that originally, NHS Boards were advised to develop three-year workforce plans (2025-2028). However, on 17 December 2024, the Scottish Government advised that a full plan was not required, instead providing a reporting template with nine key questions for completion.</p> <p>S Munce advised that the questions seek feedback on workforce planning, including vacancy management, hard-to-fill roles, sickness absence rates, and efforts in role diversification and reform. It also explores the use of technology to enhance performance, strategies for staff retention and recruitment, location-specific challenges, and areas where Scottish Government support could be enhanced.</p>	

BOARD OFFICIAL

	<p>S Munce noted that the working guidance was clear that NHS Boards and Health and Social Care Partnerships (HSCPs) should reflect the local workforce implications of the National Workforce Strategy relating to transformation by describing short term how they plan to sustain services, medium term how they plan to address backlogs and shortages and in the longer term, support transformation.</p> <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> • That whilst a full Workforce Plan requires Staff Governance Committee approval, the response to Scottish Government does not. It is expected that a three year Workforce Plan will be taken through governance and presented to the Committee in May 2025. • It is expected that Scottish Government will review responses from NHS Boards and respond with any questions, highlighting any areas where additional detail is required. <p>A Cameron-Burns thanked S Munce for the update, noting the Health and Social Care Workforce Planning 2025 Scottish Government response provided in the report appendix and noting that the submission to Scottish Government would be made by 17 March 2025.</p>	
10.	<p>HEALTH AND CARE STAFFING SCOTLAND ACT PROGRAMME: ANNUAL REPORT</p> <p>Prof Wallace introduced H Jackson, who provided members of the Staff Governance Committee with the first of the legislated Annual reports on the Health and Care (Staffing) (Scotland) Act 2019, for approval by the Staff Governance Committee and the NHSGGC Board in April 2025, for publication and submission by 30 April 2025.</p> <p>H Jackson advised that the annual report follows the Scottish Government's statutory guidance under the Health and Care (Staffing) (Scotland) Act 2019. Section 12IM of the 1978 Act mandates that relevant organisations submit an annual report detailing their compliance with key staffing duties, such as ensuring appropriate staffing levels, real-time assessments, risk escalation, clinical advice, and staff training.</p> <p>The purpose of the annual report is to monitor the Act's impact on care quality and staff well-being, share good practices, identify challenges and improvement needs, and inform Scottish Government workforce planning policies. Once submitted, Scottish Ministers must present the reports to Parliament with additional relevant information.</p> <p>H Jackson noted that for NHSGGC, the HCSSA Programme developed the report, which was reviewed by the Programme Board on 23 January, chaired by the Executive Nurse Director.</p> <p>H Jackson advised that NHSGGC's overall compliance assessment is Reasonable Assurance. The report covers April 2024 – March 2025, but since it was drafted in January 2025, full-year data is unavailable. Instead, the report provides assurance levels for Q3 (December 2024) and</p>	

BOARD OFFICIAL

	<p>projections for Q4 (March 2025), aligning with the approach taken by other health boards.</p> <p>The Committee noted the assurance level at the end of quarter three and the project assurance for the end of quarter four as Reasonable and approved the recommendation to submit for consideration and approval to go to the NHSGGC Board in April 2025.</p> <p>A Cameron-Burns thanked H Jackson for the Annual Report, noting that the Committee had agreed to approve it for submission to the Board.</p> <p><u>APPROVED</u></p>	
11.	<p>MEDICAL EDUCATION</p> <p>Dr Davidson introduced Dr Perry, who provided an update on Medical Education (Paper 25/07), covering the following key areas:</p> <p>Quality Management</p> <ul style="list-style-type: none"> NHSGGC has reduced active Deanery visits to six departments (one Enhanced Monitoring, five Triggered visits). Quality Engagement Meetings (QEMs) have been introduced as a pre-visit discussion process, with nine scheduled for NHSGGC. <p>Enhanced Monitoring</p> <ul style="list-style-type: none"> General Internal Medicine at QEUH remains under enhanced monitoring (since 2016). Revisit scheduled for May 2025, with improvements noted but further work needed in handover, medical staffing, and trainee wellbeing. SMART objectives and regular internal reviews are in place to address outstanding issues. <p>Upcoming Quality Activities</p> <ul style="list-style-type: none"> Several Triggered Visits and Quality Engagement Meetings (QEMs) are scheduled across various specialties and hospitals in early 2025. <p>Medical Education & Induction</p> <ul style="list-style-type: none"> Resident Doctor Inductions continue, with the next session in February 2025. The Medical Education and Staff Governance Group has been re-established, discussing quality improvements and workforce challenges. <p>Dr Perry advised the Committee of some key achievements within Medical Education:</p> <ul style="list-style-type: none"> Reduction in Quality Management Visits – Since February 2024, three visits have been closed: Psychiatry (Inverclyde), Trauma & Orthopaedics (RAH), and Obstetrics & Gynaecology (PRM). 	

BOARD OFFICIAL

	<ul style="list-style-type: none"> Improving Foundation Training Initiative – Monthly FY1 surveys track workload, wellbeing, and education, with 50+ responses per month and data helps refine training resources and teaching strategies across NHSGGC. Induction 2024 Success – 277 new FY1 doctors completed a structured induction including shadowing, statutory training, prescribing education, and IT setup. Chief Resident Leadership Programme – 53 Chief Residents across 37 specialties were supported through development days, mentorship, and leadership training. The Clinical Leadership Development Programme (CLDP) was piloted, integrating mentorship, senior management exposure, and QI projects. Active Bystander Training – Training is ongoing from January 2024 to March 2026, aligning with the GMC's Good Medical Practice guidance. Support for International Medical Graduates (IMGs) – Tailored induction, in-hours-only working periods, and mentorship help IMGs integrate into the NHS system. <p>In response to a question from Dr Ryan about Quality Management visits, Dr Perry advised that NES have implemented a restructured approach where a prompt is received through the GMC or Scottish Trainee survey. This allows for internal meetings in advance of the Quality Management visit, with the aim of anticipating questions that will be asked and reducing the likelihood of a further visit.</p> <p>A Cameron-Burns thanked Dr Perry for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
12.	<p>STAFF GOVERNANCE PERFORMANCE REPORT</p> <p>C Rennie discussed the Staff Governance Performance Management Report (Paper 25/08), providing an update on workforce data and performance as at 31 December 2024. The following positive trends were highlighted:</p> <ul style="list-style-type: none"> Nursing and Midwifery job family establishment position has remained consistent over the last quarter for both registered staff and Health Care Support Workers. <ul style="list-style-type: none"> 650 candidates recruited to posts in Adult Nursing, Mental Health and Learning Disabilities in 2024. The target for the Internationally Educated Nurses recruitment campaign has been achieved, with 101 candidates recruited. 57 candidates have commenced employment as of January 2025. 	

BOARD OFFICIAL

	<ul style="list-style-type: none"> • Staff turnover has continued to reduce as forecast – December 2023 turnover was 9.1% (2022 turnover 12.2%), while rolling 12 months to December 2024 is 8%. • Staff availability has reduced over the quarter with sickness absence reducing from 6.9% to 8.3%. Whilst we remain 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. At Board level, eight out of nine courses are now at 90% or above. • Personal Development Plans (PDP) completion rate is now at 57% with further improvement required. <p>During discussion, the following was agreed or noted:</p> <ul style="list-style-type: none"> • That work is underway to further define the “other” reason in leaver and exit interviews. • Data on job families other than Doctors and Nursing staff is available, but the report focusses on those areas due to the main challenges experienced. • N Smith and E Quail will discuss HR case numbers separately. • N Smith will provide an update on how long it takes currently on average to go from dismissal to appeal hearing. <p>A Cameron-Burns thanked C Rennie for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>		<p>NS/EQ</p> <p>NS</p>
13.	<p>HUMAN RESOURCES RISK REGISTER</p> <p>A MacPherson discussed the Human Resources Risk Register (Paper 25/09), 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>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.</p> <p>A Cameron-Burns thanked A MacPherson for the update, with the Committee content to approve the amendments to the Risk Register.</p> <p><u>APPROVED</u></p>		

BOARD OFFICIAL

14.	<p>AREA PARTNERSHIP FORUM</p> <p>A Cameron-Burns discussed the Area Partnership Forum update (Paper 25/10), noting that all relevant information is contained within the report and that Partnership process training is being explored to address some issues. The Committee noted the update.</p> <p><u>ASSURANCE NOTED</u></p>	
15.	<p>REMUNERATION COMMITTEE: UPDATE ON MEETING OF 10 FEBRUARY 2025</p> <p>A Cameron-Burns provided a verbal update on the 10 February 2025 Remuneration Committee meeting, highlight the following:</p> <ul style="list-style-type: none"> • The Committee was provided with an update on Executive Manager movement by the Chief Executive. • The Committee discussed the pay uplift and performance outcome conclusion for Executives and Senior Managers noting that the outcomes will be processed for February pays. • The Committee were provided with an update on the 2023/24 Consultants Discretionary Points Process and given assurance on the process used. • The Remuneration Committee also discussed, for assurance, the Remuneration of Board Members following publication of Circular DL(2024)30. <p><u>ASSURANCE NOTED</u></p>	
16.	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p> <p>A Cameron-Burns thanked all presenters, contributors to discussions during the meeting and those involved in preparing papers.</p> <p>A Cameron-Burns noted that this meeting will be the final Staff Governance Committee meeting to take place with A MacPherson as Director of Human Resources and Organisational Development. On behalf of the Committee, A Cameron-Burns extended thanks and appreciation to A MacPherson for her contribution to and support of the Committee during her time in post, wishing her well for her upcoming retirement.</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the 25 February 2025 Board meeting and include the Assurance Presentations, Staff Engagement updates, Workforce Strategy Action Plan, with Core HR Activity update, Medical Education, Health and Social Care Workforce Planning 2025 – Scottish Government Response and the approved Risk Register and HCSSA Annual Report.</p>	
17.	<p>DATE & TIME OF NEXT MEETING</p>	

BOARD OFFICIAL

	The next meeting of the Staff Governance Committee will be held on Tuesday 20 May 2025 at 9.30am.		
	The meeting ended at 12.15pm.		