



THE STATE HOSPITALS BOARD FOR SCOTLAND

STAFF GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2024 – 31 March 2025

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1 INTRODUCTION

Staff Governance is defined as '**a system of corporate accountability for the fair and effective management of all staff.**'

The Staff Governance Standard (4th Edition) sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented.

In addition to this, the Standard specifies that staff are entitled to be:

- Well informed.
- Appropriately trained and developed.
- Involved in decisions.
- Treated fairly and consistently; with dignity and respect, in an environment where diversity is valued.
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

In the performance year 2024/25, The State Hospitals Board for Scotland's Staff Governance Committee continued to focus its monitoring activities in respect of the above.

The Committee members recognised their obligations to support a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon the principles of partnership.

Members of the Staff Governance Committee are appointed annually by the NHS Board.

Membership details of the Committee during 2024/25 are detailed below.

2 COMMITTEE CHAIR, COMMITTEE MEMBERS AND ATTENDEES

Committee Chair:

- Pam Radage (Chair of Committee, Non-Executive Director).

Committee Members:

- Allan Connor (Employee Director).
- Stuart Currie (Non-Executive Director).
- Cathy Fallon (Non-Executive Director).
- Shalinay Raghavan (Non-Executive Director).

In attendance:

- Graeme Anderson (Organisational Development Manager).
- Alan Blackwood (lay member, Prison Office Association).
- Josephine Clark (Associate Director of Nursing).
- Colin Cruickshank (POA Representative).
- Sandra Dunlop (Head of Organisational Learning and Development).
- Gary Jenkins (Chief Executive).
- Stuart Lammie (Lead Nurse).

- Carron McDiarmid (Non-Executive Director, Public Health Scotland).
- Monica Merson (Head of Planning and Performance).
- Brian Moore (Board Chair).
- Richard Nelson (RCN Representative).
- Laura Nisbet (Head of HR).
- Margaret Smith (Head of Corporate Governance/Board Secretary).
- Stephen Wallace (Director of Workforce).

Where required by the Chair or by other members of the Committee, appropriate members of staff were invited to be in attendance for the purposes of verbal updates, information sharing and presentations.

3 MEETINGS 1 APRIL 2024 – 31 MARCH 2025

During 2024/25 the Staff Governance Committee met on four occasions, in line with its terms of reference (Appendix 1).

Meetings were held on:

- 16 May 2024.
- 15 August 2024.
- 21 November 2024.
- 20 February 2025.

Attendance of Committee members is shown below.

Committee Member	Number of Meetings Present
Pam Radage	4
Allan Connor	4
Stuart Currie	3
Cathy Fallon	3
Shalinay Raghavan	2

4 SUMMARY OF REPORTING

The Committee received reports and monitored areas as follows:

- Workforce (HR, Learning & Wellbeing & OD) Report:
 - Attendance Management.
 - Recruitment.
 - Employee Relations.
 - Staffing Turnover.
 - Job Evaluation.
 - PDPR Compliance.
- IMatter.
- Workforce Planning.
- Whistleblowing.
- Statutory and Mandatory Training Compliance.
- Fitness to Practice.

- NHSScotland Staff Governance Standard Monitoring Framework.
- Evaluation of the Staff & Volunteer Health and Wellbeing Strategy 2023/24.
- OD Strategy.
- Occupational Health.
- Health and Care Safe Staffing.
- ERostering.
- Corporate Risk Register – Staff Governance Risks.
- Workforce Equalities.
- Once for Scotland.
- Nursing Practice Development.

4.1 Annual Reports

4.1.1 Staff Governance Monitoring 2024/25

Due to the Staff Governance Monitoring exercise being paused for 2024/25 to facilitate a comprehensive tripartite review of the process, it was the expectation that Boards continue with their ongoing commitments and local assessment through their Staff Governance Committee.

The Scottish Workforce and Staff Governance (SWAG) Committee requested that Boards provide assurance that they are committed to upholding the Staff Governance Standard to support workforce and effective partnership working. They also requested Board data on bullying and harassment, whistleblowing, and on retire and return.

The complete response was formally signed and submitted by the deadline of 6 December 2024.

4.1.2 iMatter

Members of the Committee received an update on the results of the annual iMatter Staff Experience survey, which highlighted results from the 2024 Board iMatter report that was published in June 2024, together with the results from the national 2024 Health & Social Care Staff Experience Report, published in November 2024.

4.1.3 Occupational Health Service Annual Report 2023/24

The annual report was presented to the 15 August 2024 meeting and noted that the report contained a range of helpful information. The Committee asked for the approach to reporting to be re-framed to lend more focus on performance metrics as well as comparator data to other NHS Boards.

A revised KPI Framework was presented on 20 February 2025 as part of the agreement to extend the Service Level Agreement with NHS Dumfries & Galloway.

4.2 Progress Updates

The Committee received regular updated reports and monitored issues relating to the following:

4.2.1 Personal Development Planning & Review (PDPR)

The Committee received and noted quarterly updates on Personal Development Planning & Review (PDPR) completion rates. The average monthly compliance rate for 2024/25 was 88.8%, an increase of 2.9% compared to the previous year. The updates provide assurance that staff have an annual review in line with the standards set out in the national PDPR PIN policy and the compliance rate as at 31 March 2025 was 89.6%.

4.2.2 Attendance Management/Task and Finish Group

The Committee received and noted the Sickness Absence Task and Finish Group Report presented by to the Committee at the meeting on 16 May 2024. It was noted that the key objectives had been concluded as agreed; however, the 5% absence target had not been achieved. The plan was to now focus on making sure there was an embedded process within the business-as-usual framework. The Committee agreed to the cessation of the Task and Finish Group and to return to a business-as-usual position.

4.2.3 HR Performance – Employee Relations Activity

In November 2024, the Committee received and noted the Workforce Paper which provided information in relation to the number and nature of current Employment Relations cases. An in-depth analysis of the timescales and actions associated with cases, which were beyond initial stages, included the dates initiated, investigation start and predicted end dates.

The Committee was reassured that cases progress in accordance with the Once for Scotland policy framework and partnership working is extremely important to ensure that process' can progress in a professional, timely and compassionate manner, ensuring wellbeing for those involved. The report confirmed that in 24/25, six formal cases concluded, five within six months and one case took eleven months.

4.2.4 OD, Wellbeing and Learning

The Committee received quarterly reports highlighting the key OD, learning and wellbeing initiatives and interventions being delivered to support and maintain a positive, supportive and enabling working environment in line with the Staff Governance Standards and the State Hospital's Staff & Volunteer Wellbeing Strategy that was implemented in 2022.

Key achievements in 2024/25 included maintenance of high levels of compliance with statutory and mandatory training requirements, implementation of two new leadership development programmes for middle and senior leaders (delivered in collaboration with the West of Scotland Region NHS Boards), and delivery of a comprehensive programme of staff wellbeing interventions and support. The Peer Support Network was also expanded in 2024/25 and this internal support network is being well utilised by staff.

An internal assurance audit of statutory and mandatory training was by undertaken by RSM UK in October 2024 as part of the Board's 2024/25 internal audit plan. The purpose of the audit was to review the control framework for statutory and mandatory training across the State Hospital Board. The internal audit opinion was that the Board can take 'Reasonable Assurance' that the controls in place to manage this risk are suitably designed, consistently applied and effective. Recommendations for improvement that were highlighted within the audit have subsequently been actioned to ensure that the control framework is robust and fully effective in managing risks.

A detailed evaluation of the Staff & Volunteer Wellbeing Strategy was undertaken to review and assess the impact and effectiveness of the Wellbeing Strategy and associated wellbeing activities and interventions. Findings from the evaluation indicated a high level of staff satisfaction with the support provided by the organisation to support their health and wellbeing at work and insights gained from the evaluation have been used to identify key priorities and areas for future improvement in relation to wellbeing provision.

Work was also progressed in 2024/25 to develop an Organisation Development (OD) Strategy to support improvements in organisational performance and health, with the new OD Strategy planned for implementation in 2025/26.

4.3 Standard Items considered by the Committee during the year

4.3.1 Fitness to Practise

The annual report was provided in May 2024 to assure the Staff Governance Committee that all professional staff were registered and fit to practise.

4.3.2 Whistleblowing Quarterly updates

The Committee received quarterly reports on the following dates:

- 16 May 2024 - Quarter 4 Update on activity between 1 January 24 to 31 March 24.
- 15 August 2023 - Quarter 1 update for 2024.
- 21 November 2024 - Quarter 2 update for 2024.
- 20 February 2025 - Quarter 3 update for 2024.

4.3.3 Notes of Minutes and updates from other meetings

The Committee received and noted minutes/reports from the following:

- Partnership Forum.
- Clinical Governance papers (as appropriate and where related to a Staff Governance issue).
- Workforce Governance Group.

5 AREAS OF BEST PRACTICE

The following examples were provided throughout the year:

- The response following the cyber-attack on NHSD&G and the way this was managed in terms of communication with staff and holding a series of drop-in sessions to provide reassurance.
- The work of the Task & Finish Group did on sickness absence and was now in a position to embed in the work that has been done which is a good role model for other task and finish groups.
- The OD Strategy, which has taken an inclusive and engaging approach.
- Development of the first-year support program to nursing staff.
- The Nursing Open Recruitment Day.
- Engagement work as part of development of Medium-Term Plan.
- Reporting to the meeting which linked well across workstreams and showed a joined-up approach. The Committee discussed and reflected that this had been a positive and constructive meeting overall, and succinct reporting and presentation had supported focused consideration of the business.
- Good practice in terms of openness and trust in terms of the Partnership Forum minutes.
- The work undertaken by the working group involved in the planning of the Staff Excellence Awards.
- The work of the Estates team throughout the recent storm period noting the exceptional work carried out by the team.
- The Committee agreed that the concise nature of reporting and the pack of papers for this meeting had helped to support focused discussion, as an example of good governance.

6 CONCLUSION

The performance year 2024/25 has seen significant strides forward taken on a number of key Staff Governance issues, with the review of whistleblowing, the creation of the Workforce Equalities Group and the significant engagement and progress supporting the development of our Organisational Development Strategy.

Our focus will remain on 'Prioritising Organisational Health' which we anticipate will impact across all workforce and Staff Governance strands, along with the pursuit of the Attendance Management target of 5% absence, which has been challenging to see sustained improvement and the implementation of both our Workforce Plan 2025/28 and our Organisational Development Strategy.

From the review of performance of the Staff Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective Staff Governance arrangements were in place throughout the year.

I offer my thanks for the continuing support and encouragement of Committee members and to those members of staff who have worked on the Committee's behalf during 2024/25.

Pam Radage

STAFF GOVERNANCE COMMITTEE CHAIR

On behalf of the State Hospitals Board for Scotland Staff Governance Committee

THE STATE HOSPITALS BOARD FOR SCOTLAND

STAFF GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1 PURPOSE

The Staff Governance Committee is a standing committee of the Board and shall be accountable to the Board. Its purpose is to provide the Board with the assurance that staff governance mechanisms are in place and effective within the State Hospital.

2 COMPOSITION

2.1 Membership

The Staff Governance Committee is appointed by the Board and shall be composed of the Employee Director and at least three other Non-Executive Board Members one of whom shall act as Chair.

The Committee can invite the Board Chair to be a member of the Committee for the purposes of a meeting, should it be the case that the Committee would otherwise be inquorate.

There will be three lay representatives identified by the staff side organisations and nominated by the Partnership Forum. The lay representatives will not act in an ex officio capacity.

Membership will be reviewed annually.

The Staff Governance Committee will have the authority to co-opt other attendees from outwith the Board in order to carry out its remit.

2.1 Appointment of Chair

The Chair of the Committee shall be appointed at meeting of the Board in accordance with Standing Orders.

2.2 Attendance

Members shall normally attend meetings and receive all relevant papers. All Board Members will have the right to attend meetings and have access to all papers, except where the Committee resolves otherwise.

Executive Directors of the Board are not eligible for membership of the Committee. The Accountable Officer (Chief Executive) and Director of Workforce shall be invited to attend meetings and receive all relevant papers. Other Directors and staff may also be invited by the Chair of the Committee to attend meetings as required.

3 MEETINGS

3.1 Frequency

The Staff Governance Committee will meet quarterly to fulfil its remit and shall report to the Board following each meeting.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least three clear working days in advance of the meetings to allow time for members' due consideration of issues. All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken. The format of agendas and papers will be in line with corporate document standards. The lead Executive for co-ordinating agendas and papers is the Director of Workforce in conjunction with the Chair of the Staff Governance Committee.

3.3 Quorum

Two members of the Committee will constitute a quorum.

3.4 Minutes

Formal minutes will be kept of the proceedings and once approved, submitted at the next Board meeting. The Corporate Services Team are responsible for minute taking arrangements.

The minutes and action list of the Staff Governance Committee will be presented to the next Staff Governance Committee meeting to ensure actions have been followed up.

3.5 Other

In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of hospital staff to attend meetings.

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

4 REMIT

4.1 Objectives

The main objectives of the Staff Governance Committee are to provide the Board with the assurance that staff governance mechanisms are in place and effective within the State Hospital; and that the principles of the national Staff Governance Standards are applied equitably and fairly to all staff.

Existence and effective operation of this Committee will be demonstrated in continuous improvement and compliance with staff governance standards, in delivery of improved working arrangements for staff, and ultimately in achievement of outcome targets as evidenced through the staff related key performance indicators reported in the Local Delivery Plan.

4.2 Systems and accountability

To ensure that appropriate staff governance mechanisms are in place throughout the hospital in line with national standards.

To ensure that people management risks are managed in accordance with the corporate risk management strategy, policies and procedures.

To ensure that staff governance issues which impact on service delivery and quality of service are appropriately managed.

To review the Staff Governance Action Plan and ensure that the Partnership Forum is performance managing the action plan.

4.3 People management

To provide assurance to the Board in respect of people management arrangements, that:

- Culture is maintained within the hospital where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the hospital and is built upon partnership and collaboration.
- Structures are in place to monitor the outcome of strategies and implementation plans relating to people management.
- Structures are in place to monitor the outcome of strategies and implementation plans relating to knowledge management.
- Propose policy amendment, funding or resource submission to achieve the Staff Governance Standards.
- Support is given for any policy amendment, funding or resource submission to achieve the Staff Governance Standards.
- There is timely submission of all staff governance data required by the Scottish Government Health Department and in respect of the Local Delivery Plan.
- Pay modernisation processes are monitored and that the Boards Pay Benefits Realisation Plans are signed off.
- Workforce planning and development is monitored and to sign off the Boards Workforce Plan and the Boards Development Plan and ensure they support the Local Delivery Plan.
- Policies and procedures are developed, implemented and reviewed.

4.4 Controls assurance

To ensure that:

- The information governance framework provides appropriate mechanisms for Codes of Practice on Data Protection and Freedom of Information to be applied to all staff.
- The planning and delivery of services has fully involved partnership working.
- Systems are in place to measure and monitor performance to foster a culture of quality and continuous improvement.
- Staff governance information is provided to support the statement of internal control.

5 AUTHORITY

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised to establish a Remuneration Committee to cover staff under executive and senior manager pay arrangements and to validate the work of that Committee. The Remuneration Committee must include, as a minimum, three Non-Executive Directors of the Board. The Remuneration Committee will be a closed Committee and shall sign off its own minutes. The Staff Governance Committee will require to be provided with assurance that systems and procedures are in place to appropriately manage the pay of this group of staff. This will not include detailed confidential employment issues that are considered by the Remuneration Committee: these can only be considered by Non-Executive Directors of the Board.

6 PERFORMANCE OF THE COMMITTEE

The Committee shall annually review and report on:

- Its own performance and effectiveness in meeting the terms of reference; including its running costs, and level of input of members relative to the added value achieved
- Proposed changes, if any, to the terms of reference.

7 REPORTING FORMAT AND FREQUENCY

The Chair of the Committee will report to the Board following each meeting of the Staff Governance Committee.

The Chair of the Committee shall submit an Annual Report on the work of the Committee to the Board.

8 COMMUNICATION AND LINKS

The Chair of the Committee will be available to the Board as required to answer questions about its work.

The Chair of the Committee will ensure arrangements are in place to provide information to the Scottish Government as required to meet their reporting requirements.

Reviewed June 2024