



SWAG Secretariat
Thursday 6th March 2025
15:00 – 16:00 MS Teams

Attendees

Confirmation of members in attendance at the time of writing:

Name	Organisation
Fiona Hogg (Chair)	Scottish Government
Norman Provan	Royal College of Nursing
Mary Morgan	NHS National Service Scotland
Elaine Watson	NHS Tayside
Steven Lindsay	Unite
Jacqui Jones	NHS Lanarkshire
Anna Gilbert	Scottish Government
Jane Hamilton	Scottish Government
Robert Wilson (Secretariat)	Scottish Government
Zachary Deponio	Scottish Government
Catriona Hetherington	Scottish Government
Ronan O'Dowd	Scottish Government
Jennifer Finn	Scottish Government
Claire Jackson	Scottish Government
Stewart Rafferty	Scottish Government
Andrew Morrall	Scottish Government
Alan Gray	Scottish Government

Apologies from:

Name	Organisation
Gordon McKay	Unison

Agenda item 1: Agenda & Attendee List, Minutes from previous meeting
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- The Chair welcomed everyone to the meeting and minutes from 24 January 2025 were accepted by group as correct.

Agenda Item 2: Paper 1 – PVG – SWAG Secretariat – 6 March 2025

- SR and AM provided an update on PVG-regulated roles in relation to national health boards, including how current legislation can be used to determine whether a role is regulated.
- Regulated roles involve working with either children or protected adults. Legislation defines a child as anyone under the age of 18, and a protected adult as someone aged 18 or over who may be unable to safeguard their own well-being, property, rights, or other interests due to disability, illness, infirmity, or ageing.
- The definition of protected adults also includes those who are homeless, at risk of or experiencing domestic abuse, receiving specified health or community care services, or being supported to live independently.
- Workers must assess whether their role involves direct work with children or protected adults. If so, they should then consider the specific tasks and activities involved in their day-to-day duties.
- Disclosure Scotland is developing a *regulated role checker*, expected to launch in the coming weeks. This tool will help individuals and employers assess whether a role falls under the scope of the PVG Scheme based on the new legislation.
- If a role involves activities with children or protected adults, it may be classed as regulated. Examples include providing domestic services, having the opportunity for unsupervised contact, or working in settings such as hospitals, hospices, care homes, or day centres. Where such activities form part of a worker's regular duties, PVG scheme membership is likely to be required.
- Notably, hospitals are now classed as named locations for both children and protected adults, not just children's hospitals specifically.
- Whether a role qualifies as regulated depends on both the activity and the setting. For example, an administrative role in a hospital serving children or protected adults is likely to fall under PVG, whereas a similar role in a GP or dental practice may not.
- Some medical receptionists may also be eligible for PVG if their duties include clinical or patient-facing responsibilities such as taking blood or acting as a chaperone.

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- The legislation has expanded to include activities such as domestic services, maintenance, caretaking, and the potential for unsupervised contact with children or protected adults in hospital settings.

Comments

- Mary Morgan (MM) stressed the importance of raising awareness, not just to SWAG but also to Human Resources Directors. SR noted that Disclosure Scotland have been communicating these changes over the past few years and are running training on regulated roles which people can sign up to. The purpose of this presentation was to just raise awareness of these two activities which will bring in people who weren't previously eligible for PVG.
- Jaqui Jones (JJ) noted that conversations with HR directors can be had. While emphasising that increasing the number of regulated roles is a good thing, the response times by Disclosure Scotland must be considered; as well as the potential for response times to hamper recruitment efforts in areas where recruitment is already challenging. Some areas being expanded into regulated roles are facing recruitment challenges, and delays cause significant issues. JJ asked SR to ensure that there is a turnaround time by his team to ensure this won't hamper recruitment efforts. AM recognised that there has been delays in the past but noted that they are quite confident that these changes won't lead to delays and turnaround times will be maintained. While there are occasional cases that can take longer due to required checks, it is anticipated that the 90% target within 14 days to still be followed.
- Elaine Watson (EW) mentioned that some current employees may not meet the criteria for a regulated role under the scheme. AM noted that this is a consideration for the team and recognised the possibility of this happening, while also noting that this doesn't mean they will be excluded entirely, but there may need to be additional checks. While there are risks that this stops people applying to roles, he anticipates that this will only affect a small number of people. EW opined that this possibility may need to be discussed more widely with HRDs.

Outcome

- The Chair clarified that the key purpose of the item was to make sure members aware of this change and continue to cascade these changes where appropriate.

Agenda Item 3: Finance Update

- Alan Gray (AG) provided members with a financial update in relation to baseline funding and targeted funding. Around £2.1 billion of funding will be allocated directly to Health Boards.

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- This can be further split down; with £0.5 billion relating specifically to 2025/26. This funding will provide a 3% uplift to baseline funding for Boards, while ensuring no Board is further than 0.6 away from enrolment parity. The Deputy First Minister has confirmed that additional funding will be provided for the national insurance increase. However, this will only cover approximately 60% of the total NI cost. Discussions with HM Treasury are ongoing.
- £1.6 billion is to cover 2024/25 pay deals and other commitments. This includes funding transferred from Scottish Government HSC Directorate budgets to increase baseline funding to Boards.
- With regards to targeted funding, three main areas were highlighted. Around £200 million in additional funding to support the First Minister's commitment to improving performance. A delivery plan outlining specific commitments and funding allocations will be published in March/April. £140 million transferred to Local Government to support the commitment to paying the Real Living Wage for adult social care workers. A smaller allocation of funding will support carers breaks and hospices.
- Boards have submitted their draft 3-year financial plans and due to submit their final versions by 17th March.
- Overall, boards are delivering more savings on a recurring basis, however significant financial and operational pressures still remain. In particular, IJB financial deficits have been increasing. Audit Scotland has issued a finance bulletin on their assessment of that position.
- In terms of capital spending, boards' formula capital will increase by 5%. This will help address some immediate maintenance and equipment replacement requirements.
- The health capital programme will be restarted in line with the Whole System Infrastructure Planning Programme.
- There is also a commitment to progressing the delivery of three key projects- Monklands Replacement Hospital, Belford Hospital (Fort William), and replacement Eye Pavillion in Edinburgh.

Comments

- MM noted that this was a relevant piece in terms of staff governance, moving these pieces forward will help provide certainty to staff regarding the way forward.

Outcome

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- The Chair noted that this was useful context for the group and thanked AG for the presentation.

Agenda Item 4: Psychiatry Recruitment and Retention Working Group

- JF and CJ provided an update regarding the Psychiatry Recruitment and Retention Working Group.
- SG published its Mental Health and Wellbeing Workforce Action Plan in November 2023, which included a commitment to consider how to better support the recruitment and retention of psychiatrists in Scotland via the establishment of the working group.
- It was recognised that psychiatry continues to face recruitment and retention challenges. The Mental Health and Wellbeing strategy (2023) and its associated actions can only be achieved with the right workforce, supported to have the right skills, in the right place at the right time .
- In light of the challenges the psychiatry sector has been facing, the Royal College of Psychiatrists in Scotland (RCPsychiS) published their own report ([State of the Nation report](#)) with their own recommendations in 2023. In this report there were particular concerns raised on the recruitment and retention of psychiatrists in Scotland. Noting that the workforce is not growing sufficiently to keep pace with the demands on services.
- The Psychiatry Recruitment and Retention Working Group has adopted a phased approach to the programme of work. Phase One has focused on training and recruitment issues, and Phase Two has discussed retention issues in more detail.
- The group is chaired by Dr Alastair Cook, the Principal Medical Officer in the Scottish Government. Along with the Scottish Government who provide secretariat support, membership includes NHS Education for Scotland (NES), RCPsychiS, the Senior Medical Managers in Psychiatry Group (SMMPG), and various NHS Scotland psychiatry representatives including trainee doctors.
- The group has convened 7 times since May 2023, and will next meet in April 2025.
- Alongside the main working group, there has also been some sub-groups focusing on project focused work throughout the process.
- In drafting the report, it has been recognised that many of the issues raised are also critical across the wider medical workforce. This includes use of locums, job plans, and the retention of skilled staff. The team has tried to link as much as possible to these other areas. Colleagues in those areas have attended the working group and have been kept updated.

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- To avoid duplication of work, the Psychiatry Working Group was asked to attend the Medical Locums Task and Finish Group and provide an overview of the issues specific to psychiatry, and the group has engaged with SG colleagues supporting ongoing Terms and Conditions discussions.
- Commitment to establish the Working Group was part of workforce action plan, which has its own equality impact assessment which was published alongside the plan.
- The team have tried to get union engagement firmed up and were working towards this last year. Their intention was for a union representative to join the next working group, but this was unfortunately not possible.
- The Working Group chair and SG secretariat team have met with British Medical Association (BMA) colleagues on 28th February 2025. The report itself is currently with the BMA and the Working Group for comment and is expected back in March.
- The BMA has not highlighted any immediate concerns in the report. The report doesn't go into issues such as rates of pay, pensions, or locum contributions, and the BMA were content with that.
- The report and its recommendations are expected to be finalised with the Working Group, including the BMA, by the end of March 2025. Following this, the report will be published in spring 2025, with the exact date still to be confirmed. This will be shared with ministers, and a response is expected from them.
- The report is expected to make recommendations for the Scottish Government, NHS health boards, NES, and RCPsychiS. Their recommendations will likely focus on issues such as job plans, use of locums and professional titles, trainees and supervision, and recruitment.

Comments

- EW asked how much consideration was given to diversification of the workforce, that would help deliver the services currently in crises. Additionally, it was asked what advice they would give for short term around this. JF replied that in terms of multi-disciplinary approach this is being talked about and the team are trying to make sure that comes through in the report itself. JF agreed to share this point with the Chair of the Working Group, and noted that the report could say more on this matter if the Working Group are open to it.
- Norman Provan (NP) agreed to take EW's point back to the group. He also asked about partnership and train union membership being a struggle for the team. Recommends that in the future trade unions should be involved in the whole process rather than just at the end. JF noted that this was an oversight

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in the planning stages. However, there still time to influence the report as the publication will be beyond the final deadline, so there is still some time for trade union colleagues to provide comments.

Outcome

- The Chair thanked JF and CJ for their presentation and reflected the groups anticipation to seeing the full report. Following this, the Chair provided a short update on the Health and Safety and Wellbeing Group (HSWG) before moving onto the next agenda item.

Health and Safety and Wellbeing Group Update

- Bob Summers, the Head of Occupational Health and Safety at NHS Highland and a member of the HSWG group, has been invited to the SWAG Committee to provide a direct connection into the HSWG.
- Additionally, Tobias Kunkel from the Royal College of Nursing (RCN) has been nominated as the Scottish staff-side representative for the HSWG.
- Following this short update, the Chair returned to the formal agenda and passed over to Jane Hamilton (JH) for phase 2.2 update of Once for Scotland.

Agenda Item 5: Once for Scotland – Phase 2.2 Update

- JH provided a brief update on the ongoing development and publication of national workforce materials. The next suite of documents is currently undergoing review, and work will continue to progress this work with an aim to publish in due course.

Comments

- NP asked whether any indicative timescales could be shared. JH advised that the documents are currently under review and will be progressed for Ministerial consideration once this stage is complete. While exact timings remain uncertain, the aim is to move forward as promptly as possible.
- SL suggested that interim communications may be helpful given the level of interest in the materials. He asked whether this might be something for the SWAG secretariat to consider. JH noted that her team would look at options for keeping stakeholders informed, where appropriate.
- MM emphasised the importance of formal communications being issued centrally. JH agreed and confirmed her team would take that forward.

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- The Chair highlighted that individual Boards are responsible for local implementation and noted this distinction in relation to national guidance being issued on behalf of Scottish Ministers.
- MM also queried the legal oversight arrangements. JH clarified that while operational implementation rests with NHS Boards, legal review is required where Ministers are asked to approve national policies.

Agenda item 5: AOB

- No AOB was raised.
- The next meeting will take place on 22nd April at 15:45.