



SWAG Committee
Tuesday 7 October 2025
14:00 – 15:30
MS Teams

Attendees

<u>Name</u>	<u>Organisation</u>
Norman Provan (Chair)	Royal College of Nursing
Mary Morgan	NHS National Services Scotland
Jane Hamilton	Scottish Government
Anna Gilbert	Scottish Government
Christina Stokes	Scottish Government
Gordon Jamieson	NHS Western Isles
Pamela Jamieson	NHS Dumfries and Galloway
Jenny Alexander (Chair, Employee Directors)	NHS Tayside
Steven Lindsay	Unite the Union
Barbara Sweeney	Royal College of Nursing
Matt Tucker	Chartered Society of Physiotherapy
Mary Mitchell	Unison
Gordon McKay	Unison

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Simon Fevre	British Dietetic Association
Lorna Robertson	Unite the Union
Lyndsay Hunter	Royal College of Podiatry
Tobias Kunkel	Royal College of Nursing
Sam Mullin	GMB Scotland

Additional attendees:

<u>Name</u>	<u>Organisation</u>
(Secretariat) Ronan O'Dowd	Scottish Government
Zachary Deponio	Scottish Government
Rebecca Chalmers	Scottish Government

Apologies from:

<u>Name</u>	<u>Organisation</u>
Jennifer Wilson	NHS Ayrshire and Arran
Fiona Hogg	Scottish Government
Scott Anderson	BMA
Matt McLaughlin	Unison
Paul Bachoo	NHS Grampian

Agenda item 1: Welcome, Introductions and Apologies

- The Chair welcomed attendees and confirmed that the meeting was not quorate on the employer side. It was agreed that the Committee discussions would proceed as planned, and any formal decisions would be recorded but would subsequently be confirmed via correspondence with the relevant members.

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- The employer representatives, including Mary Morgan (MM) employer representative co-chair, agreed with this approach.
- All members agreed for the meeting to be recorded.
- The Chair confirmed that the minutes of the previous meeting, held on 22 April 2025, were agreed.
- Apologies were noted from members who were unable to attend.

Agenda Item 2: NMT Recommendations

- The Chair invited Catriona Hetherington (CH) to provide an update on ministerial backed recommendation for the Nursing and Midwifery Taskforce (NMT).
- CH noted that whilst the paper refers to the NMT recommendations around flexible working and rostering challenges, a number of other recommendations pertaining to retention and partnership working are being given consideration and will be brought to a further meeting.
- Members agreed that the anticipated challenges are likely to occur at a local level, primarily in relation to implementation rather than deficiencies within the overarching policy framework. Variation across Boards due to differing rostering tools and local implementation processes was highlighted as a key factor that could lead to inconsistencies in practice.
- Members acknowledged the complexity of applying flexible working policies consistently across a range of service settings. It was noted that rostering challenges vary significantly between acute and community environments, and that solutions will need to reflect these operational realities. While self-rostering can offer flexibility and support staff autonomy, members emphasised that this must be balanced against service delivery pressures, particularly in acute areas, and that expectation management will be critical where not all requests can be accommodated.
- The Committee endorsed the establishment of a tripartite Short Life Working Group (SLWG) to review best practice across the service and develop supporting guidance for line managers. The SLWG will consider all relevant NMT recommendations, including those relating to retention and partnership working, ensuring that the perspectives and needs of the entire workforce are fully reflected.
- The Committee endorsed the development of practical support materials for managers, including clear refusal rationales and evidence requirements, to support transparent and consistent decision-making. It was agreed that existing local guidance should be collated to identify examples of helpful and unhelpful practice to inform national guidance.
- It was further recognised that developing case studies, worked examples and clear guidance will support managers and build their confidence to fully

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consider each application and communicate the rationale for application decision. This will help to ensure fair and consistent application across staff groups.

- The Committee also highlighted the value of systematically capturing and centralising refusal reasons to inform workforce planning and identify structural issues in specific settings, rather than treating refusals as isolated decisions.
- Members agreed that this work should align closely with existing NHSScotland workforce policy development frameworks rather than create parallel arrangements.

Outcome

- The establishment of a tripartite SLWG to progress on all relevant recommendations was agreed.
- Development of guidance, support materials and collation of existing local policies was endorsed.
- A clear timeline for delivery will be provided at the earliest opportunity.

Actions	
A07102025(1)	Secretariat to initiate arrangements for the SLWG and confirm timelines for initial outputs.
A07102025(2)	Officials to begin scoping existing local guidance and examples to inform national materials.
A07102025(3)	Guidance and support materials for managers to be developed, including case studies and worked examples.
A07102025(4)	Consideration to be given to how refusal data can be captured and monitored at national level to support workforce planning.

Agenda Item 3: Paramedics in Urgent Community Care

- The Chair invited Rebecca Chalmers (RC) to introduce a paper on paramedics in community urgent care, which had been circulated in advance of the meeting.
- Officials outlined that Health and Social Care reform includes the vision to shift the balance of care into communities and people's homes, supporting delivery of the right care in the right place while protecting hospital access. Recruitment to paramedic courses remains strong, with an average of 10–12 applications per university place, resulting in a projected surplus of newly qualified paramedics over the coming years.

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- It was noted that this provides a strategic opportunity to support wider workforce reform and increase capacity in community urgent care. The Scottish Ambulance Service (SAS) has been commissioned to scope options for the flexible deployment of paramedics across community settings. This will include draft timelines, indicative costs and potential funding models.
- This work will be undertaken in full partnership with staff side in SAS and is expected to involve engagement with external stakeholders.
- Members broadly welcomed the opportunity to explore more flexible deployment of the paramedic workforce and recognised the potential benefits for supporting community based models of care.
- It was emphasised that clear governance arrangements must be considered of the utmost importance, including how this work aligns with existing primary and community care services. It was noted that paramedics should be integrated into multidisciplinary teams, not deployed in isolation, to ensure effective patient pathways and avoid duplication of roles.
- Concerns were raised regarding role clarity and scope of practice, with members stressing that paramedics should not be viewed as substitutes for other community health roles. Early engagement with relevant staff groups and professional bodies beyond SAS was identified as essential to build consensus and avoid unintended consequences.
- Members highlighted the need for appropriate training and clinical supervision to support paramedics transitioning into community settings.
- Questions were raised about the robustness of surplus projections, with some members noting the desirability of aligning this work with wider workforce planning assumptions to avoid mismatches between projected supply and service demand.
- Trade union representatives stressed that any new models must be carefully designed to avoid undermining existing workforce structures or creating competition between professions.
- It was confirmed that governance for this work will sit with the Community Urgent Care unit within the Primary Care Directorate, and depending on the outcome of the current scoping phase, a Scottish Government Project Oversight Board may be established to take forward further exploration or implementation.

Outcome

- The Committee noted the paper and the commissioning of SAS to scope deployment options for paramedics in community urgent care.
- Members' comments will be reflected in ongoing engagement with SAS and policy colleagues.
- Further updates will be provided to the Committee as the work progresses.

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Actions	
A07102025(5)	Officials to provide an update to the Committee following submission of the SAS report in November 2025, ensuring member feedback is reflected.
A07102025(6)	Secretariat to schedule a future agenda item to consider the findings and recommendations once available.

Agenda Item 4: Once for Scotland Phase 3 Policies

- The Chair introduced an item on the Once for Scotland (OfS) Phase 3 workforce policies, noting that the following draft policies and associated guidance documents had been made available via a link to the test site and shared with members in advance of the meeting for review and approval:
 - Adverse Weather Policy, Manager Guide, Employee Guide
 - Alcohol and Other Substances Policy, Manager Guide, Employee Guide
 - Control of Substances Hazardous to Health (COSHH) Policy, Manager Guide, Employee Guide
 - Lone Working Policy, Manager Guide, Employee Guide
 - Manual Handling Policy, Manager Guide, Employee Guide
 - Menopause and Menstrual Health Policy, Manager Guide, Employee Guide
 - Smoking and Vaping Policy, Manager Guide, Employee Guide
 - Work-Related Driving Policy, Manager Guide, Employee Guide
 - Work-Related Stress Policy, Manager Guide, Employee Guide
 - Work-Related Violence and Aggression Policy, Manager Guide, Employee Guide.
- The Committee was invited to provide feedback, with a view to confirming approval where appropriate to support progression to publication.
- Officials outlined the approach to finalising the Phase 3 suite, noting the emphasis on consistency and alignment with the Once for Scotland framework. Members were advised that a small number of supporting documents were not yet available to view on the test site at the time of the meeting, specifically the Alcohol and Other Substances Supportive Plan, the Work-Related Stress Individual Risk Assessment, and the Combined Risk Assessment (which should be used in conjunction with either the lone working policy, the work-related driving policy, the work-related violence and aggression policy). It was agreed that the link to these documents would be circulated to members once uploaded to allow formal sign off via correspondence.
- Members welcomed the policies overall. A number of points of detail were raised, including ensuring terminology alignment across the suite and the

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importance of clear links between policy documents and the relevant risk assessment tools.

- Members discussed the Smoking and Vaping policy. Concerns were raised about ensuring clear and consistent messaging, noting that this is a contentious area in practice. Questions were asked about smoking and vaping restrictions and whether managers have sufficient guidance on enforcement.
- Members stressed the need to distinguish between smoking and vaping, and to ensure that the policy adopts a supportive, proportionate approach rather than a punitive one. It was suggested that implementation guidance could include worked scenarios or FAQs to support managers in handling sensitive situations consistently across Boards.
- Members were content that wording remained, with the view that any interpretation or implementation issues could be brought forward during the three month soft-launch period.

Decisions		
D07102025(1)	Adverse Weather Policy, Manager Guide, Employee Guide	Approved
D07102025(2)	Alcohol and Other Substances Policy, Manager Guide, Employee Guide, Supportive Plan	Approved in principle - subject to circulation of Supportive Plan after meeting
D07102025(3)	COSHH Policy, Manager Guide, Employee Guide	Approved
D07102025(4)	Lone Working Policy, Manager Guide, Employee Guide	Approved
D07102025(5)	Manual Handling Policy, Manager Guide, Employee Guide	Approved
D07102025(6)	Menopause and Menstrual Health Policy, Manager Guide, Employee Guide	Approved
D07102025(7)	Smoking and Vaping Policy, Manager Guide, Employee Guide	Approved
D07102025(8)	Work-Related Driving Policy, Manager Guide, Employee Guide	Approved
		Approved in principle – subject to circulation and

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D07102025(9)	Work-Related Stress Policy, Manager Guide, Employee Guide, Individual Risk Assessment	approval of Individual Risk Assessment after the meeting.
D07102025(10)	Work-Related Violence and Aggression Policy	Approved
D07102025(11)	Combined Risk Assessment	Deferred - Not available at meeting; circulated post-meeting for sign-off

Actions	
A07102025(12)	Secretariat to circulate the outstanding documents to members for final sign-off.

Agenda Item 5: AOB

- The Chair invited any other business.
- A point was raised regarding Protected Learning Time (PLT), noting variation in implementation across Boards and the need for greater consistency and clarity. Suggested that this may merit a future agenda item for fuller discussion at the Committee.
- It was noted that this would be AG's final SWAG Committee meeting prior to her retirement. The Committee thanked Anna for her significant contribution to the group's work over the years and extended their best wishes for her retirement.
- No additional substantive items were raised.
- The Chair thanked members for their contributions and noted the volume of business covered at the meeting. Members were reminded that formal confirmation of decisions would be issued to the Employer side via correspondence, in line with the agreement reached under Agenda Item 1 regarding quorum.
- The next meeting of the SWAG Committee will be scheduled in due course, and Secretariat will circulate details separately.

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