

NHS GREATER GLASGOW AND CLYDE

**Minute of the Meeting of the People Committee
held on Thursday 19 February 2025 at 10.00 am
via Microsoft Teams and in the Board Room, JB Russell House**

PRESENT

Ms Cath Cooney (in the Chair)

Ms Mehvish Ashraf	Dr Lesley Thomson KC
Dr Scott Davidson	Dr Becky Metcalfe
Ms Dianne Foy	Ms Ketki Miles
Professor Jann Gardner	Dr John O'Dowd
Mr David Gould	Professor Angela Wallace
Dr Morven McElroy	Ms Lesley McDonald

IN ATTENDANCE

Ms Gillian Duncan	Corporate Services Business Manager (Minutes)
Ms Nicola Bailey	Interim Deputy Director of HR
Ms Katrina Heenan	Chief Risk Officer
Ms Moira MacDonald	Head of Learning and Education
Mr Andrew McCready	Deputy Staff Side Lead, Unite the Union
Ms Lesley McDonald	Non Executive Board Member (observing)
Mr Neil McSeveny	Deputy Director of Communications
Ms Nicola Munro	PA to Board Chair
Ms Jillian Neilson	Corporate Services Manager, Governance
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Mr Liam Spence	Head of Staff Experience
Ms Kate Rocks	Chief Officer, Glasgow City HSCP
Dr Paul Ryan	Non Executive Board Member (observing)
Ms Elaine Vanhegan	Director of Corporate Services and Governance

BOARD OFFICIAL

			Action By
1.	Introductory Remarks, Welcome and Apologies		
	<p>The Committee Vice Chair, Ms Cath Cooney, welcomed those present to the February meeting of the People Committee and welcomed Dr John O'Dowd to his first meeting as Interim Director of Public Health.</p> <p>Apologies were noted on behalf of Councillor Jacqueline Cameron and Councillor Katie Pragnell.</p> <p><u>NOTED</u></p>		
2.	Experience in Gaza		
	<p>Ms Cooney introduced Dr Abdulla Alhasso, Consultant Clinical Oncologist, and Mr Gerry O'Hare, Oncology Advanced Nurse Practitioner, from the Beatson West of Scotland Cancer Centre who provided a presentation about their work in Gaza in supporting healthcare staff working in cancer care in Palestine.</p> <p>The presentation concluded with a number of asks that were important next steps: development of an agreement/MOU between BOC and GCC for long term collaboration and support.; supporting free speech on human rights and global healthcare rights in line with NHS-Scotland Ethics; supporting Ethical procurement within NHS in line with the Scottish Government statement of 3 September 2025; long term rebuilding and sustainable partnership; and donation of surplus medical equipment. Dr Alhasso also advised that any members who were interested could join the Scottish Palestine Health Partnership and a link to that was provided in the presentation. Dr Thomson noted these requests and asked the Deputy Chief Executive, Mr William Edwards, to take the lead on these for the Board and report back either to this Committee or the NHS Board.</p> <p>Ms Cooney asked about support for staff who were distressed by the situation. Ms Smith said that there had been a recent Core brief which referenced the support available including a website with various sources of support. If there were individuals who required further support, then signposting for these staff members would be considered.</p> <p>The Committee thanked Dr Alhasso and Mr O'Hare for all the work that was being done.</p> <p><u>NOTED</u></p>		Mr Edwards

BOARD OFFICIAL

			Action By
3.	Declarations(s) of Interest(s)		
	<p>Ms Cooney invited members to declare any interests in any of the matters being discussed. Ms Miles declared an interest in the Supreme Court update, but it was agreed that this would not preclude her from the discussion.</p> <p><u>NOTED</u></p>		
4.	Urgent Items of Business		
	<p>Ms Cooney invited Committee Members to highlight any urgent items of business. There were no issues raised.</p> <p><u>NOTED</u></p>		
5.	Minutes of Meeting held on 20 November 2025		
	<p>The Committee considered the minute of the meeting held on 20 November 2025 [PC(M)25/05] and were content to approve the minutes as a full and accurate record of the meeting subject to the following minor amendments:</p> <ul style="list-style-type: none"> - Change the wording at the top of page 5 to medical staff rather than clinical staff, top of page 5. - Clarify that PCDS is the People Committee Development Session. <p><u>APPROVED</u></p>		
6.	Matters Arising		
	a) Rolling Action List		
	<p>The Committee considered the items detailed on the Rolling Action List [Paper 26/01] and the following updates were provided.</p> <p><u>Item 29 – Minutes of Previous Meeting</u></p> <p>It was clarified that the Islamophobia Seminar had taken place in July 2024 and this would be updated on the RAL. Ms Smith said this was referenced in the Antiracism plan, but she intended having a further discussion with the session organisers to determine whether this should be a standalone item.</p>		Ms Smith

BOARD OFFICIAL

			Action By
	<p><u>Item 30 – Rolling Action List</u> Ms Smith clarified that funding for Investors in People was in place for the next three years and she would bring a paper to a future meeting of the new Committee in due course.</p> <p><u>Item 33 – PDPR Update</u> Ms Smith advised that videos provided by Mr Gould and Ms Cooney had been featured in staff communications. Mr McSeveny added that a further communications phase had now been agreed and he would arrange a time for Dr Metcalfe to record a video which would then be promoted through internal channels.</p> <p>Subject to the discussion above, the Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
	b) Future of People Committee		
	<p>The Committee received a verbal update on the future of the People Committee from Ms Elaine Vanhegan, Director of Corporate Services and Governance for awareness.</p> <p>Ms Vanhegan said that, as members would be aware, the NHS Board at its meeting in December 2025 had approved the merger of the People Committee and the Staff Governance Committee, creating the People and Staff Governance Committee. As a result, this meeting would be the final one for the Committee in its existing format. Progress had been made towards this transition, including a meeting to review the Terms of Reference for the new Committee. These revised Terms of Reference would be submitted to the NHS Board for approval in principle at its meeting next week. However, the dates for the first meeting of the new Committee and its membership were still to be finalised.</p> <p>Dr Thomson noted that at the outset the new Committee membership would include all existing members from both the People Committee and the Staff Governance Committee to ensure that no members were excluded during the transition phase. Ms Rocks added that she would engage with the Chief Officers group, as three Chief Officers were currently members across both Committees.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		

BOARD OFFICIAL

			Action By
	c) District Nursing Job Evaluation Dispute		
	<p>The Committee received a verbal update on the District Nursing Job Evaluation Dispute from Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, for awareness.</p> <p>Ms Smith reported that the uplift in staff grades had been processed in the January payroll and staff affected by the adjustment would receive their backpay in February. As part of the agreed resolution, work was ongoing to address other job evaluation issues raised by the Trade Unions and Ms Smith was confident that these would be resolved.</p> <p>Professor Wallace said that she had been spending time with District Nurses to hear first-hand about their experiences. She acknowledged the challenges they had faced and expressed a commitment to learning from their feedback and she extended an invitation to meet with any District Nursing colleagues who wished to discuss their experiences further. Feedback from these meetings had been positive and Professor Wallace had also offered unreserved apologies for the job evaluation issue which was appreciated by those involved. She added that in spring it was planned to bring together District Nurses to reflect on their new roles and consider how feeling valued could positively influence patient care and the virtual hospital.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
	d) Bullying and Harassment		
	<p>Ms Smith provided a verbal update on Bullying and Harassment for awareness. This was following discussion at the Staff Governance Committee on the length of time it took cases to be closed and it was agreed that an update on the points raised would be brought to this Committee. Ms Smith asked Ms Nicola Bailey, Interim Deputy Director of Human Resources, to provide a short update.</p> <p>Ms Bailey advised that the Staff Governance Committee had sought further reassurance and the matter was brought to the People Committee. The expected timeframe for concluding cases was currently 136 days and the paper outlined actions to ensure bullying & harassment cases were resolved more closely within this anticipated timeframe as a number of cases last year were outwith this. The proposed target was five months which accommodated an additional step in the policy where the manager was required to meet individually with all parties to communicate the outcome and it was also</p>		

BOARD OFFICIAL

			Action By
	<p>acknowledged that some complex cases may require more time to conclude.</p> <p>Dr Thomson noted that it would not be appropriate in a verbal update to seek a change from the national target of 4.5 months to 5 months and she expressed uncertainty regarding the rationale and said that it was not appropriate to extend a national target. Ms Smith agreed that further work was required on timescales and assurance and that she would review this proposal and bring a further update to the next meeting.</p> <p>It was suggested it would be helpful for future discussions if data included instances where allegations had been raised but not taken forward and that an indication of themes raised would be beneficial. Ms Cooney emphasised the importance of transparency in decision-making, while respecting confidentiality, and providing assurance that action has been taken. Professor Gardner stressed the importance of encouraging staff to speak up and ensuring that every person who raised a concern was supported and that every case was addressed, whether through individual action or policy change, and it would be helpful to categorise actions taken for all issues raised to ensure all issues had been considered.</p> <p>In response to a query about the effectiveness of the "Cut It Out" programme, it was acknowledged that 4.5 months was a considerable length of time for someone making an allegation of bullying and harassment and the effect on stress and absence. Ms Smith agreed to take these concerns on board and bring further detail back to a future meeting.</p> <p>Ms Rocks added that from an HSPC perspective mediation was considered as a first step and suggested that the profile needed to be raised across the workforce with early resolution captured better to enable staff and managers to see mediation as a positive approach. Ms Smith agreed that early resolution was the preferred option although this was not always appropriate given the nature of bullying and harassment cases but she took on board the point that cases sometimes moved to formal processes too quickly before early resolution had been explored and she would consider this in more detail.</p> <p>The Committee were not yet assured on this matter but acknowledged that several actions were underway and would be reported at the People and Staff Governance Committee.</p> <p>ONGOING</p>	<p>Ms Smith</p> <p>Ms Smith</p>	

			Action By
7.	NHSGGC Anti-Racism Plan Progress Report 2025/26		
	<p>The Committee considered the NHSGGC Anti-Racism Plan Progress Report 2025/26 [Paper 26/02] presented by the Interim Director of Human Resources and Organisational Development and the Deputy Director of Public Health, for assurance. Mr Liam Spence, Head of Staff Experience, was asked to provide a brief overview of the report.</p> <p>Mr Spence said that the report detailed the first year activities and covered both patients and staff, with workforce elements led through Human Resources and Organisational Development and patient-facing initiatives coordinated by Public Health. The Anti-Racism Plan approved by the Board in December 2025 was developed in alignment with Scottish Government guidance and working with patient groups, the Black and Minority Ethnic (BME) staff network and in partnership with Trade Unions.</p> <p>The range of actions proposed for 2026/27 included ensuring all leaders had anti-racism objectives, recruitment initiatives and training for recruiting managers and training related to hate crime. Progress would continue to be monitored through the Workforce Equality Group. Actions for this year had been developed in conjunction with the BME network and patient groups with greater transparency and responding to key priorities including increasing the representation of BME staff in senior positions and improving staff ability to report harassment and discrimination. There was a commitment to review the methods by which staff report racism; which was a particular focus for the coming year.</p> <p>Dr Thomson welcomed the action to extend the anti-racism objectives and asked if consideration could be given to linking these more specifically to relevant sections of the action plan dependent on an individual's leadership role.</p> <p>There was a query about what initiatives were in place to promote participation in and facilitate access for colleagues to engage in BME network activities and contribute to related work. Mr Spence confirmed that the report that had been submitted to the Corporate Management Team highlighting that there were barriers to staff participation but the Board was committed to supporting staff to participate. He said that there were a number of ways to contact managers to request that staff were given time to participate in this work, including a letter from Ms Smith and direct discussion with managers, acknowledging that this had to be balanced with patient care responsibilities. In response to a query about staff graduating from the BME leadership course, Mr Spence said that all managers had been informed about the days allocated for staff</p>		

BOARD OFFICIAL

			Action By
	<p>participation and that staff would be paid for attendance and if there were any issues these should be directed to him.</p> <p>It was highlighted that there was more engagement within communities than was reflected in the report and the importance of encouraging participation to achieve critical mass and drive improvement was emphasised. Ms Cooney agreed and referenced work with the Roma community in Govanhill as an example of broader efforts. It was reported that the health survey undertaken by the Public Health Directorate included representation from the Roma community, establishing better connections and there had been noticeable progress recognised by the BME staff network.</p> <p>It was noted that the original Terms of Reference (TOR) for the BME network included administrative support which was no longer in place. Mr Spence explained that efforts to recruit through an employability scheme had not succeeded but anticipated making an appointment in the coming months.</p> <p>In response to a query about the effectiveness of the BME leadership programme, Mr Spence said that there had been a review of the programme after the first two cohorts which found that a third of cohort participants had moved into new roles, it was acknowledged that progress took time. While research indicated the value of leadership programmes, mentoring was also seen as a key factor in driving change and the plan committed to expanding mentoring opportunities.</p> <p>The Committee were assured by the update and the action plan which would now be presented to the Population Health and Wellbeing Board (PHWB) and then to the NHS Board.</p> <p><u>ASSURED</u></p>		
8.	Culture Hackathon Output and Next Steps		
	<p>The Committee considered the Culture Hackathon Output and Next Steps [Paper 26/03] presented by the Interim Director of Human Resources and Organisational Development, for assurance.</p> <p>Ms Smith provided an overview of the outputs from the event and the next stages. 180 participants had worked in small groups to start the development of a toolkit to address culture challenges within NHSGGC. The discussions had offered useful insight into participants' current experience of culture and aspirations going forward. An early draft of the toolkit had been produced, the next step would be to rapidly develop in detail the themes that had been raised in the Hackathon. A wider culture</p>		

BOARD OFFICIAL

			Action By
	<p>programme was being developed which would reflect on the feedback received and this work was being overseen by the executive culture steering group.</p> <p>Ms Cooney noted that, as stated on the front page, the culture toolkit was intended not only as a standalone resource but also to inform the development of the NHSGGC “Listening, Learning and Transforming Together” culture programme and it was important to ensure consistency across these initiatives.</p> <p>Dr Thomson enquired about the timeline and Ms Smith confirmed that the high-level draft of the toolkit required further testing and development. It was noted that this would need to be presented to the new People and Staff Governance Committee before the communications rollout, this would not take place until May, therefore the planned launch date of April 2026 would require to be adjusted. Ms Cooney acknowledged that, although it had initially been hoped to proceed more quickly, this had not been possible due to the scale and complexity of the cultural work, however, she reassured the Committee that substantial work was underway.</p> <p>In response to a query about the specific culture themes that working groups were being assigned, Ms Smith responded that there would be a sister paper which would provide further detail on this. Ms Smith outlined five high-level themes: authentic culture change; culture communications and continuous dialogue; fairness and managers adopting a consistent approach; building trust, consistency and continuity; and taking a people-centred approach that considered pressures impacting culture. The toolkit would be designed to address these themes with practical examples included.</p> <p>Dr Thomson noted that addressing culture was a complex and ongoing challenge and it was vital to get this right, stating that this was more important than the timeline. Whilst a significant amount of work had been accomplished so far, further effort and an extended timeframe were necessary.</p> <p>In response to a query, Ms Smith confirmed that the full Hackathon report would be available by the end of the month.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		Ms Smith

BOARD OFFICIAL

			Action By
9.	Response to Supreme Court Ruling Update		
	<p>The Committee received a verbal update on the Response to Supreme Court Ruling Update from Mr Liam Spence, Head of Staff Experience, for assurance.</p> <p>Mr Spence provided an overview of the current position adding he had intended to present a written paper but recognising the pace of developments it was agreed that a verbal update would be more appropriate and reflective of the current situation. The Committee were advised that NHSGGC was working closely with the Central Legal Office (CLO) on the position as well as making sure that the Equality Impact Assessment (EQIA) was up-to-date, demonstrating NHSGGC's balanced consideration of rights and proportionate approach. A risk register was being developed and a working group with representation from relevant teams was in place and the new People and Staff Governance Committee would be kept updated as matters progressed.</p> <p>Ms Smith advised that there was ongoing work with colleagues to identify suitable facilities with solutions being implemented consistent with current legal advice. The EQIA was being maintained as a live and adaptive document.</p> <p>In response to a query, Ms Smith confirmed that staff feedback, including that received via Trade Unions and the Equality Network, had been taken into account and used to inform processes. Discussions on how best to capture representative views was continuing with the Equalities Team. Mr Spence said that he was confident that NHSGGC was currently compliant but acknowledged that the legal position was complex and evolving.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
10.	Personal Development Planning and Review (PDPR) Update		
	<p>The Committee considered the Personal Development Planning and Review (PDPR) Update [Paper 26/05] presented by Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, for assurance. Ms Smith invited Ms Moira MacDonald, Head of Learning and Education, to provide an overview of the report.</p>		

BOARD OFFICIAL

			Action By
	<p>Ms MacDonald said that the most recent compliance figure was 71.3% as of 16 February 2026. She reported that compliance figures were now published weekly which enabled more timely updates and guidance to managers, than the previous monthly updates. Targeted drop-in sessions had been organised for managers and reviewers, offering support with the conversational part of PDPRs and working through any local data issues. Key messages from the report included a focus around partial sign-off with local checks in place to ensure managers and reviewers were appropriately attached to staff as well as starting to analyse data by job family and what additional support could be provided, particularly through professional leads. There would also be a greater emphasis on the quality of PDPR conversations with the focus for 2026 on the “Talk, Don’t Tick” approach. Overall, services were actively working towards the target, with considerable work underway to support managers and allocate time for staff to participate in PDPR conversations.</p> <p>The Committee noted that there had been a slight decrease in compliance, particularly in medical, nursing, and estates, and asked if there were any specific barriers. Professor Wallace said that she was aware of the recent drop in compliance in nursing and this had been looked at in detail, no single reason had been identified for the decline, this would continue to be monitored. Dr Davidson said that in terms of Agenda for Change staff within the medical directorate, dedicated time had now been allocated to ensure that all staff had PDPRs. He emphasised the importance of continued collaboration with colleagues across departments to drive further improvement and overcome the barriers.</p> <p>Ms Rocks welcomed the focused approach; however, she said that there remained issues for integrated teams where there were different governance structures across the six HSCPs, but this remained a focus for Senior Management Teams. Ms MacDonald said that joint Local Authority/NHS teams were being reviewed to identify solutions. She emphasised that PDPR conversations should not be limited to a single annual event and that other supportive and supervision conversations need to be incorporated into PDPR processes. Ms Cooney added that there was a recognition that PDPRs and staff absence were linked and emphasised the importance of looking at the interconnectedness.</p> <p>Ms Cooney asked if it was likely that 80% compliance target would be achieved by the end of March 2026. Ms Smith acknowledged that compliance figures had plateaued over the winter period due to other pressures, but she was hopeful that this would improve as targeted efforts continued.</p> <p>Ms MacDonald confirmed that training and guidance for managers and reviewers was in place, with feedback from collaborative conversations</p>		

BOARD OFFICIAL

			Action By
	highlighting the need for greater visibility and awareness. Support and information for staff was available but currently there were no sessions specifically for staff on how to plan and prepare for PDPRs. This gap had been recognised, and plans were being made to include these in the calendar.		
	The Committee were assured by the update.		
	<u>ASSURED</u>		
11.	People Committee Development Plan Update		
	The Committee considered the People Committee Development Plan Update [Paper 26/06] presented by the Interim Director of Human Resources and Organisational Development, for approval.		
	Ms Smith reported that the draft Development Plan had previously been distributed to Committee members for review and comment and had been updated to reflect the input received. She said that members now had the opportunity to provide further feedback and final comments before it was presented to the new People and Staff Governance Committee. Ms Cooney stressed the importance of ensuring that the core principles that underpinned the People Committee's work were not lost in the move to the new Committee and must be inherent within the Terms of Reference.		
	Ms Vanhegan provided assurance that this had been considered in the work to merge the Committees and the Rolling Action List from this Committee and the Staff Governance Committee would be merged to ensure all issues currently under consideration were brought together to reflect the priorities of both Committees. The Development Plan and outputs from the Hackathon session would also be carried forward to the new Committee.		
	The Committee were content to approve the paper.		
	<u>APPROVED</u>		
12.	Corporate Risk Register		
	The Committee considered the Corporate Risk Register [Paper 26/07] presented by the Chief Risk Officer for approval.		
	Ms Heenan said that there was one risk assigned to the Committee and there had been no changes to the risk score and provided assurance that this was reviewed monthly by the risk lead. Since the last meeting of the Committee, three new actions had been added taking to total number of		

BOARD OFFICIAL

			Action By
	<p>actions to four; of these two actions were complete as detailed in the paper.</p> <p>Ms Cooney said that it was helpful to see the actions included in the paper as significant work had been undertaken since the November meeting. She said that moving the risk score should be a driver although she recognised that improving culture was not easy given the complexity and scale. She said that the risk would now move to the new Committee and would ensure that there a smooth transition with Ms Heenan's support.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>		
13.	Closing Remarks and Key Messages for the Board		
	<p>Ms Cooney summarised the discussions at today's meeting and advised that a Chair's report would be produced for the Board meeting. Ms Cooney thanked Committee Members for their commitment and hard work in this transition year and then brought the final meeting of the People Committee to a close.</p>		
14.	Date of Next Meeting		
	<p>The schedule of meetings for the new People and Staff Governance Committee would be agreed and notified to Committee members.</p>		