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NHSGGC SGC(M)25/04

Minutes: 55-72

NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the NHS Greater Glasgow and Clyde Staff Governance Committee

**held in the boardroom at JB Russell House and via Microsoft Teams, on
Thursday 27 November 2025 at 1.30pm**

PRESENT

M Ashraf (Co-Chair in the Chair)
B Auld
Cllr R Moran
P Ryan
Dr L Thomson KC (Board Chair)

IN ATTENDANCE

M Allen	Senior Administrator
N Bailey	Interim Deputy Director of Human Resources
F Carmichael	Staff Side Lead, Acute Partnership Forum
B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr S Davidson	Medical Director
M Gardner	Deputy Nurse Director
K Heenan	Chief Risk Officer
D Hudson	Staff Experience Advisor
H Jackson	Head of Health and Social Care Staffing Act Programme
M MacDonald	Head of Learning and Education
S MacLean	Human Resources Manager, Renfrewshire HSCP
B McClean	Chief Officer, Renfrewshire HSCP
A McCready	Deputy Staff Side Lead, Unite the Union
S Munce	Head of Workforce Planning and Resources
J Neilson	Programme Manager, Corporate
Dr M Pay	Head of Human Resources – Strategic Development
Dr C Perry	Director of Medical Education
C Rennie	Workforce Planning and Information Manager
N Smith	Interim Director of Human Resources and Organisational Development
J Somerville	Head of Occupational Health and Safety
L Spence	Head of Staff Experience
F Warnock	Head of Health and Safety

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55.	WELCOME AND APOLOGIES	ACTION BY
	<p>M Ashraf welcomed all to the meeting. Apologies were noted for Professor Gardner, A Cameron-Burns, C McDiarmid, M McGinty, Professor Wallace, E Quail, A Walton, A Hair and F Carmichael.</p> <p>M Ashraf noted that an update on the Anti-Racism Plan was due to be presented, but that this had been transferred to People Committee business. M Ashraf also highlighted that the assurance presentation from the Finance Directorate originally scheduled for the meeting will take place in February 2025.</p>	
56.	DECLARATIONS OF INTEREST	
	There were no formal declarations of interest intimated.	
57.	MINUTES	
	<p>The Minutes of the Committee meeting held on 13 August 2025 (SGC(M)25/03) were approved as a correct record.</p> <p>The minutes were approved following a motion from P Ryan, which was seconded by M Gardner.</p> <p><u>APPROVED</u></p>	
58.	MATTERS ARISING	
	<u>Rolling Action List</u>	
	<p>M Ashraf referred to the Rolling Action List (Paper 25/35) and advised that there were three items, all marked for closure.</p> <p>The Committee noted the updated Rolling Action List and agreed the items proposed for closure.</p> <p><u>APPROVED</u></p>	

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59.	URGENT ITEMS OF BUSINESS <u>Industrial Action Update</u> N Smith advised that a way forward had been agreed with District Nurses to resolve the dispute and as a result, the job has proceeded to job evaluation and a consistency check will now be undertaken. N Smith further advised that following the Resident Doctors ballot on 6 November, industrial action is likely to take place in early 2026.	
60.	ASSURANCE PRESENTATIONS <u>Renfrewshire HSCP</u> B McClean, Chief Officer, supported by S MacLean, Human Resources Manager, gave a presentation on Staff Governance activity within Renfrewshire HSCP. B McClean 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 Renfrewshire HSCP to meet the agreed targets. The presentation included evidence of compliance with the five strands of the Staff Governance Standard. B McClean highlighted key achievements, including a new staff health and wellbeing event, the Staff Development Programme and the annual HSCP Staff Awards. B McClean advised the Staff Governance Committee of continuous improvement opportunities for the HSCP over the next 18 months. These include Partnership / Whole System working, Strategic relationship with the University of West Scotland, the new Workforce Plan and recruitment to two permanent operational SMT posts. B McClean showcased the staff health and wellbeing event as the HSCP's case study. B McClean highlighted how the event offered HSCP staff meaningful opportunities to pause, recharge, and explore what support is available for them. The event featured strong support from a wide range of local partner organisations,	

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	<p>which added up to more than 30 stallholders across five themed rooms, a packed lecture programme and warm, welcoming atmosphere that celebrated connection, care, and community.</p> <p>The Committee noted the positive progress on Personal Development Planning and Review (PDP&R) and commended the strengthening of the partnership with the University of the West of Scotland (UWS). Members discussed the development of a pipeline for undergraduate students through “earn as you learn” opportunities and the role of Assistant Practitioners in supporting health and social care services. The Committee noted the importance of providing clinical and professional development support for qualified nurses and social workers to enhance retention. It was noted that evidence-based best practice and robust research evaluation should underpin all transformation and change initiatives.</p> <p>In response to a question from Dr Thomson about staff morale, B McClean advised that he had visited approximately 60% of teams to date, where team discussions have been actively encouraged. A visible presence and regular “temperature checks” have been maintained, with plans agreed for a rolling programme of visits to all teams at least once every two years. Feedback indicates that morale remains broadly positive despite ongoing financial pressures, although some teams report feeling the impact of savings requirements and associated fatigue. It was acknowledged that certain changes have not yet fully taken effect.</p> <p>M Ashraf thanked all involved in the delivery of the assurance presentation, noting that the Committee had been fully assured, including all data in the accompanying report (Paper 25/36).</p> <p><u>ASSURANCE NOTED</u></p>	
61.	<p>STAFF GOVERNANCE STANDARD ASSURANCE WORKPLAN</p> <p>L Spence discussed the Staff Governance Standard Assurance Workplan (Paper 25/37), highlighting that the Workplan sets out actions and activities aligned to the five strands of the Staff Governance Standard and provides a mechanism for annual assurance to the Scottish Government, complementing the Workforce Strategy Action Plan. L Spence noted that the</p>	

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	<p>Workplan was collated from the Workforce Strategy Action, Workforce Equality Group Action Plan and Fair Work self-assessment.</p> <p>L Spence advised that the Workplan would be presented and approved by the Committee annually and asked the Committee to identify three themes for Directorate/HSCP assurance presentations, recommending after discussion with the Co-Chairs, Attendance Management, use of iMatter feedback and improving PDP&R compliance.</p> <p>In response to a question from Dr Thomson, M MacDonald advised that PDP&R Collaborative Conversations sessions have been made available to all staff, although attendance numbers remain relatively low. It was recognised that a targeted approach by geographic area could be adopted to increase engagement. The Committee agreed that reporting on participation figures will be provided to monitor progress.</p> <p>M Ashraf noted that fewer activities on the Staff Governance Standard Assurance Workplan aligned to Involved in Decisions and a more even balance will be considered for future Workplans.</p> <p>Committee members noted the Staff Governance Standard Assurance Workplan 2025/26 and agreed the three areas of focus for future assurance presentations, subject to further Staff Governance and People Committee discussions.</p> <p>M Ashraf thanked L Spence for providing the update.</p> <p><u>ASSURANCE NOTED</u></p>		MM
62.	<p>STAFF GOVERNANCE ANNUAL MONITORING RETURN</p> <p>N Smith presented a paper (25/38), setting out the proposed response by NHSGGC to the Scottish Government's Staff Governance Annual Monitoring Return 2024/25.</p> <p>N Smith noted that following agreement from the Scottish Workforce and Staff Governance Committee (SWAG), a Short Life Working Group was convened to lead on a review of the annual Staff Governance Monitoring exercise process. The group developed a streamlined standardised assurance template to</p>		

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	<p>support this exercise, was approved by SWAG and will be used going forward.</p> <p>N Smith highlighted that the new template is intended to be less onerous on Health Boards while still providing ample opportunity to provide additional information and context that will help Scottish Government review returns and satisfy itself that Health Boards are complying with the Staff Governance Standard.</p> <p>During discussion, it was noted that Professor Gardner is content with the response.</p> <p>Members of the Staff Governance Committee considered and approved the draft response, which will be submitted by 17 December 2025.</p> <p><u>APPROVED</u></p>	
63.	<p>WORKFORCE STRATEGY 2025-30 & WIDENING ACCESS TO EMPLOYMENT UPDATE</p> <p>Dr Pay provided an overview of the Workforce Strategy 2025-30 (Paper 25/39), noting that the Workforce Strategy had been approved by the Board in June 2025 and the Action Plan had been developed structured around the four pillars that framed the overall Strategy, targeting areas where early progress would be built on.</p> <p>Dr Pay noted that of the 40 actions within the Action Plan, 13 are complete with 27 progressing and on target.</p> <p>Dr Pay highlighted that a number of actions provide early evidence of cultural and operational improvement:</p> <ul style="list-style-type: none"> • The Safety, Health and Wellbeing programme shows strong progress, with the SHaW Task Calendar embedded and reported through governance, strengthening assurance and visibility of performance. • Flexible and modern working practices are advancing quickly. Flexible working is promoted in recruitment and built into Workforce Change guidance, shaping service redesigns. 	

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- The Leadership Accelerator launched with full uptake, reinforcing leadership capability and culture, supporting a consistent, person-centred approach.
- NHSGGC is on track to be Scotland's first NHS Board to achieve Equally Safe at Work bronze accreditation, a milestone in gender equality and tackling workplace violence.
- The Collaborative Conversations model is being used to capture staff voice and learning to improve the staff experience of PDP&Rs, with early feedback improving career and development discussions.
- Improved onboarding is underway, with a Governance Group and feedback mechanisms established to strengthen early employee experience.

Widening Access to Employment Update

M MacDonald provided the Committee with an update on Widening Access to Employment, aligned to the Workforce Plan, Child Poverty Action Plan and Anchor Strategy, with the aim of building a workforce representative of local communities.

M MacDonald highlighted the following key activity:

- Delivery is through multi-partner working at local, regional and national levels, supported internally by HROD, Finance, Directors, Service Leads, Ambassadors and Staff Side.
- Employability programmes structured around three areas:
 - **Apprenticeships** – 42 Modern Apprentices graduated in August 2025 across 11 frameworks; 72 remain in training. Planning underway for 2026/27 recruitment, aligned with SDS Apprenticeship Week and school engagement events.
 - **Pre-employment** – Programmes supporting confidence and readiness for work, including:
 - King's Trust partnership (12 young people in hospital services placements).
 - Project Search (supporting young people with learning disabilities/autism; 24 trainees across Glasgow and Inverclyde).
 - Armed Forces Talent Programme (NES-funded internship; NHSGGC expressing interest for 2026/27).

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	<ul style="list-style-type: none"> ▪ Local Employability Partnerships (East Renfrewshire placements for unemployed/low-income parents). ○ Careers outreach – Engagement with schools and young people through: <ul style="list-style-type: none"> ▪ Get Ready programmes (Medicine, Physiotherapy, Podiatry; 83 engagements April–October 2025). ▪ Developing Young Workforce STEM events (510 young people engaged during Careers Week 2025). ▪ RCN Cadet scheme (11 placements during Spring break). • Scottish Government Place and Wellbeing Programme progressing national work on widening access, with NHSGGC represented in the Anchors Workforce Strategic Group. <p>In response to a query raised by P Ryan regarding apprenticeships, M MacDonald confirmed that adverts are issued across all partner organisations and linked with schools through Developing Young Workforce leads, supported by an online information session. Applications will be assessed via an assessment centre. The Workforce Employability Team provide support on application and interview skills.</p> <p>M Ashraf sought clarification on the Endowments funded six-month armed forces internship, noting that three candidates had withdrawn. M MacDonald advised that feedback has been sought to understand the reasons.</p> <p>M Ashraf thanked Dr Pay and M MacDonald for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
64.	<p>SAFETY, HEALTH AND WELLBEING</p> <p>F Warnock and J Somerville provided a Safety, Health and Wellbeing update (Paper 25/40), highlighting the range of Safety, Health and Wellbeing activities being developed and deployed:</p> <p>Ligature Risk Reduction – The Deputy Chief Executive is leading efforts to reduce ligature risks. All actions in the Suicide Reduction Activity Plan are now complete, including the development of a Ligature Awareness Training Video. Updates</p>	

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on decant plans and works in Acute Emergency Departments have been provided to the Executive Oversight Committee.

Ligature Training Update – GGC292: Ligature Awareness Module – A targeted approach has identified 2,813 staff as requiring the Ligature Awareness Module, with 61.3% having completed it.

Self-Audits and Safety, Health and Wellbeing (SHaW) Audit Activity – To date, 2,015 self-audits have been completed, with violence and self-harm identified as the highest risks. SHaW audits show lower compliance scores than self-audits, highlighting areas for improvement.

Self-Audits – Completed by the Services – 2,015 self-audits have been completed, an increase of 351 from the previous month. The highest risks are self-harm, suicide, and violence. Most self-harm audits are in Acute settings.

SHaW Audits – Completed by the SHaW Team – 451 SHaW audits have been completed since April 2025. Compliance scores for violence reduction and self-harm are lower than self-audits, indicating a need for further focus on risk assessment and training.

Current Enforcement Activity by the Health and Safety Executive – The Health and Safety Executive visited the Royal Alexandra Hospital Emergency Department following a patient suicide; a report has been submitted to the Procurator Fiscal. An investigation at Queen Elizabeth University Hospital Ward 5c has been closed. A potential enforcement action is pending at Glasgow Royal Infirmary Radiography Department following a patient fall.

Health and Safety Executive Training Compliance – Training compliance remains an area of focus. Sharps training compliance is at 81% overall, with Oral Health exceeding the 90% target. Moving and Handling compliance averages 77%, with Oral Health at 100%. Falls training compliance averages 80%, with West Dunbartonshire Health and Social Care Partnership leading at 92%.

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Sharps – Compliance is steady at 81%. Oral Health leads at 94%. Some sectors remain below the 90% target.

Moving and Handling – Average compliance is 77%, with Oral Health at 100%. Glasgow City Health and Social Care Partnership is at 62%.

Falls – Average compliance is 80%. West Dunbartonshire Health and Social Care Partnership leads at 92%, while Glasgow City Health and Social Care Partnership is at 70%.

Overdue Health and Safety Datix Incidents – The number of overdue incidents remains significantly above target, with 5,023 overdue in October 2025 against a target of 61. Some sectors have improved.

Task Calendar – The Safety, Health and Wellbeing Task Calendar, launched in August 2023, supports legal compliance. Compliance is currently at 59%, with progress in merging departments ongoing. Diagnostics and Women and Children's sectors have shown notable improvements.

Mental Health and Wellbeing

- The 2023–2025 Staff Health Strategy concluded in March 2025, having played a significant role in supporting and improving staff wellbeing. Ongoing actions are now incorporated into the new Workforce Strategy (2025–2030), which includes a comprehensive suite of mental health and wellbeing initiatives.
- The Occupational Health Psychology and Wellbeing Service has received over 2,200 referrals since January 2024, with initial assessments typically offered within two weeks. As of September 2025, 73% of those on the waiting list have waited less than 18 weeks, and the waiting list has reduced by 38% since January 2024.
- Outcome data indicate that 91% of staff remain at work during treatment. Of those absent at the start of treatment, 80% returned to work after five or more sessions (with a further 8% returning shortly after), and 93% showed improvement in their mental health.
- Support is provided through one-to-one therapy (currently 298 staff engaged), a range of therapeutic groups (including

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Compassionate Mind Skills for burnout, Coping with Anxiety, and trauma support), and a Critical Incident Team, which has responded to 48 incidents, offering immediate support and fast-tracked follow-up.

- Peer support is a key feature, with 6,078 staff having completed “Looking after Yourself and Others” sessions and 1,014 trained Peer Supporters across the organisation. Peer Supporters are estimated to deliver 1,800–3,600 support conversations weekly, with positive feedback on reduced stress, improved wellbeing, and increased confidence.
- Peer Support Hubs have been developed for specific themes, such as bereavement, LGBTQIA, menopause, critical incidents, carers, and medical staff, providing targeted peer-led support.
- Health promotion activities are well attended, including menopause engagement events (with 808 registrations and 175 staff joining monthly consultations), “Let’s Talk About... Staff Wellbeing” webinars (over 3,700 bookings and 3,300 views of recorded sessions), and daily “Catch Your Breath” guided breathing sessions during National Stress Awareness Week.
- The Staff Witness Support programme, funded by the Staff Wellbeing Block Grant, has supported 300 staff attending formal hearings since January 2024, including 50 court visits.
- The “Civility Saves Lives” initiative is now established in five clusters, with over 100 champions and leads.
- The Staff Hardship Fund, launched in May 2023, has provided emergency financial support and advice to over 750 staff by October 2025.
- Plans for 2026 include building on these successes with themed wellbeing communications, new resources, and “Movement Snack” sessions to promote everyday wellbeing.

During discussion, the following was agreed or noted:

- The LearnPro module on ligature risk is repeated every two years, with conversations ongoing about which staff groups this is mandatory for.

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	<ul style="list-style-type: none"> • Consideration to how the standalone ligature risk awareness video will be promoted is underway, with a potential link from the LearnPro module. • The Health and Safety Executive are asked for updates on investigations, but there are no prescribed timescales. • That whilst there had been some success in reducing overdue DATIX cases, this needs to be prioritised further and N Smith will discuss with Directors. • A demonstration of the new digital Health and Safety Storyboard will be provided to a future meeting. • R Moran and F Warnock will discuss responsibility for patient accidents with third party involvement separately. <p>M Ashraf thanked F Warnock and J Somerville for the update, noting the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>		<p>NS</p> <p>FW</p>
65.	<p>HEALTH AND CARE STAFFING SCOTLAND ACT PROGRAMME UPDATE</p> <p>M Gardner introduced H Jackson who provided an Health and Care Staffing Scotland Act Programme update (Paper 25/41), highlighting that the report provides the Committee with assurance on compliance with the Health and Care (Staffing) (Scotland) Act 2019, with the Act requiring quarterly reporting by Board-level clinicians (Medical Director, Director of Public Health, Executive Nurse Director) on staffing compliance across all relevant clinical roles.</p> <p>H Jackson highlighted the following key updates from the report:</p> <p>Assessment and Current Position – Pre-enactment testing identified that while many systems and processes were already in place, there was scope for greater consistency and standardisation. A new quarterly assurance process was introduced in March 2025 and has been consolidated for this Quarter 1 report. The overall assessment for April–June 2025 is “Reasonable Assurance”. While full compliance at a substantial level has not yet been achieved across all duties, progress has been noted in several service areas. Larger and more complex services continue to face challenges in fully embedding the requirements.</p>		

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Quality and Patient Care – The Act's intent to enable safe, high-quality care is being addressed, with ongoing reviews in areas such as adolescent and under-12s inpatient psychiatric services, and neurodevelopmental diagnostic services, where increased demand and complexity have required additional staffing and risk mitigation. Challenges remain in delivering the full Health Visitor Universal Pathway for some families, and in updating standard operating procedures for district nursing out-of-hours services. The Board is also responding to recommendations from Health Improvement Scotland regarding real-time staffing assessment and escalation, with the adoption of new digital tools (e.g., SafeCare) planned.

Workforce – All Health and Social Care Partnerships, Directorates, and Sectors are reviewing workforce plans, incorporating the Act's requirements. Real-time staffing assessment and escalation procedures are being embedded, though full deployment of supporting systems has been delayed. There is ongoing work to ensure clinical leaders have adequate time for leadership duties, with monitoring and evidence gathering continuing. Training compliance is generally good, but challenges remain in collating data across statutory, mandatory, and professional training, and in monitoring completion of required modules.

Risk Assessment and Management – Processes for risk escalation and management are in place, but consistency across all areas is still being developed. Work is ongoing to ensure all teams use standardised procedures and reporting systems, with further improvements expected following the deployment of SafeCare.

H Jackson advised that the Committee can be reasonably assured that there is a sound system of governance, risk management, and control in place regarding staffing, noting that some areas remain at limited compliance due to organisational complexity and the need for further evidence and system deployment. Support is being provided to areas requiring improvement.

H Jackson highlighted that the first [HCSSA annual report](#) by Scottish Government had been published and shared the link with Committee members.

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	<p>The Committee noted the current assessment and support ongoing efforts to achieve full compliance.</p> <p>M Ashraf thanked H Jackson for the update, noting that the Committee had been assured.</p> <p><u>ASSURANCE NOTED</u></p>		
66.	<p>MEDICAL EDUCATION</p> <p>Dr Davidson introduced Dr Perry who discussed the report (Paper 25/42) providing the Committee with assurance on quality control in Medical Education and the quality improvements and progress in respect of the General Medical Council (GMC) Enhanced Monitoring status.</p> <p>Dr Perry highlighted the following key areas from the report that:</p> <ul style="list-style-type: none"> • Three departments are currently within a formal Deanery quality process, with this representing a reduction from the previous update in February 2025. • NHSGGC has one department remaining on enhanced monitoring – General Internal Medicine at the Queen Elizabeth University Hospital (QEUP). Two recommendations remain where further improvements are required; work is ongoing to address these. • The DME has supported several initiatives that aim to address some of the needs of the medical workforce, including enhanced induction for International Medical Graduates, the Chief Resident Development Programme and Consultant Induction. • A seven-day induction period for new FY1 doctors is key to ensuring they are well prepared and safe to commence clinical duties in their first August rotation. This has been modified in recent years to best address the clinical and non-clinical priorities of those joining the medical workforce. • The Directorate of Medical Education (DME) is strengthening support for medical trainers, including a current survey to inform future actions. Educational governance meetings now take place at every site, providing valuable trainer feedback and helping identify departments needing support. This is linked with recognition training and consultant induction. 		

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	<ul style="list-style-type: none"> • There are 44 Chief Residents across 28 departments, supported by development days and mentoring. Sessions cover leadership and wellbeing, with further workshops planned. The Clinical Leadership Development Programme will recruit a new cohort in 2026. • International Medical Graduates are an increasing part of the workforce. The DME, with partners, is improving induction and integration, including the “Softer Landing, Safer Care” initiative and new simulation training. A dedicated shadowing period has been introduced for GP Specialty Trainees new to UK medicine. • Regular induction days for new consultants continue, covering professional and administrative topics. Feedback is positive, with ongoing improvements and valued networking opportunities. • The University of Glasgow Medical School is redesigning its curriculum, which will temporarily increase pressure on placements and teaching resources. The DME, University, and NHS Education Scotland are working together to ensure a smooth transition and maintain education quality. <p>Committee members noted the positive work around early induction for International Medical Graduates and how this affords the opportunity to evaluate and support individual needs.</p> <p>The Committee recognised the difficulties in General Internal Medicine at the Queen Elizabeth University Hospital being de-escalated from Enhanced Monitoring, despite considerable work being undertaken over ten years. Dr Thomson, Dr Davidson and Dr Perry will meet separately to discuss further.</p> <p>M Ashraf thanked Dr Davidson and Dr Perry for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	
67.	<p>BOARD APPEALS UPDATE</p> <p>S Munce provided an update on Board Appeals (Paper 25/43), highlighting the following key areas for the Committee’s attention:</p> <ul style="list-style-type: none"> • A summary of Board Appeals performance was previously presented in August 2025. This update provides the latest 	

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position, noting a sustained increase in the volume of appeals and associated turnaround times. Board Level Appeals typically arise following termination of employment due to misconduct, capability, or attendance, and are heard after completion of the relevant NHS Scotland policy process.

- Key Performance and Trends
 - Number of appeals received have risen significantly: 14 (2021), 11 (2022), 12 (2023), 29 (2024), and 20 so far in 2025 (forecast 24).
 - The increase in 2024 was partly due to appeals from Internationally Educated Nurses (IENs) unable to secure Nursing and Midwifery Council registration within the required timeframe.
 - The average resolution time for appeals has increased: 7 weeks (2021), 11 (2022), 15 (2023), 13 (2024), and 35 weeks in 2025, reflecting efforts to clear older cases.
 - A key reason for the continued high length of time for appeals is that a number of long-term cases have been closed in 2025 impacting on the average reported time.
 - Of 28 appeals concluded in 2024/2025, 86% were not upheld; a small number resulted in reinstatement or alternative sanctions.
- Current Status and Actions
 - 22 cases have been heard in the past 12 months, with 16 concluded in 2025.
 - 10 cases remain outstanding; two are on hold, and eight are awaiting hearing dates.
 - The number of hearings requiring rescheduling is now being monitored to identify trends.
 - The main challenge remains the sustained increase in case volume, with more dismissals being managed through the process.
 - Process improvements include fixed scheduling of appeal panels and a plan to hold one panel per week from January 2026 until the backlog is cleared.
 - Additional support is being explored for IENs, particularly around English language requirements.

S Munce noted that key metrics will continue to be monitored and reported in future Workforce updates and that recovery actions

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	<p>and planned mitigations are expected to be fully implemented by the end of December 2025.</p> <p>During discussion, it was recognised that panels are smoother when considering similar cases such as no NMC registration and the same Non-Execs and HR staff are involved.</p> <p>The Committee discussed the requirements for the full process to be followed for staff who had been dismissed for no longer having the right to work in the UK. N Bailey assured the Committee that the process being followed was in line with advice from the CLO.</p> <p>The Committee noted the increased volume of appeals and the actions being taken to improve timeliness and efficiency.</p> <p>M Ashraf thanked S Munce for the update, noting that the Committee had been assured.</p> <p><u>ASSURANCE NOTED</u></p>	
68.	<p>STAFF GOVERNANCE PERFORMANCE REPORT</p> <p>C Rennie discussed the Staff Governance Performance Management Report (Paper 25/44), providing an update on workforce data and performance as at 30 September 2025. The following positive trends were highlighted:</p> <ul style="list-style-type: none">• Registered Nursing/Midwifery Establishment in a very strong position ahead of 606 NQPs joining in quarter 3;• Medical and Dental establishment increased to 95.8% following recent new appointments;• Turnover continues to reduce across all areas of the organisation. NHSGGC turnover is at an all-time low of 6.9%;• Sickness Absence continues to be challenging with latest figures at 7.7%;• The additional focus on PDP&R has seen an increase in compliance in recent months to 64.3% at end of September 2025. 72.8% most recent. <p>During discussion, the following was agreed or noted:</p>	

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	<ul style="list-style-type: none"> • The higher than average turnover amongst Band 5 AHP staff will be reviewed and an update shared with all Committee members. • That the apparent limited movement in bullying and harassment Employee Relation cases will be reviewed and an update shared with all Committee members. <p>M Ashraf thanked C Rennie for the update, noting that the Committee had been fully assured.</p> <p><u>ASSURANCE NOTED</u></p>	<p>SM</p> <p>NB</p>
69.	<p>HUMAN RESOURCES RISK REGISTER</p> <p>K Heenan discussed the Human Resources Risk Register (Paper 25/45), highlighting the five 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>K Heenan the following key updates for the Committee:</p> <ul style="list-style-type: none"> • Risk 3060 - Positive, engaging and diverse culture was reassigned to the People Committee in August 2025. • Risk 3432 – Industrial action risk was further reviewed on the 7 November and is being increased to a score of 4 x 4 = 16 (High) further to receipt of notification of BMA Resident Doctors ballot on 6 November. This risk will be provided to the Corporate Management Team for approval as part of the Governance process, followed by the Staff Governance Committee. An additional action has been identified for an Industrial Action Planning Group to ensure preparedness. <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>M Ashraf thanked K Heenan for the update, with the Committee content to approve the amendments to the Risk Register.</p> <p><u>APPROVED</u></p>	

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70.	<p>AREA PARTNERSHIP FORUM</p> <p>M Ashraf noted that with apologies received from A Cameron-Burns, the Area Partnership Forum update (Paper 25/46) was presented for noting, with any queries to be relayed to A Cameron-Burns.</p> <p>The Committee noted the update.</p> <p><u>ASSURANCE NOTED</u></p>		
71.	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p> <p>M Ashraf thanked all presenters, contributors to discussions during the meeting and those involved in preparing papers.</p> <p>Key messages to the Board will be included in the Co-Chairs' report to the 18 December 2025 Board meeting and include the assurance presentation, Workforce Strategy Action Plan update, Safety, Health and Wellbeing update, Health and Care Staffing Scotland Act Programme update, Medical Education update, Board Appeals update and approval of the Staff Governance Annual Monitoring Return and Human Resources Risk Register.</p>		
72.	<p>DATE & TIME OF NEXT MEETING</p> <p>The next meeting of the Staff Governance Committee will be held on Thursday 12 February 2026 at 2.00pm.</p>		
	The meeting ended at 3.20pm.		