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NHSGGC SGC(M)26/01

Minutes: 01-17

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the NHS Greater Glasgow and Clyde
People and Staff Governance Committee
held in the boardroom at JB Russell House and via Microsoft Teams, on
Thursday 7 May 2026 at 9.30am**

PRESENT

C Cooney (Chair)	M McElroy
M Ashraf (Co-Vice Chair)	B Metcalfe
A Cameron-Burns (Co-Vice Chair)	K Miles
D Foy	Dr P Ryan
D Gould	Dr L Thomson KC (Board Chair)

IN ATTENDANCE

M Allen	Senior Administrator
N Bailey	Interim Depute Director of Human Resources
F Carmichael	Staff Side Lead, Acute Partnership Forum
R Coulthard	Interim Deputy Chief Executive and Chief Operating Officer
B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr S Davidson	Medical Director
M Gardner	Deputy Nurse Director
K Heenan	Chief Risk Officer
J Heng	Planning and Development Manager
D Hudson	Staff Experience Advisor
R Jack	Secretariat Officer
CA Keogh	Head of HR - Corporate
L Law	Business Manager
M MacDonald	Head of Learning and Education
A McCready	Deputy Staff Side Lead, Unite the Union
Dr C McKay	Deputy Medical Director
N McSeveny	Interim Director of Communications
S Munce	Head of Workforce Planning and Resources
N Munro	PA to Board Chair
Dr J O'Dowd	Interim Director of Public Health
Dr M Pay	Head of Human Resources – Strategic Development

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C Reichle	Staff Side Partnership Lead
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
Prof. A Wallace	Executive Director of Nursing
F Warnock	Head of Health and Safety

01.	WELCOME AND APOLOGIES	ACTION BY
	C Cooney welcomed all to the first meeting of the People and Staff Governance Committee highlighting that the overall purpose of the Committee is to shape the culture of the organisation in line with the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine; provide assurance to the NHS Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard; and oversee the adherence to Equality legislation. C Cooney advised the Committee that she and the two Co-Vice Chairs would each Chair a section of the meeting. Apologies were noted for Cllr Moran, Cllr Pragnell-Lees, Cllr Cameron, Cllr McGinty, Professor Gardner and B Von Wissmann.	
02.	DECLARATIONS OF INTEREST	
	B Metcalf highlighted her role as a Consultant with the Board in relation to the Medical Revalidation item, with C Cooney advising that this would not prevent her from participating in discussion.	
03.	MINUTES	
	The Minutes of the Staff Governance Committee meeting held on 12 February 2026 (SGC(M)26/01) were approved as a correct record. The minutes were approved following a motion from M Ashraf, which was seconded by F Carmichael. The Minutes of the People Committee meeting held on 19 February 2026 (PC(M)26/01) were approved as a correct record.	

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	The minutes were approved following a motion from D Gould, which was seconded by B Metcalfe. <u>APPROVED</u>		
04.	MATTERS ARISING		
	<u>Rolling Action List</u>		
	N Smith referred to the Rolling Action List (Paper 26/01) and advised that there were 13 items, with 12 marked for closure and one to be carried forward. N Smith confirmed that the action relating to the Islamophobia work could also now be closed, with actions incorporated into the Anti-Racism Plan. It was noted that the Speak Up Plan was not included as an appendix to the Internal Communications and Employee Engagement paper and that this will be circulated to Committee members for assurance. The Committee noted the updated Rolling Action List and agreed the items proposed for closure. <u>APPROVED</u>		
05.	URGENT ITEMS OF BUSINESS		
	<u>Emergency Department Survey</u> N Smith advised that following the Emergency Department survey in 2025, a new survey had been circulated to gauge feedback and progress. The survey closed on 5 May 2026, with 114 responses. The responses will now be analysed and the findings shared.		
06.	PEOPLE AND STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE		
	C Cooney confirmed that the revised Terms of Reference had been reviewed with the Chair and Co-Vice Chairs in advance of submission, with only minor grammar and spacing changes to sections 5.3 and 5.5 and the Committee quorum clarified.		

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	Members were satisfied that the Terms of Reference are fit for purpose and provided appropriate scope for assurance and scrutiny. The Committee approved the updated Terms of Reference for onward submission to the Board. <u>APPROVED</u>		
07.	ASSURANCE PRESENTATIONS M Ashraf introduced the two assurance presentations, highlighting they seek to provide the Committee with assurance that the strands of the Staff Governance Standard are being met. <u>Acute Services</u> R Coulthard, Interim Deputy Chief Executive and Chief Operating Officer, supported by N Bailey, Interim Deputy Director of Human Resources, gave a presentation on Staff Governance activity within Acute Services. The presentation included evidence of how three key strands of the Staff Governance Standard are being met through attendance management, how iMatter feedback is being used and improving PDP&R compliance. R Coulthard highlighted achievements, including iMatter improvement activity and a 21% increase in PDP&R compliance. R Coulthard advised the Committee of continuous improvement opportunities for the Directorate. These include considerable work on attendance management activities. R Coulthard showcased the Geriatric Orthopaedic Rehabilitation Unit Redesign as Acute Services case study. This involved a focus on intensive, high-quality rehabilitation rather than bed capacity and led to increased therapy input per patient, fewer missed treatments, reduced length of stay, improved patient flow and better rehabilitation outcomes. R Coulthard highlighted how the case study aligned with the strands of the Staff Governance Standard, with improved staffing levels and skills mix contributing to safer care delivery and reduced pressure on individual staff. In response to a question from Dr Thomson regarding the increase in PDP&R compliance, R Coulthard advised that teams had been empowered to set time aside to prioritise and focus on this important area, which had led to the significant increase.		

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	During discussion, it was recognised that managers should encourage team members to complete the iMatter survey and develop action plans that engaged with team members. L Spence advised that spot checks and improved communication and training with managers are all beginning to make a positive difference. B Culshaw asked whether reporting on Acute Services assurance once per Cycle of Business was sufficient given its size and it was agreed that this will be considered by the Committee Chair and Co-Vice Chairs. R Metcalfe and K Miles proposed that NHSGGC consider a more targeted survey that is tailored to NHSGGC in addition to iMatter. <u>Nursing Directorate</u> Professor Wallace, Executive Director of Nursing, supported by CA Keogh, Head of HR – Corporate, gave a presentation on Staff Governance activity within the Nursing Directorate. The presentation included evidence of how three key strands of the Staff Governance Standard are being met through attendance management, how iMatter feedback is being used and improving PDP&R compliance. Professor Wallace highlighted achievements, including a reduction in absence and implementation of the Quality Strategy which is now in its second year and has been developed and delivered by a wide range of staff. Professor Wallace advised the Staff Governance Committee of continuous improvement opportunities for the Directorate. These include iMatter and PDP&R improvement activities, with plans in place for both areas. Professor Wallace showcased the Annual Workplan, the Big Conversation and the evolution of safe staffing tool runs as the Directorate's case study, highlighting that the Big Conversation was a pioneering engagement initiative to develop the strategy in collaboration with staff and was guided by principles of listening, inclusion, and openness.	CC / MA / ACB LS/NM
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	Dr Ryan asked how the Nursing and Midwifery Strategy is measured, with Professor Wallace advising that measurement is via the Annual Impact Report, which will shortly be taken through appropriate governance routes. C Cooney asked about the increased level of staff retention and the contributing factors. Professor Wallace advised that there had been a strong focus on retention, including collaboration with Human Resources colleagues and delivery of the Nursing and Midwifery Strategy. She added that the Board's support for, and promotion of, safety and quality were also important contributing factors. M Ashraf thanked all involved in the delivery of the assurance presentations, noting that the Committee had been fully assured, including all data in the accompanying report (Paper 26/03). <u>ASSURANCE NOTED</u>	
08.	INTERNAL COMMUNICATIONS AND EMPLOYEE ENGAGEMENT STRATEGY The Committee considered an update on delivery of the Internal Communications and Employee Engagement (ICEE) Strategy, comprising both a review of progress against the 2025/26 action plan and proposals for the 2026/27 plan (Paper 26/04). N McSeveny outlined significant progress delivered across the three-year lifespan of the Strategy, including achievement of Investors in People accreditation, expansion of staff engagement events, increased leadership visibility, embedding of Team Talk as a routine engagement mechanism and the launch of StaffNet as a modern digital platform. N McSeveny noted that delivery during 2025/26 had also included extensive communications to support major organisational programmes, including Transforming Together, System Reset and workforce reform activity. N McSeveny highlighted the findings of the independent audit of internal communications and engagement arrangements, commissioned by the Audit Committee. Members noted that the audit provided largely positive assurance on governance,	

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	structure and delivery, while also identifying a small number of improvement actions, including strengthening measurement and reporting frequency. It was confirmed that actions to address these findings were already underway and reflected within the proposed 2026/27 plan. N McSeveny discussed the proposal to extend the Strategy for a fourth year rather than immediately developing a new three-year strategy. Members acknowledged that the organisation was undergoing significant and sustained change and agreed that a period of stability, refinement and consolidation was appropriate. N McSeveny advised that the proposed 2026/27 action plan was focused on supporting transformation, strengthening two-way engagement, embedding equality priorities and sustaining a culture where staff feel confident to speak up. During discussion, the following was agreed or noted: • Team Talk will be further embedded with the aim of reaching more staff. • The Staff “Community Notice Board” was an idea from a staff member arising from a Collaborative Conversation and will be taken forward in 2026/27, most likely on a digital platform. • The 2026/27 Action Plan will be reviewed and updated to take consideration of the upcoming Board Seminar where Corporate Objectives will be discussed. • The wording in the 2026/27 Action Plan will be updated to make it clear that the Board’s Values are not being updated, but further embedded. It was agreed that the Committee was assured on the ICEE Strategy update and will further consider the 2026/27 Action Plan following its update. <u>ASSURANCE NOTED</u>		NM / LS NM / LS NM / LS
09.	SAFETY, HEALTH AND WELLBEING F Warnock provided an overview of the Health and Safety Dashboard to support the Safety, Health and Wellbeing report (Paper 26/05), with thanks noted for the amount of work invested		

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	in developing the Dashboard by Andrew Clark, Health and Safety Officer, Data and Systems. F Warnock advised that the dashboard continues to draw on established key performance indicators, including incident reporting, sharps injuries, moving and handling, falls, and compliance with statutory training, reflecting those areas identified within the Board's Health and Safety framework. F Warnock highlighted that performance remains variable across indicators, with some measures below target thresholds, indicating areas requiring continued focus and targeted improvement actions. F Warnock highlighted the value of the digital storyboard approach, which provides accessible, real-time visualisation of performance data and supports clearer understanding of trends and hotspots across services and helps strengthen the health and safety culture in NHSGGC. In response to questions about an underreporting of near misses, F Warnock advised that there are DATIX issues, with the reporting form needing to be simplified and approval levels considered. In response to a question about whether the success Occupational Health have had in helping people get back to work when referred for Mental Health is being publicised, J Somerville advised that key improvements are shared with key stakeholders, partnership groups and promoted via Comms channels. D Gould asked about performance in Glasgow City HSCP, with F Warnock advising that a meeting has been scheduled to explore this further. F Carmichael raised concerns about limited training on Violence and Aggression in Acute settings for patients with Mental Health issues, compared with specialist training in Mental Health settings. C Reichle commented that there was no Violence and Aggression training in medical and surgical wards. It was noted that this is being further discussed at the Acute Partnership Forum and that this will be revisited at a future meeting.		
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	During discussion, F Warnock confirmed that in incidents of reported Violence and Aggression, it is possible to identify incidents involving staff on staff rather than patient on staff. The Committee was assured by the demonstration of the Health and Safety Dashboard which provided an overview of organisational performance across key Safety, Health and Wellbeing indicators aligned to the Staff Governance Standard strand – Safe Working Environment. <u>ASSURANCE NOTED.</u>	
10.	ANNUAL BOARD REPORTS 2025/26 <u>Staff Governance Committee Annual Report</u> N Smith introduced the draft Annual Report of the Staff Governance Committee (Paper 26/06), summarising assurance provided during 2025/26. The Committee approved the Annual Report for onward submission to the Board. <u>APPROVED</u> <u>People Committee Annual Report</u> N Smith introduced the draft Annual Report of the People Committee (Paper 26/07), summarising assurance provided during 2025/26. The Committee approved the Annual Report for onward submission to the Board. During discussion, the following was noted: • The positive progress made in reducing overdue DATIX incidents. • The new HR posts to support attendance management have been appointed and post holders will commence employment in due course. <u>APPROVED</u>	

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11.	Item 11 – A Fairer NHSGGC Monitoring Report 2025–26 J Heng introduced the Fairer NHSGGC Monitoring Report (Paper 26/08), which provided evidence of compliance with the Equality Act 2010 and progress against agreed equality outcomes for the period 1 April 2025 to 31 March 2026. J Heng highlighted that the report met statutory requirements and demonstrated how equality activity is embedded across workforce and service delivery. J Heng advised that the report details progress against mainstreaming actions and specific equality outcomes, covering areas including inclusive communication, workforce equality, anti-racism activity, engagement with protected characteristic groups and equality-sensitive service redesign. J Heng referenced the scale of activity delivered during the reporting period and the strong partnership working with staff networks and third-sector organisations. J Heng highlighted the inclusion of the Anti-Racism Plan within the paper which had been discussed by the People Committee in February 2026. Members noted the alignment between the workforce elements of the anti-racism plan and wider organisational priorities, and welcomed the clear governance route for ongoing monitoring through established committees. During discussion, the following was agreed or noted: • The importance of supporting staff and managers around neurodivergence. • To reference core business headline messages in the final report that goes to the June Board. • Updates on the Interpreting Services tender are under the remit of the Population and Wellbeing Committee. • The arts vaccinations in communities programme builds on work commenced during the pandemic to ensure that historically easy to miss community groups are included. • A report considering the pros and cons of developing a separate Anti-Racism Policy will be discussed at the June meeting of the Workforce Equality Group.	
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	C Cooney thanked J Heng for the report and it was agreed that the Committee approved the Fairer NHSGGC Monitoring Report and the associated Anti-Racism Plan for onward submission to the Board. <u>APPROVED</u>		
12.	WORKFORCE STRATEGY 2025-30: PHASE ONE ACTION PLAN, EQUALITIES UPDATE AND PEOPLE COMMITTEE DEVELOPMENT PLAN Dr Pay presented an update on delivery of the Workforce Strategy 2025–2030 Phase One Action Plan (Paper 26/09), confirming that Phase One concluded at the end of March 2026. He highlighted that delivery focused on establishing key foundations to support a safer, healthier and more inclusive workplace, alongside strengthening leadership and culture, improving learning and development, and modernising recruitment and retention practices. Dr Pay advised that the Action Plan was developed in partnership and approved by the Corporate Management Team in August 2025, with all actions progressed and none identified as unachievable. He noted that any slippage was due to external dependencies or alignment with national programmes, with actions appropriately re-phased rather than paused. Overall, he highlighted that delivery provides clear assurance that the Workforce Strategy has translated into tangible programmes, with improvements evident across all four strategic pillars. Dr Pay reported that of the 40 actions, 36 (90%) were completed and four (10%) are progressing into 2026/27, with no actions identified as not achieved. He highlighted a number of key developments, including the rollout of the Digital Health and Safety Performance Storyboard, enhanced bereavement and significant-incident support, embedding of the SHaW Task Calendar, integration of flexible working within service redesign, completion of the Leadership Accelerator programme, and implementation of fast-track and cohort recruitment approaches. He noted these demonstrate meaningful progress towards a more supportive, inclusive workplace and more consistent people management practice.		

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Dr Pay outlined that the organisation has now transitioned into Phase Two (2026–2027), which builds on Phase One foundations with a focus on embedding improvement into business as usual, strengthening consistency and scaling impact. He emphasised that the transition has been designed to maintain momentum and ensure continuity, with learning from Phase One informing future priorities.

Dr Pay advised that the Phase Two Action Plan is progressing through governance processes, having been considered by the Corporate Management Team and Area Partnership Forum, with final actions and ownership to be confirmed on completion.

In outlining Phase Two priorities, Dr Pay highlighted an increased focus on attendance management, preventative wellbeing and strengthened health and safety governance; embedding a clear organisational culture and enhancing leadership capability; improving career pathways and development conversations; and reducing time to hire through improved recruitment processes and capability.

Dr Pay confirmed that, subject to governance approval, a finalised Phase Two Action Plan will be reported through established routes, with progress monitored through quarterly updates and assurance provided to the People and Staff Governance Committee.

Workforce Equalities Update

L Spence provided the Committee with an update on workforce equalities, highlighting the following:

- This item provided assurance on delivery of workforce equality commitments, overseen through the Workforce Equality Group and aligned to the Staff Governance Standard requirement that staff are treated fairly and consistently, in an environment where diversity is valued.
- The Workforce Equality Group provides the primary governance forum for workforce equality activity, operating on a partnership basis and including representation from Staff Forums / Networks, trade unions, Non-Executive equality champions and senior leaders.

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- The annual Workforce Equality Group Action Plan remains the central mechanism for delivery and assurance, with progress monitored throughout the year and escalated through governance routes including the Area Partnership Forum and the People and Staff Governance Committee.
- There has been progress across key themes, including strengthening management capability through delivery of Equality, Diversity and Inclusion training for managers, embedding reasonable adjustment practice and increasing uptake of the Workplace Adjustment Passport.
- Disability remains the area with the lowest data completeness and the importance of continued work to build staff confidence in disclosure, supported by Occupational Health and staff engagement activity was emphasised.
- There has been progress on delivery of the workforce elements of the NHSGGC Anti-Racism Plan, with actions for 2025/26 delivered as scheduled and assurance offered that clear leadership accountability is embedded within governance and appraisal processes.
- A major milestone was achieved in January 2026 when NHSGGC became the first NHS Board in Scotland to achieve Equally Safe at Work Bronze accreditation. This reflects sustained work to strengthen prevention, reporting, training and leadership accountability in relation to sexual harassment.
- There has been continued delivery of the BME Leadership Programme and mentoring support, as well as progress in inclusive recruitment practice. Quarterly monitoring of recruitment outcomes continues, with targeted HR intervention where required.
- There has been progress in addressing pay inequality, including delivery of actions arising from equal pay analysis and ongoing monitoring through the Workforce Equality Group.

The Committee considered the People Committee Development Plan and it was agreed that outstanding actions will be taken forward through the Workforce Strategy Action Plan.

A Cameron-Burns highlighted the implications of the recent Supreme Court judgement and sought assurance on how the organisation is supporting implementation and ensuring equity

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	across all protected characteristics. L Spence advised that this is a developing area and confirmed that a dedicated working group is meeting on a fortnightly basis to oversee activity. L Spence advised that there is ongoing liaison with the CLO, including consideration of NHSGGC's Equality Impact Assessments and the Risk Register. It was agreed that this matter will be brought forward as a substantive agenda item at a future meeting of the People and Staff Governance Committee once the UK Government and Equality and Human Rights Committee have issued further guidance. D Gould referenced activity in relation to NHSGGC being an "Employer of Choice" in key communities we are working with. L Spence advised that employability will be incorporated within the Workforce Strategy Action Plan in November 2026. F Carmichael asked about the information on unconscious bias that had been shared with People Committee members and it was agreed that this information would be shared with all members of the new Committee. C Cooney reflected on the Development Plan and ways of working, noting the positive feedback received from the previous development session. It was agreed that a similar session be considered going forward to support continued development of the Committee. C Cooney thanked Dr Pay and L Spence for the update and confirmed that the Committee was assured that the workforce strategy and the workforce equality activity was being delivered in a structured, partnership-based manner, supported by clear governance and monitoring arrangements. <u>ASSURANCE NOTED</u>		LS MM NS CC / NS
13.	CULTURE PROGRAMME UPDATE N Smith presented an update on the NHSGGC Culture Programme (Paper 26/10), advising that the purpose of the paper was to provide the Committee with an overview of the programme, including key findings from cultural diagnostics, programme content, governance arrangements and next steps.		

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	N Smith highlighted that the programme has been informed by a comprehensive evidence base, including cultural audit findings, iMatter results, Investors in People feedback, Culture Hackathon engagement, and ongoing engagement with staff, trade unions and Staff Forums and Network. She noted that this evidence demonstrates strong existing foundations, including staff pride, peer support and team-level engagement, but also identifies persistent challenges in relation to psychological safety, trust and consistency of leadership behaviours, with culture not always experienced consistently across the organisation. N Smith advised that the Culture Programme is designed to define the culture NHSGGC is seeking to achieve, address the root causes of identified cultural issues, and embed clear behavioural expectations supported by practical tools. She noted that the programme will deliver four key outputs: a clearly articulated culture statement, a supporting toolkit for services and teams, strengthened and more consistent leadership behaviours, and improved use of data and insight to identify and address cultural risks at an earlier stage. In relation to governance, N Smith highlighted that oversight of the programme will be provided through established governance structures, including the People and Staff Governance Committee, Corporate Management Team and a dedicated NHSGGC Culture Executive Group, supported by delivery through the Culture Programme framework. N Smith outlined the next steps for the programme, noting that these include defining the cultural ambition, progressing development of the culture toolkit through targeted workshops, and advancing leadership development proposals during 2026. She further highlighted that key milestones include publication of the culture toolkit and the establishment of a Culture Dashboard by March 2027 to support ongoing monitoring and assurance. Dr Thomson expressed her thanks for the work undertaken to date in progressing the Culture Programme, noting that activity to date has primarily focused on internal culture change. She highlighted the Board ownership of the culture agenda, recognising the wider context including public confidence and external perception. Dr Thomson further noted the need to reflect on how the employee focus aligns with the wider organisational context and interdependencies.	
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	C Cooney referenced the forthcoming Board and Corporate Management Team session on 14 May 2026, which will consider organisational aims and ambition, including the role of people and culture. She noted that a further report will be brought back in due course. Dr Thomson re-emphasised that the remit for leading culture change sits with the Board rather than the People and Staff Governance Committee, and that the Committee should take cognisance of the work progressing over the coming weeks in relation to culture development and organisational priorities. C Cooney thanked N Smith and the broader team for making positive progress, noting that the Committee had been assured. <u>ASSURANCE NOTED</u>	
14.	MEDICAL REVALIDATION Professor McKay provided the Committee with a comprehensive update on medical appraisal and revalidation performance for the 2025/26 reporting year (Paper 26/11). Members were reminded that appraisal and revalidation are statutory requirements and a key mechanism for assuring professional standards, patient safety and doctor wellbeing. Professor McKay advised that the paper was presented for assurance and provided both performance data and narrative on operational challenges and improvement actions. Professor McKay advised that, during the reporting period, the Board successfully revalidated the majority of doctors within scope, with no non-engagement recommendations made to the General Medical Council. The Committee acknowledged this as a positive position and took assurance from the oversight arrangements in place through the Responsible Officer (Dr Scott Davidson) function. It was noted that a proportion of revalidations had been deferred, primarily due to timing and completion of appraisal within designated phases, and that deferral was an accepted mechanism with no detriment to doctors where appropriate.	

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	Professor McKay referenced appraisal completion rates, noting progress towards national targets while recognising continued pressure within Secondary Care, where completion rates lagged behind Primary Care. He covered contributing factors, including the scale of the medical workforce, increasing service pressures and the ratio of appraisers to appraisees. It was noted that the appraiser to appraisee ratio in Secondary Care remained tight, despite recent progress in recruiting additional appraisers. Professor McKay outlined the actions outlined to strengthen appraisal capacity and consistency, including continued recruitment and promotion of the appraiser role, collaboration with Chiefs of Medicine to prioritise appraisal within job planning and the development of cross-sector appraisal arrangements to provide mutual support where capacity is stretched. Professor McKay also noted proposals to strengthen governance through improved appraiser networks and more consistent application of non-engagement protocols. Professor McKay highlighted the continued emphasis on wellbeing within the appraisal process and noted emerging national guidance, including draft guidance on the ethical use of artificial intelligence to support appraisal and revalidation. He further noted that careful governance would be required in this area to ensure consistency, fairness and professional standards. Dr Thomson highlighted the importance of maintaining a focus on doctors' wellbeing, recognising this as a key priority within the broader workforce agenda. Professor McKay emphasised the need to ensure that appraisers are appropriately trained and that a consistent approach to appraisal is applied across the organisation, noting the value of strengthening the appraiser network to support sharing of best practice and promote consistency in standards. Dr O'Dowd noted the importance of visibility of good practice in completion of medical appraisals. C Cooney confirmed that the Committee noted the update and was assured that the Board has robust arrangements in place to manage medical appraisal and revalidation, while continuing to take forward improvement actions for 2026/27. The Committee	
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	also commended the work of the Medical Staffing team in managing the revalidation process. <u>ASSURANCE NOTED</u>		
15.	BOARD APPEALS UPDATE N Bailey and M Ashraf provided an update (Paper 26/12) on Board Appeals activity, noting that this had been brought forward in response to a sustained increase in appeal volumes over recent years. Members were reminded that Board Appeals primarily arise from dismissal cases and represent a critical element of organisational governance, fairness and employee relations. It was highlighted that appeal volumes had increased significantly compared to previous years, resulting in extended resolution times and operational challenges in scheduling hearings. N Bailey highlighted the risks associated with prolonged appeal processes, including impact on staff wellbeing, management confidence, organisational learning and reputational considerations. The significant process improvements implemented during 2025/26 were highlighted, including the introduction of a structured rota-based scheduling system with pre-booked hearing slots and enhanced governance checks to ensure appropriate panel composition and identification of conflicts of interest. Members welcomed evidence that these changes were beginning to deliver tangible improvements, including a marked reduction in average resolution times for concluded appeals and increased certainty for participants regarding hearing dates. The Committee discussed the management of specific cohorts of appeals, including those relating to internationally educated nurses, noting the use of consistent panels to support fairness and efficiency. Members welcomed the continued focus on expanding and refreshing the pool of trained Non-Executive panel members to support sustainability of the appeals process.		

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	Members discussed the proposed next phase of work, which focused on learning from Board Appeals. The Committee welcomed the proposal for a structured programme of review to identify themes, patterns and best practice arising from appeal outcomes. It was agreed that this learning should be embedded through targeted guidance, training and feedback loops to reduce recurrence and strengthen consistency in case management. The Committee noted the update, acknowledged the ongoing pressures associated with appeal volumes, and agreed the proposed approach to structured learning and continued performance monitoring through future workforce updates. During discussion, it was noted that an update on Board appeals will be brought back to future Committee meetings. <u>ASSURANCE NOTED</u>		NB
16.	BULLYING AND HARASSMENT UPDATE N Bailey provided a Bullying and Harassment (B&H) update (Paper 26/13) following concerns raised at previous meetings regarding case volumes and prolonged timescales. N Bailey noted that this update reflected a continued focus on the timeliness, fairness and effectiveness of the organisation's approach to managing B&H cases. N Bailey highlighted the expected minimum timescales for employee relations cases under NHS Scotland policy are 136 days and that B&H cases include an additional procedural step, extending expected end-to-end duration to 150 days. N Bailey recognised concern that, despite this context, average case durations remained significantly above expected timescales, with a number of cases exceeding twelve months. N Bailey noted the potential impact of prolonged cases on all parties involved, including complainants, employees under investigation and wider teams, as well as on organisational culture and confidence in policies. N Bailey outlined the detailed analysis of the drivers of delay, including the complexity of multi-party complaints, sickness absence, availability of trade union representation and capacity of investigating managers, noting that early resolution		

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	mechanisms had not been consistently effective and advising that further work was required to strengthen capability in this area. N Bailey outlined a range of actions to improve performance, including enhanced governance, clearer escalation of cases exceeding six months, development of individual action plans for long-running cases and strengthened accountability through Director and Head of HR oversight. N Bailey advised the Committee of the importance of sustained monitoring and transparency and that regular updates will continue to be brought to each meeting of the People and Staff Governance Committee to provide assurance of sustained improvement in average case duration and backlog reduction. A Cameron-Burns thanked N Bailey for the update, noting that the Committee had been assured and looked forward to future updates. <u>ASSURANCE NOTED</u>		NB
17.	STAFF GOVERNANCE PERFORMANCE REPORT C Rennie discussed the Staff Governance Performance Management Report (Paper 26/14), providing an update on workforce data and performance as at 31 March 2026. The following trends were highlighted: • Registered Nursing/Midwifery establishment continues to be in a strong position in both Acute & Partnerships. • 2.8% increase in Medical and Dental Establishment (1.1% Acute, 7.8% Partnerships) bringing to 97.5%. • Turnover remains at 6.8% - and shows a reduction across all areas of NHSGGC from March 2024. • Statutory/Mandatory compliance is a challenge with 9 of the 10 modules under the 90% target. • PDP&R continues to be promoted with compliance increasing month on month. C Cooney noted that there was agreement at the April Board Meeting to include a deep dive into staff absences related to Reasonable Adjustments.		NB / ACB

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	A Cameron-Burns thanked C Rennie for the update, noting that the Committee had been fully assured. <u>ASSURANCE NOTED</u>		
17.	HUMAN RESOURCES RISK REGISTER K Heenan presented the People and Staff Governance Corporate Risk Register (Paper 26/15), noting there are seven risks aligned to the Committee, with one proposed for closure and that risks were presented in a new, evolving template. Following a discussion, the Committee agreed that the risks are clearly described, appropriate, with one increase and four decreases, and the proposed mitigating actions will address the risks. K Heenan advised the Committee that a new corporate risk action protocol has been developed and will be considered by the Corporate Management Team. C Cooney asked why the risk relating to a diverse culture had increased from eight to 15, with five the target. N Smith advised that a detailed review of the risk had led to the recommendation and is hopeful that the risk score will reduce as mitigating actions take effect. A Cameron-Burns thanked K Heenan for the update, with the Committee content to approve the amendments to the Risk Register. <u>APPROVED</u>		
18.	AREA PARTNERSHIP FORUM The Committee received an update for awareness from the Area Partnership Forum, noting key issues considered in partnership. Members noted the continuing importance of partnership engagement and the role of the APF in escalating workforce issues to Board committees. The Committee also noted the APF minutes from December 2025 to February 2026.		

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19.	CYCLE OF BUSINESS 2026/27 The Committee considered the proposed Cycle of Business for 2026/27 (Paper 26/17), which sets out the planned schedule of reports, assurance items and standing agenda business. Members noted alignment with corporate objectives and statutory requirements. It was confirmed that the Cycle of Business is reviewed regularly to ensure continued relevance and flexibility. The Committee noted the Cycle of Business for the forthcoming year.		
20.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD C Cooney thanked all presenters, contributors to discussions during the meeting and those involved in preparing papers. Key messages to the Board will be included in the Chairs' Report to the 25 June 2026 Board meeting and include the two Assurance Presentations, assurance on Safety, Health and Wellbeing, including the demonstration of the new Dashboard, Workforce Strategy Action Plan update, with Equalities focus, Medical Revalidation and Board Appeals and Bullying and Harassment case management updates. The report will also highlight approval of the People and Staff Governance Committee Terms of Reference, the Staff Governance Committee and People Committee Annual Reports 2025/26 and the People and Staff Governance Committee Risk Register; and the approval for onward governance and approval by NHSGGC Board at the June meeting of the Fairer Glasgow Monitoring Report. The Committee agreed that the Internal Communications and Employee Engagement Plan 2026/27 would be revisited and brought to a future Committee meeting.		LS / NM
21.	DATE & TIME OF NEXT MEETING The next meeting of the People and Staff Governance Committee will take place on 20 August 2026 at 9.30am.		

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	The meeting ended at 1.00pm.		
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