

Staff Governance Committee Minutes – Approved

Meeting of the Staff Governance Committee of Healthcare Improvement Scotland at
10am, 29 May, MS Teams

Attendance

Present

Duncan Service, Committee Chair
Evelyn McPhail, Interim HIS Chair
Judith Kilbee, Non-Executive Director
Keith Charters, Non-Executive Director
Michelle Rogers, Committee Vice Chair
Nicole Hanssen, Non-Executive Director

In Attendance

Ann Grant, Head of People and Workplace
Belinda Henshaw-Brunton, Staff Governance Associate
Clare Morrison, Director of Engagement & Change
Eddie Docherty, Director of Quality Assurance & Regulation
Eddie Warde, Partnership Representative
Fiona Glen, Deputy for the Director of Evidence & Digital
Gillian Gall, Associate Director of Workforce
Jane Illingworth, Deputy for the Director of Finance Planning & Governance
John McKee, Head of Communications
Kenny Crosbie, Partnership Representative
Mhairi Hastings, Director of Nursing & Systems Improvement
Sandra Flannigan, Head of Organisational Development & Learning
Sybil Canavan, Director of Workforce

Apologies

Aimie Littleallan, Partnership Representative
Angela Moodie, Head of Finance, Planning and Governance
Ann Gow, Deputy Chief Executive
Robbie Pearson, Chief Executive

Safia Qureshi, Director of Evidence & Digital
Simon Watson, Medical Director/Director of Safety

Meeting Support

Tara Duffy, Committee Secretary

1. OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome and apologies for absence

The Chair welcomed everyone to the meeting, and the apologies were noted as above. The Chair gave a special welcome to Gillian Gall who attended her first meeting as the new Associate Director of Workforce.

1.2 Declarations of Interest

There were no declarations of interest

2. MINUTES OF PREVIOUS MEETING

2.1 Minutes of Staff Governance Committee held on 13 March 2025

The minutes of the meeting held on 13 March 2025 were accepted as an accurate record.

Decision: The Committee approved the minutes, subject to the above changes.

2.1 Review of Action Register for Staff Governance Committee

The Committee reviewed the Action Point Register and accepted the recommended closures as proposed.

Decision: The Committee gained assurance from the progress with action points.

3.COMMITTEE GOVERNANCE

3.1 Business Planning Schedule

The Business Planning Schedule (BPS) for 2025–26 was shared with the Committee. It was noted that the schedule will be updated to ensure items are aligned with the appropriate meetings throughout the year. The Committee also suggested that the BPS should include a focus on leadership within the organisation and succession planning, including information on hard-to-fill posts. Additionally, the Committee highlighted that One Team should now be considered business as usual.

Decision: The Committee noted the Business Planning Schedule.

3.2 Committee Chair Aide Memoire

The Committee Aide Memoire was circulated for review. It was highlighted that the Memoire is not only intended for Committee Chairs but is relevant for all Non-Executive members.

Decision: The Committee noted the Committee Chair Aide Memoire

4.CORPORATE PLANS

4.1 Workforce Plan

The Director of Workforce provided the Committee with a report on the workforce plan, outlining the return submitted to the Health Workforce Directorate. This was based on an approach aimed at understanding the current position regarding workforce planning arrangements.

In response to a query regarding ongoing reliance on secondees and the potential for reducing this through engagement with Scottish Government or changes in internal practices, it was clarified that this is an area currently being explored with directorate colleagues as part of workforce modelling. This includes consideration of service requirements and increasing flexibility. Early discussions have taken place, particularly within Nursing and Integrated Care, around how existing staff might be supported to engage with healthcare staffing responsibilities. This work is still at a very early stage.

Decision: The Committee noted the report and accepted moderate assurance.

4.2 One Team Update

The Committee received an update paper on the next steps for the One Team Programme as work transitions to business as usual (BAU), with reference to the Working Environment, Workforce, and Redesign workstreams.

Following discussion, the Committee provided the following feedback:

- a) The paper lacked clarity and could have been strengthened by including a diagram to show which elements are moving to BAU and which remain under the newly rebranded One Team Programme. The community engagement strategy, particularly in the context of the working environment and the distinction between NHS and social care terminology, was difficult to interpret.
- b) The reference to the community engagement strategy was inaccurate. While there is a strategy in place, it relates to accommodation and office use, not wider community engagement. Furthermore, the organisational change process concluded over a year ago, so there is no current delay related to that, as suggested in the paper.
- c) The annex lacked clarity. While much good work has been undertaken, several areas remain outstanding. The Committee requested further clarity on how ongoing workstreams will be taken forward, how they will be governed, and where the Board will receive assurance. A follow up report was requested to provide a clear outline of how the One Team concept will be sustained.

The Committee were informed that the Improvement Team remains active and engaged in work across the organisation, and that an updated report addressing the comments raised will be brought back. It was confirmed that the work described in the paper is established and will continue under a 'One Team' approach.

Additionally, the Committee were advised that a coherent group focusing on workforce issues is being re-instated to support the workforce plan requirements across the organisation and will report to this Committee. The Terms of Reference for this group will be updated in development, and the Corporate Improvement Plan and Terms of Reference will be shared with the Committee once finalised.

Decision: The Committee scrutinised the report and accepted a moderate level of assurance.

Action: Share the Corporate Improvement Plan and Terms of Reference for the Workforce Group will be shared with the Committee when available ; Provide a revised update report at a future meeting addressing the points raised.

5. WORKFORCE METRICS

5.1 Workforce Report

The Committee were provided with a paper detailing the current workforce position and pertinent workforce detail within the organisation. The paper includes detail on Redeployment activity, Employee relations cases and Key Performance Indicators for consideration by the Committee.

In response to questions from the Committee, the following was clarified:

- a) A refresh of KPIs is currently underway as part of the annual review process. While high-level, cross-organisational KPIs have been approved by the QPC and will go to the Board at the end of June, the next phase will focus on Committee specific KPIs, including those relevant to the SGC. An analysis of the past year's KPIs will be included in the next report for the Committee's reflection. Early thinking includes incorporating indicators related to iMatter responses, reputational impact, and feedback from people accessing services through Healthcare Improvement Scotland
- b) When staff are redeployed, they are issued with an updated contract of employment to ensure their contractual documentation accurately reflects their current role and work location.
- c) In response to a query about the speed of redeployment, it was noted that individuals can join the redeployment register up to three months before their contract ends. The Workplace team actively manages this group, and any suitable vacancies are automatically shared with them. While the previous report noted 19 individuals on the register, there has since been movement for various reasons.
- d) In response to concerns about a reported drop in mandatory training completion, it was noted that completion data often lags, as staff complete modules at different times throughout the year. As a result, figures are not always fully up to date, which is why compliance is usually reviewed annually. The team will look into potential issues with completed courses not being reflected in the system.

Decision: The Committee reviewed the report and accepted a moderate level of assurance.

Actions: Provide more detail in a future report on redeployment numbers; Investigate issues with training completion data and include an update in a future report.

5.2 Sickness Absence Deep Dive

The Committee received a report outlining a detailed action plan following the completion of the Sickness Absence Deep Dive. This work was undertaken by a Short Life Working Group, established in partnership, which has now confirmed the actions to be taken forward.

In response to a query about whether recent spikes in sickness absence are linked to directorate reorganisations or leadership changes, it was noted that there have been increases in absence across some teams during periods of structural change and challenging discussions. The Executive Team continues to reflect on this and monitor for any hotspots or areas requiring additional support.

It was also noted that work is ongoing with the Accessibility Working Group to update the Adjustments Passport. This tool has had a positive impact on supporting staff to attend and remain at work in a safe and comfortable way.

Decision: The Committee noted the report and accepted a moderate level of assurance.

Action: Discuss the timing of future sickness absence updates for the Business Planning Schedule

6. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION

6.1 Organisational Development & Learning (OD&L) Update

The Committee received a report outlining the breadth and depth of work being delivered by the OD&L team in support of HIS staff, aligned to the Organisational Development Strategy shared in January 2024.

In response to questions and comments from the Committee, the following points were clarified:

- a) The performance element of the 4Ps framework was noted as weak or unclear in the paper. It was confirmed that the 4Ps engagement process is in its early stages. A recent engagement session with the Partnership Forum has taken place focusing on the partnership aspect, and upcoming leadership lens sessions will further support the roll-out of the 4Ps.
- b) On the next cohort of Leading for the Future, it was confirmed that a structured application process is in place, with directorate level filtering followed by Executive Team approval. This ensures appropriate candidates are selected for the opportunity.
- c) In terms of impact, anecdotal feedback from senior managers indicates that the HIS Management Essentials programme is having a positive effect, particularly in supporting team leads. Uptake and feedback suggest it is helping build skills and confidence among managers.
- d) Regarding new pathways referenced in Appendix 2, it was confirmed that these will build on the Management Essentials learning and focus on tailored induction and development content for staff.

Decision: The Committee noted the update and accepted a moderate level of assurance.

6.2 Strengths Deployment Inventory (SDI) Update

The Committee received a paper providing an update on the progress of the SDI implementation plan.

In response to questions and comments from the Committee, the following points were noted:

- a) SDI was not a predetermined choice; a procurement process was undertaken which invited multiple providers. While values-based assessment tools are important to HIS, SDI was selected following the outcome of that process.
- b) The Committee suggested it would have been helpful to see a comparison of available models and the unique value each could offer prior to SDI being chosen. It was noted that initial engagement with SDI by the Executive Team had been positive, and this prior experience informed the subsequent procurement decision.
- c) It was proposed that an evaluation plan be developed with the Evaluation Team to enable the organisation to track outcomes over time and assess impact more robustly.
- d) In response to a question on cost, the cost per head for SDI assessments and the lifetime cost were confirmed along with flexibility to exit the arrangement.

The Committee agreed that the current level of assurance should be changed to moderate, given that several areas require further clarification and the full impact of the tool remains to be seen.

Decision: The Committee noted the update and accepted a moderate level of assurance.

At the conclusion of the item, the Committee Chair invited comments on any additions or updates required for the business planning schedule. The following suggestions were noted:

- Include an update on succession planning and leadership development, with a focus on planning for the future.
- Include dedicated time for staff and workforce development updates.
- Ensure regular discussion on the development and delivery of the organisational development and learning agenda, with consideration given to its placement earlier in future agendas rather than at the end.

7. STAFF GOVERNANCE STANDARDS

7.1 Staff Governance Action Plan

The Director of Workforce provided the Committee with a report outlining the planned approach for gathering evidence to support the development of the Staff Governance Action Plan. The report highlighted recent discussions around introducing a stronger directorate-level focus and identified potential areas for future reporting. This will support the provision of more detailed and directorate-specific information moving forward.

The Director of Workforce proposed that the People and Workplace Directorate be the first to pilot this approach, with a timetable for involving other directorates to be agreed by the Executive Team.

Following feedback from the Committee, the following points were noted:

- a) It was suggested that an additional question be included: "Are there any challenges created by staff governance structures that hinder your directorate from achieving its objectives?" This was agreed to be a valuable addition.
- b) A query was raised as to whether it would be worthwhile to include commentary on the risk regarding the financial and budgetary impact of achieving greater connectivity across the workforce.

Decision: The Committee discussed the current draft and agreed to accept moderate assurance.

8. RISK MANAGEMENT

8.1 Risk Management/Risk Register

The Committee was presented with a report outlining the current strategic risks and the high and very high operational risks. It was noted that there have been no changes to the strategic risks, all of which are now aligned under the Workforce risk category. There are currently three high operational risks, with one new risk added since the last meeting.

Risk 1266: The Committee questioned whether this risk is currently framed in the most effective way. It was suggested that the risk might be better expressed as: "If we do not continue to reorganise and upskill in response to system pressures and changes, this could impact our ability to deliver on strategic priorities." The Committee also highlighted the importance of considering how we bring staff along with us through these changes, rather than focusing solely on structural adjustments.

Risk 1431: A query was raised about the future trajectory of this risk, assuming the 3.2% absence level is sustained over several quarters. There was cautious optimism that the risk could potentially be downgraded from high to medium, though this would require ongoing close monitoring.

Decision: The Committee accepted a limited level of assurance for the overall workforce risk (634) as it is out of appetite, and a moderate level of assurance for the other two risks.

Action: The suggested changes to the risks will be discussed at an upcoming Executive Team PRAM meeting before being brought back to the Staff Governance Committee for further consideration.

9. PAPERS FOR NOTING

9.1 Partnership Forum 3 Key Points

The key points were noted from the previous meeting.

9.2 Local Negotiating Committee Minutes

The minutes were noted from the previous meeting.

10. CLOSING BUSINESS

10.1 Board Report: three key points

The Key Points were agreed as follows: OD&L Update, Sickness Absence Deep Dive, Staff Governance Action Plan and the One Team discussion.

11. DATE OF NEXT MEETING

Next meeting will be held on 6 August 2025

Approved by: Duncan Service

Date: 6 August 2025