Staff Governance Committee Minutes – Approved

Meeting of the Staff Governance Committee of Healthcare Improvement Scotland at 10am, 22 October, MS Teams

Attendance

Present

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

In Attendance

Kenny Crosbie, Partnership Representative
Eddie Docherty, Director of Quality Assurance & Regulation
Melissa Dowdeswell, Director of Nursing & Integrated Care
Sandra Flannigan, Head of Organisational Development & Learning
Gillian Gall, Associate Director of Workforce
Ann Gow, Deputy Chief Executive
Ann Grant, Head of People and Workplace
Belinda Henshaw-Brunton, Staff Governance Associate
John McKee, Head of Communications
Tony McGowan, Deputising Director of Engagement & Change
Clare Morrison, Director of Engagement & Change
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence & Digital
Simon Watson, Medical Director – Director of Safety
Eddie Warde, Partnership Representative

Apologies

Aimie Littleallan, Partnership Representative

Clare Morrison, Director of Engagement & Change

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, giving a special welcome to Melissa Dowdeswell attending her first meeting as the Director of Nursing and Integrated Care. Apologies were noted as above.

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 6 August 2025
The minutes of the meeting held on 6 August 2025 were approved as an accurate record.

Decision: The Committee approved the minutes.

2.1   Review of Action Register for Staff Governance Committee
The Committee approved the proposed closures listed in the Action Point Register. The Chief People Officer informed the Committee that she would address action item 4.5 offline. The Committee Chair added that this action would also be revisited at the next Development Day in December. The Committee requested a watching brief on item 4.6, with formal update to next committee.

Decision: The Committee gained assurance from the progress with action points.
Action: Update to be provided by email during December.

3. COMMITTEE GOVERNANCE

3.1   Business Planning Schedule
The 2025–26 Business Planning Schedule (BPS) was presented to the Committee. The Chair noted that the BPS would be reviewed and updated ahead of the next meeting.

The Committee highlighted a gap in leadership and agreed that this requires further review on the BPS. It was also noted that updates on the staff bank would be provided to the Committee in due course.

Decision: The Committee noted the Business Planning Schedule.
Action: Review and update the Business Planning Schedule.

4. CORPORATE PLANS

4.1   Reduced Working Week
The Chief People Officer provided an update on progress supporting the implementation of the Reduced Working Week. The Chief Executive advised that in the absence of a guarantee around funding to support this initiative then this would be a first charge for 2026/27 in relation to savings.

The Committee noted the importance of addressing burnout issues identified through iMatter and pulse surveys. It was noted that a further progress paper would be brought to the Committee, outlining current progress, risks and key considerations ahead of implementation in April.

Decision: The Committee accepted moderate assurance on the work undertaken to date.

4.2   National Boards Collaboration

The Chief Executive provided a verbal update on National Boards Collaboration, Leading for the Future and Business Systems.

Leading for the Future: The Chief Executive reported that an All Staff Huddle had recently taken place to outline the proposals and principles of the programme. Eighteen immediate actions have been identified, with work now underway and posts advertised. Work within the Office of the Chief Executive is progressing and a staff development session is scheduled for November. The Performance and Delivery Board will meet in person for the first time on 13 November. Consideration is being given to engaging additional support for the rapid review, which will focus on assurance for safe staffing and service change. Alignment of 2026/27 objectives between Associate Directors and Directors will be presented to the Remuneration Committee in December, setting out the proposed process.

National Boards Collaboration: The Chief Executive noted a change in terminology with "national and regional" now referred to as "subnational." Further work is required to define the practical implications of this, which will be shared in due course. In response to questions, it was confirmed that there is currently no overarching "Fit for the Future" style framework guiding this work. However, if the subnational model progresses, there will be opportunities to plan services beyond individual board boundaries, while maintaining delivery at the local level.

Business Systems: The Chief People Officer advised that a subgroup of Directors of Finance will, over the coming months develop the full business case. A procurement timetable has been established, with suppliers expressing interest and now progressing through the process. Supplier demonstrations are anticipated for February 2026, showcasing system functionality and capabilities.

Decision: The Committee noted the updates provided.

4.3   HIS Employee

The Chief People Officer provided a verbal update and recap on the HIS Employee model. An evaluation of the model is currently underway, with comms issued to HIS employees and their managers. Data from this evaluation is expected shortly. Staff check ins have taken place, although these have been affected by turnover.

The proof of concept team has been reinstated with meetings scheduled to review emerging issues from the evaluation and consider opportunities to further develop the model. Reports will be presented to the Executive Team and Partnership Forum in December, with a full report due to this Committee in February. Interim briefings will be provided as information becomes available. It was noted that two additional posts are being recruited into the HIS Employee cohort through other programmes.

The next phase will focus on expanding the model, refining operational arrangements and developing the supporting financial model.

Following discussion, the Committee noted the following points:

a) The proposal to advertise ten additional posts. With the phase 2 explore scalability and potential opportunities for existing staff to express interest, with standard processes applied to manage any resulting service gaps.
b) Data from exit interviews for former HIS employees is not yet available and participation in these interviews is voluntary. Information on the interviews will be shared once confirmed.
c) Ongoing engagement with HIS employees within the People and Workforce Directorate continues, with learning from the first cohort informing improvements to enhance future experiences.
d) The Committee suggested increasing communication regarding scalability and upcoming changes to the model.

Decision: The Committee noted the update on the HIS Employee model.
Action: Review available data from exit interviews with former HIS employees and provide a summary to the Committee once confirmed.

4.4   Impact of New Medical Workforce Model

The Medical Director/Director of Safety provided a verbal update on the Medical Model, which has been implemented to strengthen strategic medical leadership within HIS. The model shifts doctors away from project specific roles towards broader senior medical leadership, using their expertise and connections to provide strategic advice across the organisation.

Initial focus areas included Women's Health, Psychiatry, Children's Care, Acute Hospital Care, and General Practice. Doctors in these roles support improvement programmes, quality management system work and quality assurance and regulation. Since the start of the financial year, the model has improved coverage in quality assurance and regulation, ensuring specialist advice is available when required while maintaining relationships with improvement programmes.

Challenges include supporting doctors to transition from a project based approach to a broader strategic advisory role. The new Associate Medical Director (starting November) is expected to support this development. A formal evaluation of the Medical Model will be undertaken once the Associate Medical Director is in post, informed by the Committee's guidance on the focus areas.

The Committee suggested the formal evaluation should highlight: Positive outcomes and benefits observed to date, challenges encountered and mitigation strategies, anticipated impact on the wider system and future development and sustainability of the model.

Decision: The Committee noted the update provided on the Medical Workforce Model

5. WORKFORCE METRICS

5.1   Workforce Report

The Committee received a paper on the current workforce position and workforce details within HIS.

Discussion from the Committee highlighted the following:

a) Sickness absence positive. There is a need for ongoing monitoring to ensure absence is managed appropriately and requested updates on actions being taken in response to any changes.
b) The Committee noted the importance of the workforce plan clearly outlining the current position, future requirements, and the steps to achieve them. In light of ongoing structural changes, it was confirmed that the workforce plan will be revisited, with work underway

across registered healthcare professionals to test service level workforce planning, which may inform the next iteration of the overarching board workforce plan.

Decision: The Committee reviewed the workforce report and accepted moderate assurance.

5.2   Medical Revalidation Update
The Committee received an update paper on medical revalidation for 2024–25.

Appraisal type meetings were noted as a useful opportunity to gather system intelligence and contacts for account management roles, while recognising the need to manage confidential discussions carefully.

Alternatives to the current model were questioned. The new Associate Medical Director can undertake some of this work strategically and outputs could be shared voluntarily where appropriate. This approach also provides other medical directorates with insight into HIS processes to support decision making.

Decision: The Committee scrutinised and accepted significant assurance.

5.3   Pharmacy Workforce Governance Report
The Committee received a paper on Pharmacy Governance within HIS.

The following was clarified from comments and questions:
a) Appraisal processes for pharmacists differ from medical revalidation due to varying mandatory requirements. Similar distinctions exist for nurses, midwives and Allied Health Professionals (AHP's).
b) Assurance was sought that staff are being allocated sufficient time to complete revalidations.
c) Medical appraisal focuses on reflective practice. Guidance from the General Medical Council and others clarifies that while reflective practice may highlight concerns, these should be addressed through appropriate alternative routes.

It was agreed that all revalidation papers should be presented to a single meeting for the 2026–27 cycle. The Chief Pharmacist noted ongoing work to refine and align revalidation processes.

Decision: The Committee supported the approach and significant assurance was accepted.
Action: Update the BPS to align revalidation processes.

6. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION

6.1   Organisational Development & Learning (OD&L) Update
The Committee received a report detailing the work being developed and progressed by the OD&L team.

The Cyber Security Champion noted that completion rates for cyber security training are the lowest and queried how these would be improved. It was explained that this is being addressed through Cyber Security Month activities, including PR and making modules easier to access. Progress will be monitored and further conversations held if needed.

Issues with Turas not registering completions were highlighted, with the view that the system needs reviewing before fully interpreting the training figures.

In relation to HIS Campus, the Committee noted that course non attendance is primarily due to capacity. Work is ongoing to make protected learning time meaningful and improve participation.

Comparative data from the previous year would be helpful to assess whether training and Personal Development and Wellbeing Review targets are on track.

Decision: The Committee accepted moderate assurance on the work being delivered by OD&L.
Action: Monitor and report on improvements in cyber security training completion and HIS Campus course attendance, including comparative data where available.

7. STAFF GOVERNANCE STANDARDS

7.1 Staff Governance Monitoring Return
The Committee received a paper providing the detail received from the Scottish Government regarding the assurance of compliance of the Staff Governance Standard for 2024-2025, and detail for consideration for the reporting requirements for 2025-26.

Decision: The Committee noted the detail provided and accepted moderate assurance.

7.2 Staff Governance Action Plan Directorate Presentations Forward Planner
The Chief People Officer provided a verbal update to the Committee on the schedule for the upcoming directorate presentations. The confirmed schedule is as follows: February 26 - Community Engagement & Transformation, May 26 - Medical & Safety, August 26 - Quality Assurance & Regulation, October 26 - Evidence & Digital, February 27 - Nursing & Integrated Care. Following this, the cycle will recommence.

Decision: The Committee noted the update.

8. RISK MANAGEMENT

8.1 Risk Management/Risk Register
The Committee received a report on current strategic and operational risks. No changes were reported to the strategic risk register, with three risks remaining linked to the workforce strategy. High and Very High operational risks have reduced to one.

The Committee questioned whether all workforce risks should be reported as green, noting a possible disconnect between reported and actual risks. It was confirmed that this issue is being addressed through the Audit and Risk Committee, with mitigations in place.

Regarding Risk 1357, additional resources have been provided, and vacancies approved for release, however, the risk scoring may need to be reviewed. The Committee suggested the Risk Subgroup review all workforce risks.

Decision: The Committee accepted a moderate level of assurance on the strategic risks.
Action: Review all workforce risks.

9. PAPERS FOR NOTING

9.1 Partnership Forum 3 Key Points
The key points were noted from the previous meeting.

10. CLOSING BUSINESS

10.1   Board Report: three key points
The key points were agreed as follows: HIS Employee, Reduced Working Week and National Boards Collaboration.

11.DATE OF NEXT MEETING

Next meeting will be held on 26 February 2026

Approved by: Duncan Service

Date: 25 February 2026