Staff Governance Committee Minutes– Approved

Meeting of the Staff Governance Committee of Healthcare Improvement Scotland at

10am, 6 May 2026 via MS Teams

Attendance

Present
Duncan Service, Non-Executive Director/**Committee Chair**
Michelle Rogers, Non-Executive Director/ Committee Vice Chair
Carole Wilkingson, HIS Chair
Keith Charters, Non-Executive Director
Judith Kilbee, Non-Executive Director

In Attendance
Ann Gow, Deputy Chief Executive
Belinda Henshaw-Brunton, Staff Governance Associate
Clare Morrison, Director of Engagement & Change
Eddie Docherty, Director of Quality Assurance & Regulation
Eddie Warde, Partnership Representative
Gillian Gall, Associate Director of Workforce
Gillian Hennon, Chief Finance and Risk Officer
Jane Illingworth, Head of Planning and Governance
Kenny Crosbie, Partnership Representative
Lesley MacFarlane, Portfolio Lead, Health Care Staffing Programme (Item 5.1)
Lindsay Fielding, IIOB Strategic Lead (item 3.3.1)
Melissa Dowdeswell, Director of Nursing & Integrated Care
Sandra Flannigan, Head of Organisational Development & Learning
Simon Watson, Medical Director–Director of Safety
Yvonne Semple, Chief Pharmaceutical Advisor (Deputy for Safia Qureshi, Director of Evidence & Digital)

Apologies
Aimie Littleallan, Partnership Representative
Ann Grant, Head of People and Workplace
Evelyn McPhail, Interim HIS Chair
John McKee, Head of Communications
Nicola Hanssen, Non-Executive Director
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence & Digital

Observing
David Johnston, Head of Finance & Procurement

Meeting Support
Beverley Harkins, AO, Planning, Finance & Governance

1. OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome and Apologies

The Chair welcomed everyone to the meeting, giving a special welcome to Carole Wilkinson who has recently returned to her role as HIS Board Chair. The Chair acknowledged the return of HIS Board Member Evelyn MacPhail as Committee Co-Chair at the August meeting. The Chair noted the reformatted meeting agenda. Apologies were noted as above.

1.2 Declarations of Interest

There were no declarations of interest.

2. COMMITTEE GOVERNANCE

2.1 Minutes of Staff Governance Committee held on 25 February 2026

The minutes of the meeting held on 25 February 2026 were reviewed and approved as an accurate record.

Decision: The Committee approved the minutes of the meeting held on 25 February 2026.

2.2 Review of Action Point Register

The Committee reviewed the updated action point register. The Chair confirmed the action register has been reviewed to ensure clarity prior to the discussion at the Committee meeting in February.

Further revision to the action point register discussed. Suggestion of using a colour system for action status. Committee members agreed that the use of 'ongoing' be removed from the action status column and updated with the date or quarter of expected completion.

Action: Action register to be further reviewed.

Decision: The Committee approved actions detailed as recommended for closure.

2.3 Business Planning Schedule 2026-17

The Committee reviewed and approved the Business Planning Schedule 2026/27. No discussion.

Decision: The Committee approved the Business Planning Schedule 2026/27.

2.4 Annual Report and Committee Terms of Reference

The Committee reviewed the updated Annual Report. The Chair noted no comments received electronically ahead of the meeting.

The Committee noted the Workforce Strategy being omitted from section 8 Future Actions. The Committee approved the Annual Report to be presented to HIS Board following the amendment to section 8 Future Actions.

Action: Add Workforce Strategy to section 8 of the Annual Report.

Decision: Annual Report to be presented to HIS Board.

The Committee reviewed the updated Terms of Reference. The Committee approved the suggested changes highlighted in red. The Committee noted the reference to the Anchors Plan requires explanation. The Committee agreed the Workforce Plan be presented to each meeting for update.

Action: Provide narrative to describe the Anchors Plan to the Terms of Reference.

Action: Transfer the Workforce Plan requirement to every meeting under section 6 of the Terms of Reference.

Decision: The Committee approved the Terms of Reference with the agreed amendments.

3. WORKFORCE PLANNING

3.1 HIS Workforce Strategy

The Interim Chief People Officer presented the report and Draft Workforce Strategy Deliver Plan 2026 - 2027. The initial draft of the Delivery Plan is with the Staff Governance Committee (SGC) for early sight and consideration. The Committee are asked to review the priorities, actions and key performance indicators and provide comments. The draft transition plan 2026 -2027 will build the foundations to allow time to develop a future focused People and Workforce Strategy 2027-2030.

The Committee discussed and queried whether some actions reflected activity already underway and if actions should better distinguish new work. Committee noted the importance of clear organisation wide communication about workforce planning. The Committee also noted the need to align workforce planning with wider organisation initiatives including agile workforce arrangements.

Decision: The Committee reviewed the report and accepted the moderate level of assurance offered. The Committee agreed that workforce planning updates will continue on a quarterly basis with the August meeting update focusing on workforce definition and progress with Directorate Engagement.

Action: Refine and develop the draft workforce transition plan incorporating Committee feedback.

Action: Undertake engagement with Directorates, staff groups and the Partnership Forum to inform the final workforce plan. Develop communication to staff to inform of workforce planning progress, timelines and expectations.

Action: Begin shaping the 2027-2030 workforce plan and integrate agile workforce and organisational initiatives.

3.2 Exit Interview

The Interim Chief People Officer presented an update paper on exit interview data covering the 2024/25 and 2025/26 periods. The paper related to an action originally raised at the October 2025 committee meeting. It was noted that exit interviews continue to be routinely offered across the organisation, with HR facilitating the process to enable staff leaving the organisation to provide feedback on their experience.

The Committee discussed the effectiveness and purpose of the current exit interview process noting previous approaches had not produced sufficient useful information. The Committee considered whether a more neutral or independent approach to conducting interviews could encourage staff to speak more openly and address concerns about discussions taking place within management structures. It was acknowledged that this may help improve the quality and openness of feedback received. The Committee discussed how exit interview information is used organisationally, noting that the information can help identify wider cultural themes and organisational issues. It was highlighted there would be value in comparing exit interview themes with iMatter findings to identify recurring concerns or trends.

Decision: The Committee reviewed the report and accepted the moderate level of assurance offered. The Committee agreed that exit interview reporting should continue to return routinely through the Committee cycle.

Action: Explore options to make the process easier and more accessible for staff members leaving the organisation and promote awareness of the process.

Action: Consider whether a more neutral or independent approach to conducting exit interviews would improve feedback quality.

Action: Compare exit interview themes with iMatter findings to identify recurring organisational or cultural issues.

3.3 Use of Clinical Expertise across HIS

The Director of Medical and Safety provided a verbal update to the Committee noting that the original Leading for the Future discussions had focused primarily on clinical and medical leadership, but that the organisation's needs had since broadened to encompass multidisciplinary (MDT) clinical expertise more widely. It was highlighted that work was progressing among medical staff groups within HIS and underway within pharmacy teams and there was increased recognition that a broader MDT approach would be more beneficial for the organisation.

The Committee discussed and recognised that the original scope of discussion had evolved since the item was first proposed. It was noted HIS has significant clinical expertise across the organisation that is not always utilised as effectively as it could be. It was also noted that considertation could be given to how new clinical expertise is brought into the organisation.

Decision: The Committee agreed that a broader MDT approach to clinical expertise should be developed and a joint paper be prepared and presented to both the Staff Governance Committee (SGC) and Quality and Performance Committee (QPC).

Action: Joint paper to be prepared and presented to the SGC and QPC. Paper to outline how clinical expertise can better support the organisation and include consideration of existing clinical expertise across HIS, MDT approach and approach to bringing new expertise into the organisation.

3.4 Internal Review – Workforce Implications

3.4.1 Review of Evidence and Evaluation Services

The Chief Pharmaceutical Adviser presented the paper to Committee for awareness and an update on the ongoing evidence review. She outlined that the purpose of the evidence review is to strengthen the impact of evidence and evaluation activity across the organisation and wider NHS health and care systems.

The Committee discussed. It was noted that the review remains in discovery phase with governance arrangements established including a programme project team, programme board, an external review reference group being in place and the involvement of the Employee Director within governance arrangements. It was clarified that the intention is to take recommendations emerging from the discovery phase to the HIS Board meeting in June. The Committee welcomed the report positively highlighting themes around cross organisational working, stakeholder support and organisational collaboration. It was emphasised that, from a Staff Governance perspective, effective staff engagement, partnership involvement and consultation throughout the review process were key priorities.

Decision: The Committee noted the progress of the evidence review and governance arrangements currently in place. The Committee accepted the moderate level of assurance offered.

Action: Continue the evidence review discovery phase and develop recommendations for consideration at the June Board meeting.

3.4.2 Review of Statutory Assurance Functions

The Deputy Chief Executive presented the paper to Committee for awareness and an update to the work of the Review of Statutory Assurance Functions (RoSAF). It was highlighted that the review work

carried had included mapping current processes, engagement with teams, review of relevant legislation and development of recommendations aimed at improving assurance working across the organisation. It was noted there are opportunities to strengthen both intelligence generation and intelligence sharing through more consistent and standardised approaches. It was confirmed that the intention is to improve assurance co-ordination without destabilising existing teams and additional engagement with Directorate Management Teams is planned to provide reassurance and strengthen staff engagement.

Decision: The Committee noted the progress of the review and accepted the significant level of assurance offered. Final recommendations from the review will be presented to the June Board meeting following consideration through the Partnership Forum and Executive Team.

Action: Present final recommendations to the Partnership Forum, Executive Team and HIS Board.

3.5 HIS Employee Evaluation

The Interim Chief People Officer presented the paper to Committee with the summary recommendations emerging from the final report of the review of the HIS Employee model and to confirm the approach for developing an action plan to ensure their effective progression. The evaluation highlighted the importance of reaffirming the core principles underpinning the agile workforce model and embedding agility as part of a future focused workforce approach.

The Committee discussed. It was advised that the evaluation was a substantial piece of work with the 24 recommendations linking closely with wider organizational workforce developments already underway. Further discussion considered the future shape of the workforce model and how organisational portfolio working may require more operationally resilient structures. The Committee reflected on the terminology of HIS Employee Model and agreed that the preference is to move away from this terminology to stop the unintentional creation of a two-tier workforce.

Decision: The Committee supported the development of the structured action plan. It was agreed that oversight of the plan implementation would be managed through the Partnership Forum with ongoing reporting to both SGC and ET.

Action: Develop and implement a structured action plan arising from the evaluation recommendations. Integrate evaluation recommendations with wider organizational workforce initiatives and planning activity. Undertake further engagement regarding the future model and operational structures.

4.STAFF GOVERNANCE STANDARD

4.1 Mandatory Training

The Head of Organisational Development and Learning presented the paper to Committee for awareness noting the implementation of the NHS Scotland ‘Once for Scotland’ e-learning modules in March. Staff are now required to complete a total of 19 mandatory modules with a completion deadline of 2 September 2026. It was confirmed that compliance monitoring arrangements were in place including monthly reporting to the ET on Directorate performance and compliance. Current compliance is 75% across the organisation with a steady increase in compliance rates.

Chair noted the paper had been considered across other HIS Committees due to wider concerns regarding training compliance and advised that the SGC should focus on assurance and oversight of organisational compliance. Discussion focused on the level of assurance that could be taken from the current position. The Committee noted the challenge of maintaining compliance where modules expire at different times, the impact of introducing fixed deadlines and the role of protected learning time. Committee agreed that the monitoring arrangements and reporting presented provided reassurance regarding oversight and management of Directorate compliance levels. The Committee noted the shared corporate objective in the PDWR process.

Decision: The Committee agreed the approach in place to encourage completion of mandatory modules is multi-layered and accepted the significant level of assurance offered.

Action: Continue monthly monitoring and reporting of mandatory training compliance rates to Executive Team and relevant committees with the next update due at the August meeting.

Chair brought forward Item 7.1

7.1 Organisational Learning and Development Update

The Head of Organisational Learning and Development presented the update on core areas of work being progressed by the Organisational Development and Learning (OD&L) team to support HIS staff. The key achievements to date and planned activity for 2026/27 were outlined. Committee noted the recent launch of the HIS Campus site in May. The site is designed to provide a digital learning environment to support access to development opportunities and encourage a stronger culture across the organisation. The Committee also noted the development work linked to the Leading for the Future programme including one to one coaching for members of the PDB and commissioning external expertise to support collective leadership development. The Committee noted the recent iMatter launch and the PDWR process being underway. The Committee acknowledged the alignment between OD&L activity and the wider workforce strategy delivery plan.

Decision: The Committee noted the OD&L update and planned programme of activity for 2026/27. The Committee accepted the moderate level of assurance offered.

Chair returned to item 4.2.

4.2 Internal Audit Report - Equality

The Chair advised the Committee that the Internal Audit Report had not yet been finalised therefore not available for consideration by the Committee. The Interim Chief People Officer provided a verbal update noting that the audit work was carried out in quarter 4 with the final report expected within the following two weeks. The Chair noted that the audit relates directly to an existing action on the committee action point register concerning quality outcomes and that this would be revisited at the next meeting once the report was available.

Decision: The Committee agreed that the final internal audit report should be circulated electronically to members once received from the auditors and will be considered formally at the next meeting.

Action: Circulate the completed audit report electronically to committee members ahead of the August meeting.

Action: Revisit the related action concerning quality outcomes at the next committee meeting.

4.3 Office of the Chief Executive Organisational Change

The Interim Chief People Officer presented the paper for awareness noting the organisational change process associated with the Directorate restructure had now concluded and the newly formed Directorate structure was now operational. The Committee were advised that a small number of follow up actions remained outstanding and were being progressed by Executive Team members. The Committee raised no substantive questions.

Decision: The Committee noted the update and accepted the significant level of assurance offered.

4.4 Workforce Data inc. Health & Wellbeing, Employee Relations Activity

The Interim Chief People Officer presented the paper to inform the Committee of the current workforce position and pertinent workforce detail within the organisation. It as noted that the paper includes Directorate level absence data following the request at quarter 4 meeting.

The Committee discussed and noted a slight increase in overall turnover rates year to date. It was highlighted that absence levels have remained static for the second consecutive month and the PWDR completion rates have improved by 5%. Committee emphasized the need for continued monitoring

and advised underlying causes may need to be considered if absence rates increase again. The Chair highlighted the importance of supporting managers in complex workforce management areas and it was recognized by the Committee that these areas could be challenging. The Committee briefly discussed workforce reporting content and whether any additional metrics were required. It was suggested that health and safety incident reporting would normally be expected within the report framework, it was confirmed there were currently no incidents to report.

Decision: The Committee accepted the recommended moderate level of assurance for the workforce data report.

4.5 Staff Governance Action Plan Directorate Presentations – Medical and Safety

The Director of Medical and Safety gave a verbal update on the presentation shared to screen providing an overview of developments within the Directorate focusing on organizational evolution, workforce structures and support arrangements. He highlighted the increasing use of corporate approaches to workforce deployment and cross-directorate work. It was noting that while this had strengthened the corporate approach to workforce deployment, it may now be appropriate to review whether existing structure remained the right one for the future.

The Committee discussed and noted the positive contribution made by programme managers, administrative officers and managers in supporting increasingly flexible ways of working across the organisation. Discussion also considered the communications team, which had recently joined the Directorate structure. It was noted that communications staff had experienced repeated organisational changes in previous years. Committee agreed on the importance of stability, reassurance and continued workforce support for the team moving forward.

Decision: The Committee noted the Medical and Safety Directorate update and presentation.

5. REPORTS FOR FOLLOW UP ASSURANCE

5.1 Staff Healthcare Staffing Programme Staff Bank

The Portfolio Lead of the Healthcare Staffing Programme presented the paper providing an update on progress within the programme noting the update included greater clarification and consolidation of information within the paper.

The Committee revisited a concern raised at the previous meeting around lone working. It was confirmed that advice sought from the Health and Safety Adviser confirmed that Bank Workers would not be classified as lone workers. Committee welcomed the update and commented positively on the value of consolidating the information into one report to support ongoing committee oversight and future review.

Decision: The Committee noted the content of the report and accepted the moderate level of assurance offered. It was agreed that a further update would be brought back later in the reporting cycle to review progress.

Action: Bring a future progress update back to Committee later in the reporting cycle, anticipated in Quarter 4.

6. RISK MANAGEMENT

6.1 Risk Management/Risk Register

The Chief Finance and Risk Officer presented the paper covering the staff governance risk management update for workforce risks that are outlined in both the strategic risk register and high, very high risks that are outlined in Directorates operational risk registers.

It was noted that there is no change to the Strategic Risk Register from the previous quarter's report. The key strategic risks relate to workforce pressures, organizational change and partnership working.

The Committee noted that some movement within operational risks across the directorates with key concerns focused on vacancies and recruitment challenges. Specific risk areas highlighted included the Scottish Patient Safety Programme, Chief Midwife capacity, Chief Allied Health Professional vacancy and pressures within the Nursing and Integrated Care Directorate. It was confirmed that recruitment activity was underway to strengthen organizational risk management capacity with both the Risk Manager and Head of Performance and Deliver being advertised. The Committee acknowledged the need for stronger cross-organisational ownership of workforce capability, assurance and skills development.

Decision: The Committee considered the update and accepted the moderate level of assurance offered for all strategic risks.

7. UPDATES

7.1 Organisational Learning and Development Update

Update provided earlier in the meeting.

7.2 National Updates

The Deputy Chief Executive verbally updated Committee noting that the National Planning structures are in place but highlighted there was uncertainty regarding future arrangements pending the outcome of the upcoming election.

7.2.1 Sub National Planning

The Deputy Chief Executive informed the Committee that two Sub National Planning Groups are currently operating. HIS has recently agreed revised internal arrangements to support engagement with these structures. Prior to revision, the support of this had rested with the Chief Executive, a new approach has now been implemented whereby Directors contribute directly to the Sub National Planning Groups and HIS Portfolios and Lead Directors have been aligned to the East and West Sub National Planning Groups. It was noted that aligning organisational portfolios to the sub national workstreams had helped create a cross-organisation approach and reduced the risk of fragmented representation from different areas of HIS.

Committee discussion focused particularly on workforce implications and it highlighted that participation in sub national structures places additional demands on staff alongside existing responsibilities and day-to-day operational work. The committee agreed it was important to continue monitoring the workforce impact of these arrangements.

Decision: The committee noted the ongoing development of sub national planning structures. The Committee agreed to continue monitoring the workforce implications arising from participation in the sub national planning arrangements.

7.2.2 Business Services Programme

The Interim Chief People Officer gave a verbal update on the presentation shared to screen on the National Business Services Programme. It was noted that NHS Scotland's current finance, HR, payroll and procurement systems are approaching end of life. The National Programme has therefore been established to implement a single modern cloud-based system across NHS Scotland. Committee noted the National Programme structure and governance arrangements.

Committee discussed and concern was raised in relation to the level of resources that will be required locally to implement the new system. Confirmation that the National Programme team are currently defining expected Board responsibilities, required resources, implementation tasks and readiness expectations. It was acknowledged that several aspects remained unclear at this stage although the readiness assessment process would help identify organisational risks, needs and mitigation requirements to inform discussion with the national programme team.

Decision: The Committee noted the update and agreed that further updates should be brought to the Committee as the National Programme progresses. The Committee agreed that important emerging

updates would be circulated electronically to Committee between meetings where appropriate.

Action: Provide ongoing progress updates and emerging information to the Committee, including electronic circulation of significant developments between meetings where required.

8. PAPERS FOR NOTING

8.1 Partnership Forum 3 Key Points

The key points were noted from the previous Partnership Forum meeting. No discussion.

8.2 Local Negotiating Committee

The Local Negotiating Committee minute of the previous meeting was noted for information. No discussion.

9. CLOSING BUSINESS

9.1 Board Report 3 Key Points

3 Key points were agreed as follows:

1. Workforce Planning
2. Mandatory Training – SGC Process for Managing
3. Workforce Risks.

9.2 Any other business

No other business raised.

9.3 Review of effectiveness of meeting

No discussion.

10.DATE OF NEXT MEETING

Next meeting will be held on 5 August 2026.

Approved by: Staff Governance Committee

Date: 5 August 2026