

# Staff Governance Committee Minutes – Approved

Meeting of the Staff Governance Committee of Healthcare Improvement Scotland at  
10am, 25 February 2026, Conference Room Delta House and MS Teams

## Attendance

### Present

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

### In Attendance

Eddie Docherty, Director of Quality Assurance & Regulation  
Melissa Dowdeswell, Director of Nursing & Integrated Care  
Gillian Gall, Associate Director of Workforce  
Ann Gow, Deputy Chief Executive  
Ann Grant, Head of People and Workplace  
Gillian Hennon, Chief Finance and Risk Officer  
Belinda Henshaw-Brunton, Staff Governance Associate  
Jane Illingworth, Head of Planning and Governance  
Tony McGowan, Deputy for Director of Engagement and 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  
Lindsay Fielding, IIOB Strategic Lead (item 3.3.1)  
David McArthur, Regulation Review Lead (item 3.1)  
Rosie Tyler-Grieg, Equality, Inclusion & Human Rights Manager  
Mhairi Hastings, Associate Director of Nursing and Midwifery

### Apologies

Kenny Crosbie, Partnership Representative  
Sandra Flannigan, Head of Organisational Development & Learning  
Aimie Littleallan, Partnership Representative  
John McKee, Head of Communications

## Meeting Support

Sara Cherry, PA to Director of Evidence & Digital

# 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 Jacqui Hepburn, Deputy Chief Executive & Director of Workforce at NHS24 who is observing the meeting. 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 6 August 2025

The minutes of the meeting held on 22 October 2025 were approved as an accurate record.

Decision: The Committee approved the minutes.

## 2.2 Review of Action Register

The Committee reviewed the action register and Board Members noted concerns over the number of outstanding actions that do not seem to have progressed.

Further concerns were raised regarding the Healthcare Staffing Programme Staff Bank risk; there is a lack of clarity as to where this risk sits and which committee is responsible.

Action: The Audit and Risk Committee (ARC) Risk sub-committee will review workforce risks with HR.

Action: Review the approach to the action register and tighten up the process to updating prior to committee meetings.

## 2.3 Business Planning Schedule 2026-17

It was noted that the clinical reports have been combined into one annual report to be tabled at the Q4 meeting.

## 2.4 Annual Report and Committee Terms of Reference

The committee welcomed the report and the clarity regarding the responsibilities of the committee.

The committee noted that it would be useful to have greater visibility of where papers have been discussed across the organisation before coming to the committee.

Action: Add assurance links to the Terms of Reference

Action: Further comments on the annual report to be shared before the next meeting.

Decision: Annual report to be signed off at the next meeting.

# 3. CORPORATE PLANS

## 3.1 Review of Regulation – Closed Session

This was a closed session.

## **3.2 Workforce Strategy**

The Chief People Officer gave an update on the reduced working week. Across HIS the reduction equates to 538 hours per week, the equivalent of 15 whole time equivalent (wte) staff. Some part-time staff have asked to retain their hours or asked for an increase in hours. Individual requests are being discussed at the vacancy review group.

The staff pulse surveys highlight concerns over workload and managing work/life balance.

We are currently working to the interim workforce plan which needs to be updated. The updated plan will be aligned to our strategic priorities and external drivers.

The Committee noted that the plan should include insights into the future workforce and a clear sustainability vision to ensure that we have the right people in the right place at the right time.

Board members were clear that the workforce plan needs to meet the needs of the organization.

Decision: The Committee considered the report and accepted the moderate level of assurance offered.

Action: Further update to be added to Q1 agenda including data regarding the amount of flexi time being accrued and data from the staff pulse surveys.

## **3.3 Leading for our Future**

### **3.3.1 Review of Assurance Function terms of reference**

The Deputy Chief Executive gave an update regarding the scope of the review which will encompass teams from across the organisation. There is a request not to move teams under one umbrella but ensure that there is better coherence with similar approaches across all teams involved in assurance. The review will focus on our legislative duties and how we ensure that all these are met in the most efficient way possible.

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

### **3.3.2 Strategic Design Board**

The Deputy Chief Executive gave an update regarding the plans for the strategic design board which will ensure that the future design of the organisation is sustainable and will provide cross-organisational oversight.

Decision: The Committee noted the update. No level of assurance was offered.

## **3.4 National Boards Collaboration**

The Chief Executive gave a verbal update outlining that the national and sub-national structures are now in place to deliver the service renewal framework. National Boards are required to report to both East and West sub-national groups. The work on national business systems is not currently active.

Decision: The Committee noted the update.

Action: Paper on sub-national planning and business systems to be provided to Q1 meeting.

## **3.5 Healthcare Staffing Programme (HSP) Staff Bank**

The Associate Director of Healthcare Staffing gave an update on the creation of the staff bank which will reduce the operational pressures on the Boards to support observational studies. A new cost code is being created so that costs can be monitored, all costs will be covered by the Healthcare Staffing allocation. The recruitment campaign for the first cohort of staff has been very successful with 36 preferred candidates.

Discussions regarding the payroll model and staff base are ongoing. Most staff banks across NHS Scotland pay their bank staff on a weekly basis and HIS is not set up for this. Bank staff are not classed as home workers as they are required to visit hospital sites, however, they do not have an office base

either.

The Committee requested that a lessons learned log is implemented across the organisation to ensure that there is a joined-up approach with previous learning considered at the start of any project.

The Committee asked how the lack of strong Wi-Fi at hospital sites would be overcome as the staff will require a reliable internet connection to ensure that observational studies are correctly recorded. The HSP team are working with ICT to ensure that the handheld devices issues to all bank staff will be compatible with the Dataverse to resolve this issue.

The Chief People Officer noted that a paper regarding the terms and conditions including lone working for bank staff is being taken to the next partnership forum meeting and will be added to the next Committee meeting.

Decision: The Committee considered the update and accepted the moderate level of assurance offered.

Action: Paper to be provided to the Q1 meeting for further discussion.

### **3.6 Anti Racism Plan update**

The Equality, Inclusion and Human Rights Manager gave an update on progress delivery of the action plan.

The Committee asked if the offer of training to all staff would include Board members as this would be useful. There are further discussions to be held about roll out of the training and Board members will be invited. A series of webinars will also be held; invites will be sent out to the organisation including Board members.

Decision: The Committee reviewed the update and accepted the moderate level of assurance offered.

## **4. WORKFORCE METRICS**

### **4.1 Workforce Data**

The Chief People Officer provided an update on organisational workforce metrics including sickness and turnover data. The Committee noted that the level of sickness absence is lower than this time last year, however, the turnover rate is higher. The reasons for this are currently unknown due to the low uptake of exit interviews as they are not mandated.

Decision: The Committee reviewed the report.

Action: Include sickness absence rate at a directorate level at the next meeting.

### **4.2 Nursing and Allied Health Professional Validation**

The Associate Director of Nursing and Midwifery provided an update that 91 members of staff have undergone professional validation. Internal assurance processes have been strengthened with a monthly cycle of registration monitoring, verification, reporting and escalation has been put in place.

There are plans to support inclusion of medical and pharmacy staff in this process with an ambition to open the process up to all healthcare professionals across the organisation.

Decision: The Committee considered the report and accepted the significant level of assurance offered.

## **5. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION**

### **5.1 Organisational Development and Learning (OD&L) Update**

The Chief People Officer presented the paper and asked the Committee to note the activities taking place across the organisation.

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

## 6. STAFF GOVERNANCE STANDARDS

### 6.1 Staff Governance Action Plan—Directorate presentations: Community Engagement and Transformational Change

The Director of Engagement and Change presented workforce data for the Community Engagement and Transformational Change Directorate.

The Committee noted that across the six units the majority of staff are in lower bands when compared to other Directorates. There has been a positive movement in performance data across the directorate and strong encouragement for all staff to dedicate time to mandatory training resulting in an increase in compliance.

The directorate sickness absence rate is high when compared to other directorates, but this is equivalent to previous years. The directorate has strived to ensure that there are clear lines of communication into and out of the senior team which is reflected in the directorate iMatter scores.

The directorate workforce plan is in the early stages of development but will be used to map skills, capabilities and future planning across the directorate.

The Committee welcomed the approaches taken to ensure that staff voices are heard and actions taken to create a positive culture within the directorate.

Concerns were raised by partnership colleagues regarding office accommodation for staff who work in the boards. The Director of Engagement and Change reassured the Committee that discussions are ongoing with boards so that coherent options can be offered to staff. The change in accommodation has been imposed upon us by boards who are taking a hot desk approach meaning that there is no dedicated office accommodation for our staff.

Decision: The Committee considered the update and accepted the moderate level of assurance offered.

## 7. RISK MANAGEMENT

### 7.1 Risk Management/Risk Register

The Chief Finance and Risk Officer presented the paper noting that there have been no changes in the strategic risk register since the last meeting.

The Committee noted that there is a disconnect between the strategic and operational risk register. There are a number of very high and high risks on the operational register that mention staffing issues which are not reflected in the strategic register. A number of these very high or high risks mention the HIS Employee model.

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

Action: Risk register to be reviewed and take into account the operational risks.

## 8. PAPERS FOR NOTING

### 8.1 Partnership Forum 3 Key Points

The key points were noted from the previous meeting.

### 8.2 Local Negotiating Committee

The Head of People and Workplace advised the Committee that the terms and conditions for Medical Reviewed have been agreed and most staff are happy with these.

## 9. CLOSING BUSINESS

### 9.1 Board Report: three key points

The key points were agreed as follows: Healthcare Staffing Staff Bank; Staff Governance Action Plan Directorate Presentation; Alignment of Operational and Strategic risks.

### 9.2 Any other business

Nothing to note.

### 9.3 Review of effectiveness of meeting

Nothing to note.

## 10. DATE OF NEXT MEETING

Next meeting will be held on 6 May 2026

Approved by: Staff Governance Committee

Date: 6 May 2026