Staff Governance Committee Minutes - Approved

Meeting of the Staff Governance Committee of Healthcare Improvement Scotland at 10am,

5 August 2026 via MS Teams

Attendance

Present

Duncan Service, Non-Executive Director/**Committee Co-Chair**
Evelyn McPhail, Non-Executive Director/**Committee Co-Chair**
Carole Wilkinson, HIS Board Chair
Judith Kilbee, Non-Executive Director
Michelle Rogers, Non-Executive Director
Nicola Hanssen, Non-Executive Director

In Attendance

Ann Gow, Deputy Chief Executive
Belinda Henshaw-Brunton, Staff Governance Associate
Carol Hampson, HR Manager
Clare Morrison, Director of Engagement & Change
David Johnston, Head of Finance & Procurement (Deputy for Gillian Hennon)
Eddie Docherty, Director of Quality Assurance & Regulation
Helen Meldrum, Head of Learning Transformation (NHS 24) / Interim Chief People Officer
Jane Illingworth, Head of Planning and Governance
Jacqui Hepburn, Deputy Chief Executive of People and Workplace (NHS 24)
Kenny Crosbie, Partnership Representative
Mhairi Hastings, Associate Director of Nursing and Midwifery (Item 4.5)
Robbie Pearson, Chief Executive
Ruth Thomson, External Reviewer (Item 3.3.1 and 3.3.2)
Safia Qureshi, Director of Evidence & Digital
Sandra Flannigan, Head of Organisational Development & Learning
Simon Watson, Medical Director–Director of Safety

Apologies

Aimie Littleallan, Partnership Representative
Ann Grant, Head of People and Workplace
Eddie Warde, Partnership Representative
Gillian Gall, Associate Director of Workforce
Gillian Hennon, Chief Finance and Risk Officer
Joan Hephzibah, Risk Manager
Keith Charters, Non-Executive Director
Melissa Dowdeswell, Director of Nursing & Integrated Care

Meeting Support

1. OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome and Apologies

The Chair welcomed everyone to the meeting and advised that the meeting was being recorded for purpose of the minute. The Chair welcomed Evelyn McPhail as co-chair of the Committee. The Chair noted his and the Committees thanks to Non-Executive Director Judith Kilbee and wished her well in her retirement. The Chair welcomed Helen Meldrum to her first meeting in her role of Interim Chief People Officer covering for Gillian Gall. Apologies 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 May 2026

The minutes of the meeting were reviewed and approved as an accurate record.

Decision: The Committee approved the minutes of the meeting held on 6 May 2026.

2.2 Review of Action Point Register

The Committee reviewed the updated action point register. The Chair confirmed the action register has been further reviewed since the last meeting.

In response to a question from Committee, the Chair noted the Equality Audit outcomes paper will come to a future meeting.

Action: Action register to be amended to detail the Equality Audit outcome paper.

Decision: The Committee approved the actions recommended for closure noting the revised action register. Committee agreed it provided greater clarity.

2.3 Business Planning Schedule 2026-17

The Committee reviewed and approved the Business Planning Schedule 2026/27. The Chair outlined work undertaken to align the committee workplan with Board schedules and reduce duplication. No further discussion.

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

Members noted correspondence received from Scottish Government relating to whistleblowing responsibilities and reporting requirements. It was advised that annual correspondence from the Cabinet Secretary to Whistleblowing Champions and Chief Executives was routine practice.

Decision: The update was noted for information and awareness.

3. WORKFORCE PLANNING

3.1 HIS Workforce Strategy: Progress Update

The Interim Chief People Officer presented an update on the Workforce Strategy and Workforce Delivery Plan advising Committee that following her review of workforce planning, it was proposed to extend the current Workforce Delivery Plan by eight months rather than develop a standalone Workforce Strategy at this stage. Committee supported the rationale for aligning workforce planning with future organisational strategy but expressed disappointment that a full workforce strategy would be delayed further.

In response to Committee concerns and points raised, the Interim Chief People Officer advised that:

- The detailed action plan had been intentionally provided to ensure transparency.
- Future reporting would become more strategic, prioritised and linked to organisational risks.
- Workforce dashboards would be developed to provide more meaningful intelligence and support

decision making.

- Culture would be a key element of future workforce planning, informed by iMatter outcomes and staff feedback.
- Workforce risks would be aligned more clearly with the organisational risk register.
- A more detailed workforce strategy implementation plan would be presented to the Board in February.

Decision: The Committee welcomed the progress made and supported the proposed extension of the Workforce Delivery Plan, while emphasising the need for stronger prioritisation, improved KPI reporting, clearer links to organisational risk, greater focus on culture and agile working, and shared leadership accountability for workforce improvement. The Committee agreed to take moderate assurance from the report while recognising that further work is required before a full workforce strategy is developed.

Action: Align workforce strategy actions and KPIs to relevant strategic risks. Review workforce KPIs to ensure they provide meaningful insight and continue to demonstrate progress against workforce strategy actions.

Action: Develop and present a fuller workforce strategy implementation plan, including timelines and milestones to Committee in quarter 4.

Action: Check and update lower-level workforce actions where target dates have passed but completion percentages remain below 100%, including Health & Safety actions. Provide update to Committee in quarter 4.

3.2 Use the Clinical Expertise across HIS

The Medical Director and Director of Safety presented an update on the use of clinical expertise across HIS and the development of future clinical leadership arrangements. In response to a question from Committee, the Medical Director and Director of Safety explained that secondment arrangements for medical staff support attracting high-quality clinicians whilst enabling them to maintain clinical practice and links with territorial boards. He acknowledged that some professional groups may require different workforce models and noted that further work is required to determine the most effective arrangements.

In response to a question from Committee regarding the Clinical and Care Staff Model, the Medical Director and Director of Safety advised that discussions were ongoing and no final model had been agreed. He noted further consideration was required to ensure the Forum effectively captures professional perspectives whilst remaining effective and inclusive.

Decision: The Committee welcomed the progress made in strengthening clinical leadership and supported the principle of a multi-disciplinary, organisation-wide approach. Members agreed that future development of the clinical model should be aligned with the wider workforce strategy and requested a further update later in the year. The Committee accepted the moderate level of assurance from the report, acknowledging the progress made while recognising that further work is required to develop a comprehensive clinical workforce model.

Action: Develop proposals for the future HIS clinical workforce model. Report progress and recommendations back to the Committee/Board.

3.3 Internal Reviews

3.3.1 Internal Reviews – Workforce Implications

The Deputy Chief Executive provided verbal update to Committee on the status of the work commissioned by the Strategic Design Board to review findings and recommendations arising from the internal reviews conducted across HIS. The Deputy Chief Executive informed Committee that common themes had begun to emerge from several recent reviews, including the Assurance Review and Greater Glasgow and Clyde Emergency Department After Action Review. She noted that similar recommendations were being made repeatedly and that there is value in examining these collectively to understand what they reveal about organisational culture, systems and leadership. A recent deep dive highlighted emerging trends including workforce planning, role clarity, leadership development, learning, project management capability and the use of digital systems.

The Committee discussed and welcomed the developments but acknowledged the findings were uncomfortable. Committee noted that a key priority for the current exercise should be understanding why recommendations failed to gain traction and what barriers prevented implementation. Committee agreed that identifying the causes of implementation failure was likely to be as important as identifying the recommendations themselves. In response to the discussion and a question from Committee on the consistency of project management

methodology, the Deputy Chief Executive acknowledged that implementation challenges appeared to be a recurring issue. She suggested that this may partly reflect the organisation's strong external focus and desire to deliver national programmes of work, which could result in internal improvement activity being deprioritised over time. She advised that the ongoing review would seek to explore organisational behaviours, leadership expectations and cultural factors in a way that encouraged learning rather than blame. She further confirmed that project management and standardisation of organisational methodologies were being actively considered as part of the work.

Committee highlighted the examples of early practical improvements welcoming the work to develop and publish an organisational structure chart.

Decision: The Committee noted the update and welcomed the systematic approach being taken to identifying organisational learning and embedding improvement. The committee agreed a moderate level of assurance.

Action: Ensure the next update report to Committee outlines actions taken, implementation progress, timelines and accountability arrangements to raise the level of assurance.

3.3.2 NHS Greater Glasgow and Clyde Emergency Departments Review After Action Review

The Deputy Chief Executive and External Reviewer presented the paper to Committee for awareness.

The Committee reflected on the report and acknowledged that the findings were difficult but necessary reading noting the issues highlighted relating to project management arrangements, programme planning, workforce capacity, governance, role clarity and organisational resilience. Particular concern was expressed about the extent to which Executive Directors had found themselves directly intervening to stabilise aspects of delivery. Members recognised that while this had ensured the success of the review, it was not a sustainable operating model for future large-scale reviews. The Committee agreed that meaningful partnership involvement should form part of future review governance arrangements.

In summarising the discussion, the Chair acknowledged the substantial effort undertaken by staff and welcomed the honesty with which the review had been conducted. He observed that while many aspects of the report gave rise to concern, the willingness of the organisation to examine its own performance demonstrated an important commitment to organisational learning.

Decision: The Committee agreed that implementation of recommendations would be critical and requested a further report outlining progress against actions and timescales. The Committee accepted that the report provided only a low level of assurance at this stage, not because of concerns regarding the quality of the review itself, but because implementation of recommendations remained at an early stage and tangible improvements had yet to be demonstrated.

Action: Develop and implement a response to the After-Action Review recommendations relating specifically to QARD owned actions. Bring progress report to next Committee meeting

3.4 Review of HIS Evidence and Evaluation Services

The Director of Evidence and Digital presented the paper to Committee providing a progress update on the ongoing review of the evidence and evaluation function. In response to Committee, the Director of Evidence and Digital acknowledged the challenge of balancing meaningful engagement with timely decision-making. She advised that an outline direction of travel was expected to be presented to the Board in September, with more detailed recommendations and implementation proposals planned for December. She emphasised the importance of maintaining transparency with staff throughout the process and agreed that implementation planning would need to be particularly robust in order to support successful change.

Decision: The Committee recognised the significant progress made on engagement and design activity but expressed less confidence in the clarity of future implementation arrangements. The Committee therefore agreed a split assurance position, recognising the strength of the work completed to date agreeing moderate assurance whilst also highlighting concerns regarding timescales and certainty around future decisions agreeing limited assurance.

Action: Next steps and associated implementation plan to be presented to Committee before final Board approval in December.

4. STAFF GOVERNANCE STANDARD

4.1 Internal Audit Reports - Workforce, People Management & Staff Governance

The Interim Chief People Officer presented the consolidated report that brought together outstanding workforce-related audit recommendations from across the organisation to Committee. In response to a Committee point raised about greater support should be sought from other functions to progress audit recommendations, particularly in relation to Equality Impact Assessment activity, discussion highlighted a number of existing organisational groups already contributing to this agenda and members recognised the importance of shared ownership. It was proposed that recommendations within future reports should make this clearer and explicitly reference the responsibilities of managers across the organisation in supporting implementation.

Decision: The Committee agreed that progress should continue to be monitored regularly and noted that future reports would provide updated completion dates for outstanding actions. The Committee agreed the moderate level of assurance provided and welcomed the additional visibility it provided. The Committee agreed that the purpose of the report is to endorse rather than to note.

Action: Continue reporting progress on workforce-related audits to Committee until outstanding actions are completed.

4.2 Workforce Data inc. Health and Wellbeing and Employee Relations Activity

The Interim People Officer presented the quarterly Workforce Data Flash Report to Committee highlighting the increase in the sickness absence figure, which had increased above the organisational target. The Committee expressed concern regarding the increased absence. Committee discussion reinforced the need for continued analysis of absence trends and strengthened workforce intelligence.

Decision: The Committee agreed that future workforce reporting should evolve in line with the developing workforce strategy and support greater understanding of emerging workforce risks. The Committee agreed the purpose of the report was for awareness and discussion rather than to note. The Committee agreed the significant level of assurance provided.

4.3 Mandatory Training Update

The Head of Organisational Development and Learning presented the update report to Committee for assurance. She advised Committee that the transition to the new national Once for Scotland mandatory training modules had been supported by a six-month amnesty period, allowing staff to complete the revised training package during protected learning time. Overall compliance rates had improved significantly, with average compliance now reaching approximately 80%, meeting the national target for the current year.

Committee agreed that while overall compliance figures were encouraging, assurance depended upon satisfactory completion of those modules which protected the organisation against significant operational and reputational risks. Responding to the points made by Committee, the Interim Chief People Officer advised work should be undertaken to review local support arrangements and identify whether improvements could be made to the learning platform experience.

Decision: The Committee welcomed the overall progress made whilst recognising that additional work remained necessary in a small number of areas. The Committee agreed that there was significant assurance regarding areas that had achieved required compliance levels and moderate assurance in relation to those areas that remained below target and required further improvement activity.

Action: Provide a further update on compliance levels and progress to the next Committee meeting.

4.4 iMatter

The Head of Organisational Development and Learning presented a report outlining the organisational response to the 2026 iMatter survey results noting that participation levels had decreased slightly compared to the previous year. The Committee welcomed the structured approach to responding to staff feedback and noted the close relationship between the findings from iMatter and many of the discussions that had taken place earlier in the meeting regarding culture, leadership and staff experience. The Committee recognised the importance of maintaining staff confidence in the process and ensuring that survey feedback was translated into visible action.

Decision: The Committee agreed that a future update demonstrating how local action plans were influencing organisational culture and staff experience was required. The Committee noted the report and accepted the moderate level of assurance that appropriate arrangements were in place to respond to the survey findings.

4.5 NMAHP Workforce Registration

The Associate Director of Nursing and Midwifery presented the paper to Committee for discussion outlining the

emerging national discussions on support for nurses and midwives who maintain professional registration while occupying posts where registration is not a requirement of their substantive role.

In response to Committee discussion, the Associate Director of Nursing and Midwifery advised that national regulatory expectations, particularly those of the Nursing and Midwifery Council, were becoming increasingly stringent and could create challenges for staff working in roles where registration is not a formal requirement. She proposed that the issue be considered as part of the development of the wider HIS clinical workforce model to ensure professional, regulatory and organisational requirements were aligned.

Decision: The Committee agreed that further work was required to develop a balanced and sustainable approach that supports professional registration while aligning with broader workforce, organisational and clinical workforce planning priorities. The Committee agreed that the issue required further consideration and supported continued development of options through partnership arrangements and future clinical workforce planning work. The Committee accepted the moderate level of assurance provided, recognising that the issues had been identified and further work was required before a formal position could be established.

Action: Bring a future paper, proposal and position statement to Committee once options have been developed in partnership through the Clinical Model work.

4.6 Staff Governance Action Plan Directorate Presentations – Quality Assurance and Regulation

The Director of Quality Assurance and Regulation provided a verbal update on the presentation shared to screen for information highlighting:

- developments in attendance management, staff engagement, mandatory training, workforce planning and leadership development.
- improvements in attendance and engagement while acknowledging ongoing challenges relating to workforce planning, sickness absence and professional capability.
- Strengthening partnership working and creating opportunities for staff to influence future direction through a series of themed working groups.
- Director role was not simply to direct improvement activity but also to remove barriers to implementation and ensure that staff voices informed change.

The Committee noted the strong focus being placed on organisational culture, psychological safety and staff engagement. The Committee highlighted the pressures associated with a growing volume of assurance and regulatory work and the need to ensure workforce capacity kept pace with expanding responsibilities. The Chair invited members to raise any further detailed questions directly outside the meeting due to time constraints.

5. REPORTS FOR FOLLOW UP ASSURANCE

5.1 Reduced Working Week

No discussion due to time constraints, carried forward to next meeting.

5.2 HIS Employee Action Plan

No discussion due to time constraints, carried forward to next meeting.

6. RISK MANAGEMENT

6.1 Risk Management/Risk Register

The Head of Finance and Procurement presented the paper in the absence of the Chief Finance and Risk Officer.

In response to a question from Committee regarding key posts within the Performance and Risk Team, the Head of Finance and Procurement advised that the Risk Manager was now in post and the Head of Performance and Delivery was due in post mid-August. He expressed confidence that these appointments would strengthen organisational risk management arrangements and support more rapid progress in reviewing existing risks.

Decision: The Committee concluded that the risk report provided an accurate account of the position at the time it was prepared but recognised that recent national developments had altered the risk landscape. Members therefore agreed that while moderate assurance could be taken from the current report, assurance relating to

future workforce risks remained more limited until the implications of national recruitment controls had been fully assessed and incorporated into organisational risk registers.

Action: Review and update the Strategic and Operational Risk Registers ensuring that they actively reflect the current workforce risks. Provide update at the next Committee meeting.

7. UPDATES

7.1 National Updates

7.1.1 Sub National Planning

No discussion – verbal update not presented due to meeting running over time, carried forward to next meeting.

7.1.2 Business Services Programme

No discussion – verbal update not presented due to meeting running over time, carried forward to next meeting.

7.1.3 STAC – Letter re Compensatory Rest

No discussion – verbal update not presented due to meeting running over time.

8. PAPERS FOR NOTING

8.1 Partnership Forum 3 Key Points

No discussion – update not presented due to meeting running over time.

8.2 Local Negotiating Committee

No discussion – update not presented due to meeting running over time.

9. CLOSING BUSINESS

9.1 Board Report 3 Key Points

3 Key points were agreed as follows:

1. Workforce Strategy and Workforce Delivery Plan
2. Use of Clinical Expertise across HIS
3. Mandatory Training and iMatter.

9.2 Any other business

No other business items raised.

9.3 Review of effectiveness of meeting

The Chair acknowledged that several agenda items had generated significant discussion and thanked members for their contributions. The Committee discussed the workforce strategy, development of the clinical workforce model and organisational learning from internal reviews as key themes requiring continued oversight and Board attention. The Chair noted that a small number of agenda items had received less discussion than originally intended due to time constraints. Members were invited to provide any additional comments outside the meeting and were assured that outstanding matters would be progressed through future reporting cycles where required.

The Chair thanked the Committee and attendees for their contributions and closed the meeting.

10. DATE OF NEXT MEETING

Next meeting will be held on 21 October 2026.

Approved by: Duncan Service / Evelyn McPhail, Committee Co-Chairs

Date: 21st October 2026