

<p>HIGHLAND NHS BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk</p> <p>NHS Highland na Gàidhealtachd</p>
<p>MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</p>	<p>1st July 2025 at 10.00 am</p>

Present

Elspeth Caithness, Employee Director
Bert Donald, Whistleblowing Champion
Kate Dumigan, Staffside Representative
Claire Laurie, Staffside Representative
Dawn MacDonald, Staffside Representative
Philip MacRae, Non-Executive, (Chair)
Gerry O'Brien, Board Vice Chair
Janice Preston, Non-Executive Director
Steve Walsh, Non- Executive (Vice Chair)

In Attendance:

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll and Bute Health and Social Care Partnership
Gaye Boyd, Deputy Director of People
Natalie Booth, Board Governance Assistant
Louise Bussell, Nurse Director
Heledd Cooper, Director of Finance
Fiona Davies, Chief Executive
Arlene Johnstone, Interim Chief Officer, Highland Health and Social Care Partnership
David Park, Deputy Chief Executive (until 10.58am)
Richard Macdonald, Director of Estates, Facilities and Capital Planning
Katherine Sutton, Chief Officer, Acute
Dominic Watson, Head of Corporate Governance
Gayle MacRae, Equality, Diversity and Inclusion Lead, Item 4.2
Bob Summers, Head of Occupational Health & Safety, Item 5.4 & Item 5.5
Derek McIlroy, Guardian Service, Item 5.8
Julie McAndrew, Guardian Service, Item 5.8

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and thanked S Walsh for chairing the previous meeting. Apologies were received from N Wright.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 6th MAY 2025

The minutes were **approved** and **agreed** as an accurate record.

2.2 ACTION PLAN

Action 136 – Staff Governance Monitoring – This item is on the agenda, action now closed.

2.3 COMMITTEE WORKPLAN 2025-2026

The Chair confirmed he would discuss outstanding actions in the next agenda planning meeting.

Action: Update on progress against the Statutory Mandatory Training plan to be provided at forthcoming agenda setting meeting.

Committee Members noted the workplan

3. MATTERS ARISING NOT ON THE AGENDA

3.1 Staff Governance Monitoring Group Update

Update from Gaye Boyd, Deputy Director of People

The paper had been to the Area Partnership Forum where it had been agreed that a Staff Governance Standards Monitoring Group would be set up, this group would continually review NHS Highland's work in relation to meeting the Staff Governance Standards.

A workplan would be created and this group would report to the Area Partnership Forum and Staff Governance Committee. It was noted that as staff side had not had an opportunity to collectively review the paper they would provide nominations for the new group in due course.

The Committee noted the report and took substantial assurance.
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4. Spotlight Session

4.1 Finance

Heledd Cooper, Director of Finance

The Director of Finance spoke to the presentation wherein it was highlighted:

- Teams that were originally part of the People and Culture directorate had now moved to Finance which included the Payroll team, Safe Haven team, Travel team, E-Health Procurement and Community Equipment Stores
- Within the workforce profile it was noted that 38% of staff were over 55 years old with 13% of staff over 60 years old, 73% of the workforce were female, this had increased due to the integration of the added teams, 17.5% of staff worked part-time. The skill-mix of the workforce had changed with an increase of band 4, band 5 and band 6 job roles, there were now fewer band 2 and band 3 roles within the workforce.
- Work was ongoing to update the equality and diversity data held for the team in order that further support could be provided if required.
- Sickness absence was below average with it being noted that the main categories of sickness for May 2025 had been anxiety/depression and chest & respiratory problems. 23% of sickness was due to long term absence.
- Completion of statutory and mandatory training sat at 95% with new team members being given the time and space to complete necessary training and appraisal rate completion sat at 94%
- I-Matter results showed that the overall Employee Engagement Index (EEI) had remained static at 77. The number of recipients had increased from 150 to 189. Respondents had decreased from 89% to 74%. The highest scores related to direct line management and

support and being clear about roles and responsibilities. It was noted that the key themes would be identified to reset the improvement plan going forward.

- Organisational Development focus was on improving finance/procurement sites with a finance and procurement training programme to be rolled out for 2025/26. It was noted work was underway to promote work experience placements and other opportunities in NHS Highland. Career pathways had been drafted for two teams, namely procurement and transport; which were based on NHS Lothians model. There had initially been three placements through Highland Council, which resulted in two individuals securing permanent roles. At the time of reporting, two placements were ongoing, selected from a pool of 120 applicants. The Modern Apprenticeship programme had also delivered two placements in procurement and one in finance.
- The Financial Management team had a newsletter called “Make that Change”, a Teams channel had also been established, and this would be rolled out across the whole department. The first newsletter had been viewed by 40 staff from an audience of 80. There had been 39 ideas submitted with ten being taken forward after consideration.
- It was noted that by May 2025, the procurement team had reduced its average daily backlog of requisitions from 550 in May 2023 to just 56. In May 2024, the backlog had already dropped to 104. The team had consistently processed over 100% of incoming requisitions, and the remaining backlog in 2025 consisted mainly of complex cases requiring input from multiple stakeholders.

Committee Members commended the Director of Finance for the improved completion rates of statutory and mandatory training, as well as appraisals. The Whistleblowing Champion had also praised the presentation and asked how the Whistleblowing service had been promoted within the team. The Director of Finance had explained that transparency had been key to integrating new teams and that she held well-attended quarterly team meetings, where the Guardian Service had presented.

Information about the service had been regularly shared, supported by strong internal communication. The Director of People and Culture had also commended the Director of Finance for successfully integrating the new teams into her directorate.

Committee Members asked whether sharing case studies from staff who had completed appraisals could help ease anxiety for those unfamiliar with the process. The Director of Finance agreed and explained that merging teams with similar responsibilities into one directorate had improved service planning and delivery, with positive staff feedback. She confirmed that case studies could be developed to support staff.

In response to a query about sickness absence related to back pain, the Director of Finance noted that many staff were desk-based and that some had accumulated overtime and annual leave prior to integration. To improve work-life balance, overtime had been stopped and staff were encouraged to take leave, which was expected to reduce absence rates. The Director of People and Culture added that musculoskeletal and mental health issues were the leading causes of sickness absence across all Boards.

4.2 Health and Wellbeing Update

Gaye MacRae, Equality, Diversity and Inclusion Lead

The Equality, Diversity and Inclusion (EDI) Lead spoke to her presentation wherein it was highlighted:

- The Health and Wellbeing Oversight Group had been set up in 2023 and was now chaired by G MacRae. The group met every six weeks and was attended by staff side colleagues, managers and professional leads.
- The group reported both to the Area Partnership Forum and the Staff Governance Committee and was noted the Health and Wellbeing Strategy was published in 2025 with a review planned by 2027.
- Themes identified covered Wellbeing, Leadership and Equality. The strategy aligned with Annual Delivery Plan, the Together We Care Strategy, the Anchor Plan and national

drivers. It was noted the Oversight Group would oversee the action plans for each workstream.

- Some of the work underway or completed included: The launch of new Employee Assistance Programme, Leadership and Management Conference, Wellbeing Roadshow, Updated website, Staff Benefits, Men's Health Week, Stress at Work Project Group and the launch of the Staff Networks programme.
- The Employee Assistance Programme was provided by Health Assured and had been launched in February 2025. Proactive engagement sessions had been held across NHS Highland teams with a mix of online and face to face sessions. 89 colleagues had joined the session on the day of the Leadership Management Conference.
- 115 colleagues had contacted the service since launch with 532 people registered with the Wisdom app. The main counselling call themes were anxiety and addiction, and the Health and Wellbeing Oversight Group would be looking further into these themes.
- The Wellbeing Roadshow had been ongoing since the 12 June and feedback was very positive with approximately 130 colleagues having attended. Plans to have a second phase with different locations were ongoing.
- The Leadership and Management Conference had taken place with the theme of building a culture of care, compassion, wellbeing and inclusivity. Recordings from the conference had since been uploaded to YouTube enabling further engagement. Feedback forms had been sent to attendees.
- Occupational Health support staff had launched a new Workforce Psychology Service which was available in person or using Near Me. Work was ongoing in respect of developing training for managers in the support that Occupation Health could offer.

The Whistleblowing Champion queried the next steps to be taken after the Leadership and Management Conference. The Director of People and Culture explained that this would be covered in more detail later in the agenda.

Committee Members sought clarity around the support provided to staff who were an unpaid carer. The EDI Lead explained that an Unpaid Carers Staff Network had been launched in May and had been very successful. A toolkit had been created for managers and was available on the Intranet. The Director of People and Culture highlighted the need for awareness of the many policies that NHS Highland had in relation to support that was available to staff.

Committee Members asked about Occupational Health's capacity to support staff as awareness sessions increased and also queried the inclusion of addiction in sickness absence data. The Director of People and Culture clarified that addiction was not recorded as a formal absence reason, but anonymous data from the Employee Assistance Programme provided insight into support needs, reflecting wider societal trends. The EDI Lead confirmed that increased Occupational Health referrals had been factored into ongoing planning.

Items for Review and Assurance

5.

People and Culture Portfolio Board Update

5.1 Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture provided an update and explained the Leadership and Management Conference had been a huge success and was currently being evaluated, the development programme was progressing well. The Health and Wellbeing update had been well received at the last Area Partnership Forum where it had prompted good conversation; and had been well received by partnership colleagues.

During discussion the following points were raised:

- Committee Members had raised concerns about the leadership conference and the optional nature of training for managers, questioning how assurance could be provided when attendance was not mandatory. They also queried how insights from exit interviews

could be accessed to support learning. Regarding whistleblowing, members noted that during the Whistleblowing Champion's recent visit to Argyll and Bute, staff had been reluctant to engage due to the location chosen for discussions. It was suggested that offering an online meeting in advance could have allowed staff to raise concerns more comfortably ahead of the visit.

- The Director of People and Culture explained that leadership programmes were being refreshed with positive engagement, and that where management capability issues were identified, supportive improvement plans were put in place. He emphasised the importance of developmental support in areas where concerns had been raised.
- The Director of Finance acknowledged the concern about optional training but noted that part of her role was to ensure lower-level managers had the resources and knowledge to perform effectively. Training uptake was monitored, and action was taken where performance gaps were identified. She added that responsibility for developing managers also rested with senior leaders, not solely with the Director of People and Culture.
- The Whistleblowing Champion had queried how information about training modules was being shared across the organisation, noting that uptake appeared low. The Director of People and Culture had committed to investigating further and reporting back to the committee. He also emphasised the importance of not only promoting the training but ensuring staff had time to participate.

Action: Director of People and Culture to investigate the circulation of information regarding the leadership training modules to managers.

The Committee noted the report and took moderate assurance
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5.2 Integrated Performance and Quality Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report wherein it was highlighted:

- The positive movement within the report such as absences which had reduced from previous years.
- Vacancy Time To Fill had continued to reduce in the number of days taken to complete.
- The recorded absence reasons figures had started to increase once more with work being done to reduce these figures. It was noted that this could be related to absences that were reported but not to the direct line manager.
- The e-learning training metrics had been split as it had been noted that bank staff numbers had been included in the completion rates. As a result, the figure sat at 78.1% which showed a higher number of completions for substantive staff. A different mechanism was now in place to monitor the bank staff completion rate of training.
- A Short Life Working Group (SLWG) would look at how to improve the completion of appraisals and would report back in August.

The Chair asked whether appraisal processes applied to bank staff and if data was available. The Director of People and Culture confirmed that bank staff were included, noting two types: those solely on the bank and those with substantive contracts with the challenge being the ability to track the data sufficiently for staff solely on the bank.

Committee members queried the reported turnover figures, seeking further context. The Director of People and Culture agreed that "target" was not the right term, as turnover figures were for monitoring purposes only.

Committee members also asked about tracking internal staff movement. The Director of People and Culture agreed to compile a glossary and work with the Deputy Director of People to support clearer reporting.

Action: Director of People and Culture/Deputy Director of People to compile glossary.

The Committee noted the report and took moderate assurance.

5.3 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture asked committee if the frequency of the report was appropriate suggesting a less frequent reporting cycle to committee. The Chair queried the reworking of the Level 2 risks and the governance arrangements in place around this work. Citing the three risks that had been updated and the risk level associated he queried whether a reassessment of the work done in relation to these would be appropriate.

Committee Members agreed they would not be comfortable with less frequent risk reporting citing the importance of being aware of the progression of the risks. The Director of People and Culture highlighted that the high-level risks within the report were Board level risks and as such would require to be discussed at Board moving forward. In relation to the reassessment of risks it was noted that the new Head of Corporate Governance had started in post and risk management would be refreshed going forward.

The Director of People and Culture added that a workshop within the People and Culture Directorate had been held on operational risks. The workshop had covered several areas including health and safety, and he assured the committee that a process of review was underway.

The Committee noted the report and took moderate assurance.

5.4 Health & Safety Annual Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture thanked the Head of Health & Safety and his team for the work done within the report, with it being highlighted:

- There had been a lot of positive improvement work done in relation to the different operational areas and their reporting.
- There had been good progress in the governance of the subgroup that had been established in the different areas.
- Workshops had been held this year focusing on different areas and a very positive workshop had been held in relation to lone working covering what had worked well and what required improvement.
- A three-year strategy was being developed in partnership with the various groups which would bring more clarity to the organisation in relation to the areas where improvement was required.
- There would be a focus on compliance with risk management which was one of the key elements going forward.

During discussion the following points were raised:

- Committee Members queried the health and safety requirements for staff working from home, specifically in relation to the Display Screen Equipment Project Charter and how compliance would be monitored. The Head of Health & Safety explained that national policies addressed both the physical and mental health aspects of home working. It was noted that policies for both office and home working were being reviewed and updated, as the current legislation was outdated. Work-related stress was also under review in collaboration with Health and Wellbeing to avoid duplication of efforts.
- Committee Members asked whether there were measures in place to ensure staff could raise concerns and feel heard. The Head of Health & Safety responded that a Health &

Safety Leadership course, delivered twice a year, included leadership and civility training. Feedback from the certificated course had been very positive, and it was hoped this would support the softer aspects of health and safety. It was also noted that staff had several avenues to raise concerns, including the Guardian Service.

- The Director of People and Culture highlighted the importance of understanding how health and safety data was used to inform improvement plans. They emphasised that strong health and safety practices were needed at local levels, not just operationally, and that risk assessment was a key part of this, requiring the involvement of all staff.
- Committee Members raised concerns about the consistency and reach of learning across the organisation, citing lone working and risk assessments as areas where many staff were still unaware of their responsibilities.
- The Director of People and Culture assured committee that the data being collected was robust, referencing the annual report reviewed by the committee. In response to the example of risk assessments, they acknowledged the need for consistency across the organisation and noted that significant work was ongoing through workshops, a short life working group (SLWG), and staff side involvement to provide assurance to the committee.

The Committee **noted** the report.

5.5 Health & Safety Strategy and Plans

Report by Gareth Adkins, Director of People and Culture

This was discussed under item 5.4

The Committee **noted** the report and took **moderate** assurance.

5.6 Whistleblowing Q4 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report which covered the period up until April 2025. It was noted that one concern had been received, one case remained open and one existing case was planned for closure. It was highlighted that the concern previously raised had been reviewed and was no longer classified as a whistleblowing matter. This would instead be progressed through standard workforce policy procedures. The associated action plans, as referenced in the appendix, had been reviewed and remained active.

The Whistleblowing Champion queried what could be taken from the low numbers of whistleblowing cases given the avenues staff could raise concerns.

The Director of People and Culture advised the cases raised had been complex and had involved larger concerns. He noted there were some cases where the issues raised were concerns the Board had been aware of and active engagement was ongoing between management teams however frustration in the process had led to a case being raised.

Committee Members highlighted the number of staff looking for a higher level of manager visibility could be an area of dissatisfaction raised subsequently impacting staff appraisal figures given it was currently 23%. The Director of People and Culture confirmed this was a small sample of data but acknowledged the point raised and assured committee that work was ongoing to address this.

The Committee **noted** the report and took **moderate** assurance.

5.7

Whistleblowing Annual Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report and highlighted:

- It was challenging to generalise the learning from the cases as the numbers were low and each case was very different however the themes identified were being addressed through the appropriate strategic programmes.
- There remained a challenge around providing sustainable services through the Health and Care Staffing Act due to workforce availability, but this was faced by all Boards. These resourcing challenges also impacted the proposed Quality Framework.
- Quality of service and developing a Quality Framework was also a challenge due to staff availability and ability to deliver the services.

The Chair queried the bureaucracy of the process of whistleblowing and whether the experience of the whistleblowing process by those who had gone through it was captured by the organisation.

Committee Members highlighted staff frustrations with the whistleblowing process, noting delays in action and limited feedback. It was suggested analysing the past four years of data to better understand the system's effectiveness. The Whistleblowing Champion suggested the need for an ongoing review give persistently low reporting numbers.

The Director of People and Culture assured the committee that the Independent National Whistleblowing Officer (INWO) provided a route for staff to escalate concerns if dissatisfied with outcomes.

The Chief Executive acknowledged challenges in understanding why some staff chose not to use the service and proposed benchmarking data against other Scottish Boards, particularly those of similar size.

Committee Members cited a 2023 case where staff felt whistleblowing recommendations had not been implemented, with feedback indicating the situation had deteriorated. They questioned the effectiveness of the process. The Director of People and Culture disagreed, stating that work was underway and progress had been made. He supported benchmarking and offered to share reports via the Whistleblowing Practitioners Forum.

The Chair requested that the Director return to the committee with a plan to provide further reassurance, potentially including benchmarking data.

Action: The Director of People and Culture to provide a further plan of assurance to committee such as benchmarking data against other Boards.

The Committee noted the report and took substantial assurance.
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5.8 Guardian Annual Report

Report by Gaye Boyd, Deputy Director of People

J McAndrew spoke to her presentation wherein it was highlighted:

- The Guardian Service had been in operation within NHS Highland for five years and in that time almost 1000 concerns had been received. The numbers had been consistent over the past five years with approximately 200 concerns per year reported.
- There were no significant changes in the themes of the concerns raised with the highest numbers reported under Behaviour and Relationship and System and Processing Management issues. The number of concerns relating to Bullying and Harassment were the same as the previous year and sat at 30.
- There had been a slight decrease in concerns raised relating to management issues in the past year.
- The main theme identified was Behaviour and Relationship concerns at 27% of calls which were mainly around how staff interacted with one another, inappropriate behaviours and breakdown of working relationships which also could have affected patient safety and had been identified as a common thread throughout the theme.

- Patient safety concerns were slightly higher than last year; however NHS Highland patient safety concerns were lower than the national average.
- There was a 14% decrease in escalated cases with approximately 65% of cases still known within the organisation. Of the cases that were escalated 97% of cases were responded to within one day. The style of feedback from managers varied considerably, some managers responded positively thanking the member of staff for raising the concern whilst other managers acknowledged the concern but were reluctant to address the concern and slow to respond to the request for feedback.
- Community was the directorate with the highest number of concerns raised with almost a third of all concerns raised from within this directorate. Staff were reluctant to escalate concerns with their names perhaps due to staff working in smaller areas and in smaller teams.
- There was more work to be done in relation to tackling incivility and poor behaviours with pockets of teams where instability and poor behaviour was having a huge effect on staff. There was a mixed understanding from managers in relation to reasonable adjustments under the Equality Act with many concerns raised around poor comprehension of reasonable adjustment both during the recruitment process and those already employed by the organisation.

The Chief Officer A & B HSCP queried the variation in relation to the application of reasonable adjustments citing that organisational support was available through Occupational Health to identify what adjustments would be required. It was not the ask of the organisation to have managers make judgments in relation to this. J McAndrew explained that in many cases the advice from Occupational Health was ignored, in other cases staff were not being referred to Occupational Health and were unaware of the support available to them.

Committee Members queried whether staff who were raising concerns had a perceived detriment to themselves or whether it was lived experience. D McIlroy explained that when staff wished to raise a concern the reaction of the manager was incredibly important so many staff may be put off raising concerns due to previous experience, highlighting the amount of worry within staff in voicing their concerns.

Committee Members explained that many managers who had been given advice by Occupation Health regarding reasonable adjustment took the view that as these were recommendations they were not committed to implement them. She went on to explain that as these adjustments fell under the Equality Act, failure to implement them would raise a case of discrimination against the manager.

The Director of People and Culture explained that there was a national policy soon to be released in relation to reasonable adjustments but additional work was required to ensure balanced conversations took place between management and staff. It was suggested putting in a Standard Operating Procedure (SOP) to support managers as it could become complex depending on what level of support staff required under the Equality Act.

The Committee noted the report and took substantial assurance.
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5.9 Workforce Monitoring Report 2025

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People spoke to the report wherein it was highlighted that there were seven projects under the Equality, Diversity and Inclusion (EDI) Oversight Group, these groups had been identified through the EDI strategy. There was a workstream in place to identify the reasons staff did not complete EDI questionnaires and a campaign was due to be rolled out to increasing the understanding of this going forward.

The Committee noted the report and took substantial assurance.
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5.10 Health & Care Staffing Act Q4 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture confirmed the report was for information prior to being submitted to Board as it had been reviewed at the previous committee meeting.

The Committee noted the report and took moderate assurance.

6. Items for information and noting

6.1 Area Partnership Forum update of meeting held on 13 June 2025

The Committee noted the Area Partnership Forum update would be presented at the next meeting.
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Health and Safety Committee Minutes of meeting held on 3 June 2025

6.2

The Committee noted the Health and Safety Committee Minutes of meeting held on 3 June 2025.
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7. Any other Competent Business

7.1 Review / summary of meeting for Chair to highlight to Board.

The Chair would highlight to the board:

- the Staff Governance Monitoring Update
- the methodology being used to refresh the Strategic Risk Review
- the improvements in relation to the Statutory and Mandatory training.
- The positive impact on the Finance Directorate or the recent organisational change process.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 2nd September 2025 at 10 am via Microsoft Teams.

9. Future Meeting Schedule

The Committee Noted the remaining meeting schedule for 2025 as follows:

4 November 2025
13 January 2026
3 March 2026

Close of Meeting 1.05pm