

<b>STAFF GOVERNANCE COMMITTEE</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	
<b>MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</b>	<b>3 March 2026 at 10.00 am</b>	

**Present**

Philip MacRae, Non-Executive (Chair)  
 Kate Dumigan, Staffside Representative  
 Gerry O'Brien, Board Vice Chair  
 Janice Preston, Non-Executive  
 Gavin Smith, Employee Director  
 Steve Walsh, Non-Executive

**In Attendance:**

Gareth Adkins, Director of People and Culture  
 Gaye Boyd, Deputy Director of People  
 Heledd Cooper, Director of Finance  
 Fiona Davies, Chief Executive  
 Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership  
 Claire Laurie, CSP  
 Jo McBain, Director of Allied Health Professionals  
 Richard Macdonald, Director of Estates, Facilities and Capital Planning  
 Brian Mitchell, Corporate Administrator  
 Laura Neil, Associate Director of Quality and Clinical Governance  
 Boyd Peters, Medical Director  
 Heather Richardson, Head of Operations  
 N Sturzaker, Head of Communications and Engagement  
 Dominic Watson, Head of Corporate Governance

Item 04b - Staff  
 Governance Committee  
 Minutes 2026 03 03

**1 WELCOME AND APOLOGIES**

Apologies were received from L Bussell, S Compton-Bishop, B Donald, D Park and K Sutton.

**1.2 Declarations of Interest**

There were no declarations of interest.

**2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION****2.1 MINUTE OF MEETING HELD ON 13 JANUARY 2026**

The Committee **Approved** the circulated Minute.

## 2.2 ACTION PLAN

There had been circulated the Staff Governance Committee Action Plan. Members heard and **Noted** the following updates:

**Action 144** – Advised Action to be closed.

**Action 145** – Advised Board Development Session scheduled and Action to be closed.

**Action 146** – Advised People and Culture Annual Report 2025/26 to be presented to next meeting.

**Action 147** – Advised Monitoring Group had met twice, with an associated action plan being developed. Action plan to be presented to next meeting.

The Committee otherwise **Noted** the circulated Committee Action Plan.

## 2.3 COMMITTEE WORKPLAN 2025-2026

There had been circulated the latest iteration of the Committee Workplan 2025/26. Members were advised the Learning and Organisational Development Report would be brought to the next meeting.

The Committee otherwise **Noted** the Committee Workplan 2025/26 reported position.

## 2.4 COMMITTEE WORKPLAN 2026/27

There had been circulated draft Committee Workplan 2026/27. Members were advised the format had been changed from previous years.

The Committee **Noted** the Committee Workplan 2026/27.

## 3. MATTERS ARISING NOT ON THE AGENDA

No matters were raised in relation to this Item.

## 4. SPOTLIGHT SESSION

Members were advised the Spotlight Session originally scheduled for this meeting had been deferred to a later date.

The Committee so **Noted**.

## 5. ITEMS FOR REVIEW AND ASSURANCE

### 5.1 People and Culture Portfolio Board Update

G Boyd spoke to the circulated report, outlining the progress being made in the People and Culture portfolios relating to the Together We Care Strategy. An assurance report had been developed for each workstream on a bi-monthly basis. The Portfolio Board also received detailed status updates for each of the workstreams supporting progress against the agreed

charters for each. A review was being undertaken to consider the structure and remit of Portfolio Board, including reporting arrangements. Specific updates were provided in relation to each workstream, and the report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Bernardo's Pilot Programme Outputs. Advised an update would be provided as part of the next report to the Committee.
- Employability. Noted reference to capacity and funding streams. Advised whilst external funding streams were available, the key aspects related to promotion and awareness. Further work required in this area to maximise relevant opportunities.
- Leadership and Culture. Attendance numbers and wider activity updates noted as to be reported in relevant Annual Report. Members noted a strong organisational focus and plans to review learning and development approaches, while also highlighting the need for better data on capacity, attendance, promotion and demand. The absence of national competency framework elements for leadership roles was highlighted.
- Health Passport Scheme. Advised further national work awaited, including relevant programme support. Relevant timescales will require review.
- Health and Care Staffing Act. Maternity and Neonatal Escalation Policy. Advised Standard Operating Procedure for local escalation arrangements had been developed.
- Health and Care Staffing Act. Links between CSM Tool Runs and Maternity Staffing Tool. Advised as to tool run activity and discussions held to date. Noted had agreed to uplift within part of Maternity Service. Highlighted aspects relating to sustainable workforce models, outputs and response. Moving forward, the Maternity Staffing Tool would be the methodology being adopted.

After discussion, the Committee **Noted** the report content and took **Moderate** assurance.

## 5.2 People Metrics and Integrated Performance and Quality Report

G Adkins spoke to the circulated report detailing the position at 31 December 2025, highlighting the performance rating of each metric, with each specific area having improvement action plans in place. Key points were highlighted in relation to an increase in sickness absence rates; an increase in Time to Fill for vacancies and potential impact of upcoming recruitment requirements; a decrease in staff turnover; steadily increasing Statutory and Mandatory training compliance and a reduction in overall completed appraisals. The latter subject had been discussed by the Executive Directors Group, updates on which would be brought back to the Committee. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Statutory and Mandatory Training Compliance. Members acknowledged the improved position in this area.
- Appraisal Activity. Advised members as to previous discussion at EDG and NHS Board. Questioned if any national discussions held on this matter and advised looking to take learning from areas of success across NHS Boards. Questioned if there were any areas where there was no appraisal activity undertaken. The value of relevant activity, and the need to support relevant managers was emphasised. Aspects relating to reporting detail were also discussed.
- Long Term Absence. Questioned the overall numbers and the level attributed to work-related matters. Advised data not available on level of work-related absence/leavers. The potential for collecting anonymised data was referenced in discussion. Further

detail was provided in relation to the breakdown between mental health and physical health reported issue aspects.

- Reduced Working Week (36 Hours). Confirmed as active from 1 April 2026. Questioned as to approach being taken at local level and associated variable recruitment requirements. Advised as to relevant prioritisation process, risk assessment activity; efficiency considerations and areas where local establishment changes may be a requirement to ensure service sustainability.
- Time to Fill. Advised as to part self-service model in place, highlighting requirements of both recruitment team and relevant local managers to ensure a timely process. Issues highlighted relating to a rise in false application numbers and associated impact; and collation of staff references.
- Overall Reporting Narrative. Welcomed additional detail on level of staff being retained and moving to new roles and reasons for staff leavers. Questioned as to opportunities for staff to return to work in different roles. Advised Policies were designed to enable staff retention through reasonable adjustments and redeployment etc.

After discussion, the Committee **Noted** the reported detail and **Agreed** to take **Moderate** assurance.

### 5.3 iMatter National Report

G Boyd spoke to the circulated report highlighting the key results from 2025 iMatter Survey. Results had highlighted strong team-level experience, with most staff reporting positive experiences within their immediate teams. In 24 out of 28 survey questions there was a score above 66, showing strong levels of trust, support, and teamwork across Scotland. The Employee Engagement Index (EEI) stayed broadly stable nationally compared to previous years and this reflected consistent commitment and motivation among staff. Nationally, response rates remained steady with most close to the 2025 national average of 57%. This was in line with previous years and showed continued participation across teams. Boards improved the proportion of teams completing their iMatter Action Plans. Some Boards exceeded the 56% national average, supported by clearer expectations and better communication. For NHS Highland, the report provided specific updates on response rate, Employee Engagement Index (EEI), action plan completion, thematic findings, the raising of concerns, overall experience, Staff Governance Standard, demographics and multi-year trends. Recommended improvement activity for 2026 was also outlined. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Action Plan Completion. Noted low performance in this area. Advised stated completion period can be challenging, with some Plans completed out with 8-week timeframe. Consideration would be given as to how best to improve this aspect.
- Thematic Findings. Acknowledged those areas with positive results, noting Visibility, being involved in decisions and performance management scored less highly.
- Report Summary and Conclusion. Questioned use of “stagnant” as a descriptor. This point was accepted as not reflective of the NHS Highland position.
- iMatter Survey as Improvement Tool. Stated expectation would be that improvement would be evidenced as result of Survey. Questioned if a response rate of 52% was representative and may hinder overall organisational insight. Suggested improved leadership focus and use of team champions may help in increasing response rate. Advised NHS Highland was just below the average national response rate.

After discussion, the Committee **Noted** the report content and **Agreed** to take **Substantial** assurance

#### 5.4 Staff Governance Committee Terms of Reference Update

G Adkins spoke to the circulated report and advised no changes were being recommended in relation to the current Terms of Reference document as part the annual review process. The Committee so **Noted**.

**The Committee adjourned at 11.15am and reconvened at 11.25am.**

#### 5.5 People and Culture Strategic Risk Review

G Adkins spoke to the circulated report, and associated level 2 Risk Register, advising the People and Culture Strategic Risk Register had been updated and was being presented for review and approval. He highlighted that risk ratings remained unchanged across all the strategic risks, with relevant mitigation work continuing. Specific updates were provided in relation to Strategic Risks 623 and 632, and relevant level 3 risks across the People and Culture Directorate were included for awareness. The report proposed the Committee take **Moderate** assurance.

There was discussion of aspects relating to timeframes for relevant mitigating activity, in relation to which it was advised a further update would be provided to the next meeting on level 2 risk scoring review and any escalation requirements.

**Action:** Agreed an update be provided to the next meeting in relation to level 2 risk scoring and potential mitigation escalation.

After discussion, the Committee <b>Noted</b> the report content and <b>Agreed</b> to take <b>Moderate</b> assurance.
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#### 5.6 Health and Care Staff Act Implementation Q3 and Annual Reports

G Adkins spoke to the circulated year-end report reflecting on the work undertaken and progress made during Quarters 1–3 of 2025/26 (1 April – 31 December 2025). In line with legislative submission requirements and internal governance timelines, the year-end position was compiled at Quarter 3 to allow appropriate review, assurance and approval through NHS Highland governance structures. A Quarter 4 Addendum would be presented to the NHS Board in Summer 2026 to complete the full reporting cycle. The report had been presented to the Forum for noting, ahead of submission to the NHS Board for approval and onward submission to Healthcare Improvement Scotland and the Scottish Government, in line with statutory reporting duties by 30 April 2026. The report provided a year-end assessment of statutory compliance and system maturity to date, a high level Quarter 3 update (October–December 2025), and clarity on key priorities and risks as NHS Highland transitions into the remainder of 2025/26. The report proposed the Forum take **Moderate** assurance.

The Committee <b>Noted</b> the report content, <b>Agreed</b> to take <b>Moderate</b> assurance, and <b>Approved</b> the report and associated ratings for onward transmission.
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#### 5.7 Workforce Policies Report

G Boyd spoke to the circulated report, advising as to the review of existing workforce policies and guidance where required. The report advised no guidance documents were past their respective review date. All documents had been scheduled on the relevant work plan in the year they would be due for review. Policies past their review date, and the

activity underway in relation to each, were further outlined. The report proposed the Forum take **Substantial** assurance.

There was discussion of the following:

- Working Time Regulations Policy and Compensatory Rest. Advised included in Policy, with Circular received at end 2025 in relations to ensuring appropriate management systems and processes in place. Activity referred to Local Partnership Forums. Further advised Policy review may be required.
- Protected Learning Time National Activity. Advised activity on Mandatory Training section had been completed, an update on which was provided. Noted Counter Fraud had been added as a Mandatory training requirement.
- Number of National Policies. Questioned if moving more in direction of national Policies. Advised the national Once for Scotland Group had been disbanded, with future activity likely to be as and when there was a requirement opportunity to take work forward.
- Once for Scotland Policies. Questioned if Policies were subject to regular review and whether moving from local to national policies had led to practical implications for local services. Advised relevant Policies had been updated since their publication dates and confirmed practical implications had led to development of a small number of specific local guidance documents.

After discussion, the Committee **Noted** the reported detail and **Agreed** to take **Substantial** assurance.

## 5.8 Whistleblowing and Confidential Contact Q3 Report

G Adkins spoke to the circulated report, providing assurance in relation to performance against the relevant Whistleblowing Standards in place since 2021 and covering the period October to December 2025. No new cases had been received, and three cases remained under investigation. A summary was provided of those cases with recommendations still in progress, and respective governance arrangements. With regard to Confidential Contacts (OpenLine), nine cases had been received and closed in the month. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee **Noted** the reported detail and **Agreed** to take **Moderate** assurance.

## 5.9 Communications and Engagement 6 Monthly Update

N Sturzaker spoke to the circulated report providing an update on some of the key activity undertaken across the Communications and Engagement Team since the previous update to the Committee. Specific updates were provided in relation to the breadth of activity within and across the Engagement Hub; Internal Communications Strategy development; models of integration community engagement activity; and update of the Social Media Policy. The report proposed the Committee take **Moderate** assurance.

The Committee **Noted** the reported detail and **Agreed** to take **Moderate** assurance.

## 5.10 Staff Governance Committee Annual Report 2025/26

G Adkins spoke to the circulated standard Committee Annual Report for 2025/26 report and

invited comments from Committee members. He advised, once agreed the report would be forwarded as part of the NHS Highland Annual Accounts process.

After discussion, the Committee **Agreed** the Staff Governance Committee Annual Report 2025/26 for onward submission and thanked officers for the reported detail.

## **6 ITEMS FOR INFORMATION AND NOTING**

### **6.1 Models of Integration**

### **6.2 Single Authority Model**

### **6.3 Area Partnership Forum update of meeting held on 12 December 2025**

The Committee **Noted** the relevant circulated documents.

## **7. ANY OTHER COMPETENT BUSINESS**

There were no matters raised in relation to this Item.

## **8. ISSUES OF NOTE FOR NHS BOARD MEETING**

There was agreement the Committee would highlight the following to the NHS Board:

- Integrated Performance and Quality Report – Sickness absence levels.
- National iMatter Report – Provide overview.
- Review of Risk Register and Mitigation Activity – Update on discussion and reported activity.
- Appraisal Activity – Update on relevant discussion and associated action plan development activity.

## **9. Date & Time of Next Meeting**

The next meeting is scheduled for Tuesday 5 May 2026 at 10 am via Microsoft Teams.

## **10. Future Meetings Schedule**

The Committee is asked to note the remaining meeting schedule for 2025/26:

5 May 2026

The meeting closed at 12.05pm