

STAFF GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk 
MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	13 January 2026 at 10.00 am

Present

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

In Attendance:

Gareth Adkins, Director of People and Culture
Gaye Boyd, Deputy Director of People
Heledd Cooper, Director of Finance
Fiona Davies, Chief Executive
David Park, Deputy Chief Executive
Richard Macdonald, Director of Estates, Facilities and Capital Planning
Sarah Compton-Bishop, Board Chair
Nicki Sturzaker, Head of Communications and Engagement
Boyd Peters, Medical Director (until 11.25am)
Arlene Johnstone, Interim Chief Officer, Highland Health and Social Care Partnership
Heather Richardson, Head of Operations
Karen Doonan, Corporate Administrator
Brian Mitchell, Corporate Administrator (observing)
Gavin Anderson, Senior Corporate Administrator (observing)
Nathan Ware, Governance and Corporate Records Manager
Jo McBain, AHP Director (Item 4)
Allyson Turnbull-Jukes, Director of Psychology (Item 4)
Isla Barton, Director of Midwifery (Item 4)
Louise Bussell, Nursing Director (Item 4)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from P Macrae and J Davies.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 3rd November 2025

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

2.2 ACTION PLAN

Action no 138 – 5.1 People and Culture Portfolio Update – D Macdonald to meet with the Director of People and Culture regarding concerns raised in specific areas. The Whistleblowing Champion had begun meeting staff without managers present so they could raise concerns freely. The Director of People and Culture had contacted D Macdonald about reports that some staff felt unable to speak up and was awaiting a reply, which he would follow up. This action was now closed.

Action no 139 – 4. Spotlight session – People and Culture – The Director of People and Culture to share slides with Corporate Administrator for circulation to committee. This action was now closed.

2.3 COMMITTEE WORKPLAN 2025-2026

It was noted that the Diversity Inclusion and Mainstreaming Report would be removed from the March 2026 agenda as this report was a two-yearly requirement and it would therefore be put on the agenda for March 2027.

Action: Corporate Administrator to remove from the March 2026 to March 2027 on the workplan.

The Committee is asked to:

- **Approve** the minute.
- **Consider** actions arising therefrom.
- **Note** the latest version of the committee Action Plan and **agree** to the proposed closure of any noted actions.
- **Note** the Committee Workplan 2025 - 26

3. MATTERS ARISING NOT ON THE AGENDA

None

4. Spotlight Session

4.1 Nursing, Midwifery and Allied Health Professionals (NMAHP)

Louise Bussell, Nurse Director

A comprehensive overview of the Nursing, Midwifery, Allied Health Professions (AHP) and Psychology workforces was presented. Key themes included ongoing demographic challenges, high sickness-absence levels in some sectors, strong statutory and mandatory training performance in others, and varying levels of appraisal completion across professions. Recruitment remained challenging in remote and rural areas, particularly for midwifery and psychology, with longstanding under-resourcing highlighted in psychology. Significant progress had been achieved across several professions, including improved waiting-list performance in psychology, increased training compliance in nursing and AHPs, strengthened workload-planning tools, and enhanced data processes. Succession planning, training capacity, staff development and improved workforce diversity were identified as shared priorities across all groups.

The AHP Director reported that NHS Highland had continued work to become an Armed Forces-friendly employer and service provider. This included collaboration with recruitment teams, Developing the Young Workforce, and other partners. She noted that NHS Highland had supported members of the Armed Forces community entering the workforce, with two apprentices placed through the NES Armed Forces Talent Programme. The organisation also maintained links with the Careers Transition Partnership to support individuals leaving military service.

Over recent years, staff groups had received training to improve awareness of the needs of veterans, serving personnel, and their families. The AHP Director highlighted ongoing secondary care provision for serving personnel in the region and emphasised the need to maintain continuity of care for children in Armed Forces families who moved frequently due to deployment.

It was noted that almost half of the Board's workforce sat within NMAP, so cultural work could not sit solely with NMAP leadership, although they played a significant role. The need to work closely with HR and operational colleagues to deliver consistent cultural messages was also emphasised. The Nurse Director highlighted the importance of visible leadership and clear communication and noted that work to bring together a wider leadership group would be key in strengthening shared understanding and consistency across the organisation. As NHS Highland was a highly dispersed board, ensuring alignment on messages such as "civility saves lives" and collaborative working remained a challenge. It was noted that the corporate workforce was varied and geographically spread, and work was underway to better understand how to achieve both consistency and recognition of differences across teams.

J Preston sought clarification on the grading profile specifically the number of Band 4 posts and whether this reflected the national picture across Scotland. She also sought clarification on how unpaid carers were recorded querying whether the caring responsibilities were included within the sickness data or treated separately.

The Nurse Director reported 71% TURAS compliance in her team, with remaining gaps due to new staff. She noted the need for closer data analysis to identify further improvement. She explained that work was ongoing nationally around the Band 4/Nursing Associate role, which continued to cause variation in Band 4 use locally. She also advised that unpaid-carer-related absence was usually recorded as personal stress. The Director of Psychology highlighted that, in her operational role, she had increasingly needed to consider flexi-time, special leave and carers' leave which did not always reflect the situations she was dealing with.

The Board chair agreed and noted that understanding these issues would be valuable given current demographic pressures, challenges in social care capacity, and the direction of future demand. She highlighted the organisation's responsibilities as an anchor institution and within community planning. She supported further work to understand the issues raised, recognising that this would be complex and not easily measured, but would offer wider benefits for workforce planning and employability strategies.

The Director of People and Culture advised that caring responsibilities needed to be considered in a wider organisational and national policy context. He noted differences in Scottish parental leave and highlighted a potential gap around planned caring leave. He observed that staff often struggled to obtain planned time off and sometimes resorted to sickness absence, suggesting the policy might need review. He also raised concern about possible misuse of short-term special leave and the lack of options for longer-term caring needs.

Action: The Director of People and Culture to have a broader discussion with senior managers around unpaid carers with a view to potentially having this topic as a Board Development Session going forward.

The Chair stated that as a veteran himself he felt that NHS Highland provided first-class support to veterans, serving personnel and their families and the organisation should be proud of how it upheld the military covenant. Also noted was the relatively short time scale that the Director of Psychology had been in post and the move for NHS Highland from being in the bottom three performing boards to the top three in respect of the psychological services that were offered.

5. Items for Review and Assurance

5.1 People and Culture Portfolio Board Update

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People introduced the standard assurance report covering the programme boards overseen by the People and Culture Committee, including key workstreams such as the Healthcare Staffing Act, cultural leadership, and equality and diversity in employment. She noted that the appendix provided an at-a-glance summary of the assurance report presented to the Board in November, which had offered a moderate level of assurance. She confirmed that all workstreams were progressing well and in line with the agreed action plan, while recognising that significant work still remained.

J Preston welcomed the reduced use of agency staff across all disciplines and asked for further detail on the health and wellbeing workstream, noting that the update was brief and appeared not to have progressed. She queried what the underlying risk was and whether limited staff buy-in was a factor.

The Deputy Director of People acknowledge point made and confirmed that the health and wellbeing workstream required review. She noted the strategy had been in place since 2023 and was due for renewal the following year, providing an opportunity to reassess priorities. She explained that staffing changes had affected capacity, though the team continued progressing work such as the employee assistance programme, roadshows, and awareness sessions, with ongoing analysis of usage data to determine next steps.

The Board Chair welcomed the progress reported but queried why the leadership and culture workstream was rated green. She noted the numbers provided for the leadership network lacked context, making it difficult to judge engagement or provide true assurance. She highlighted low attendance as a known challenge and asked how the organisation identified and targeted leaders who were not engaging, rather than only those already motivated to participate. She also requested more detail on the planned review of people and culture governance arrangements.

The Director of People and Culture clarified that the green rating related to delivery of the leadership development programme, not engagement levels. He acknowledged low attendance and said more work was needed to understand capability, training needs and appropriate measures of assurance. He also outlined ongoing work to streamline people and culture governance structures and improve alignment with Board governance.

The Employee Director asked how consistent unsafe staffing was escalated through the risk process, referring to an example in the labour suite where long-term unsafe staffing had not appeared on the risk register. He sought assurance that persistent issues were being

accurately recorded so the organisation had a clear, up-to-date picture of operational risk.

The Director of People and Culture noted that the new SOP for real-time staffing and risk escalation had been approved but was still being fully embedded. Tools such as SafeCare and OPAL supported daily risk management, and recurrent and severe staffing risks continued to be monitored. Maternity was highlighted as an example where historic staffing risks had now been addressed, with further work planned to ensure long-term sustainability. Any additional risk areas should continue to be identified and managed through established governance routes.

The Whistleblowing Champion requested fuller updates on the leadership and culture workstream at future meetings. It was noted that current reporting focused mainly on attendance numbers and planned activities, but more detail was needed on what was actually happening, the application and selection process, and how outcomes and success were being measured. The importance of maintaining strong focus on leadership and culture was emphasised.

It was proposed that leadership and culture should be explored in greater depth through a future spotlight session, as originally intended. A more detailed update would also be provided in the relevant section of the portfolio report going forward.

Action: Deputy Director of People to provide a more detailed update in the relevant section of the Portfolio Board report going forward.

The Chair noted that Leadership and Employability both showed resourcing risks, despite being rated green. He stressed that employability was vital to addressing workforce availability and that both areas appeared under-resourced. He reminded the committee of its role in providing support and suggested that any additional resource requirements should be raised so they could be prioritised.

The Director of People and Culture advised that the team was developing Level 2 risks to improve clarity on risks and mitigations. He stressed the need to prioritise within existing resources due to financial constraints and noted that additional funding would require reprioritisation. He agreed to look further into the relevant workstream, including use of the apprenticeship levy, and to follow this up with the team.

The Committee took moderate assurance in the progress being made in the People and Culture portfolios relating to the Together we Care Strategy
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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 reported that sickness absence remained stable at around 6.5–6.6%. Time-to-fill vacancies had begun to rise again, and he highlighted risks linked to the reduced-working-week recruitment activity, noting that performance might dip further in the coming months. He confirmed that processes within the redesigned recruitment team were being reviewed and monitored. He noted steady progress in e-learning completion, with substantive staff now at 80%, though bank staff remained lower due to activity levels. He suggested further review of inactive bank workers.

The Director of People and Culture also highlighted continued concerns about low appraisal completion rates. He advised that a new, systematic approach was being developed, involving change partners working directly with teams to identify barriers and provide support and training. A formal paper would be taken through the Executive Directors Group (EDG).

The Deputy Board Chair noted the importance of ensuring bank staff were only recorded as active if they had completed the required training and welcomed the Director of People and Culture's clarification on this. He then sought clarification on the "violence and aggression practical training" metric, observing that other committees had reported much higher overall violence and aggression figures. He asked whether the term "practical" in the IPQR referred to a specific element of the training.

The Director of People and Culture advised that the "practical" violence and aggression training figure covered several different training levels, making the overall average difficult to interpret. He explained that training ranged from e-learning to high-level interventions, with requirements varying by setting and risk level. Compliance was highest in mental health inpatient areas, where risk was greatest, and stronger in acute patient-facing areas than the overall figure suggested. He noted challenges in identifying the correct staff denominator and had asked the team to explore reporting the training levels separately, as the combined percentage might be unduly harsh.

J Preston noted the need for clearer data on appraisals, particularly within the TURAS system. She asked whether TURAS issued prompts to staff, whether the process could be simplified, and what local support could be offered to managers who had not completed the process. She emphasised the importance of understanding how many staff were not receiving appraisals so that support could be better targeted. She also suggested that reporting by team size or directorate would help identify high- and low-performing areas, noting examples where staff had previously not been offered appraisals at all. She stressed that without improved TURAS data, it would remain difficult to analyse gaps or focus improvement efforts effectively.

The Director of People and Culture explained that TURAS was a national system currently being refreshed as part of wider business system changes. He noted that although more detailed data could be helpful, the organisation already had enough information to recognise that appraisal completion was a significant issue. He emphasised the need to focus on understanding what was happening within teams, using change partners to gather insight and address barriers. He highlighted that context varied across services: in high-pressure clinical areas, staffing pressures could make appraisals harder to complete, while in corporate services the same barriers did not apply. He stressed the importance of identifying where appraisals were achievable but still not happening and supporting teams accordingly.

The Committee took moderate assurance of the workforce position as of December 2025
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Comfort Break 11.40am to 11.50am

5.3 Staff Governance Monitoring Update

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People reported that the annual return to the Scottish Government was required to provide assurance on compliance with the Staff Governance Standards and to highlight areas for improvement. Following last year's National Review, the revised template led to significant discussion and queries, and the Board was unable to reach agreement in time. This year's updated template allowed clearer discussion on the content. A partnership group had been set up to support future monitoring and develop an action plan, but this work was not yet complete, so discussions continued through the Committee, the Area Partnership Forum (APF) and staffside.

The return had been reviewed by the APF and was presented for substantial assurance and

approval prior to submission. Although the return was submitted after the 18 December deadline, the Scottish Government had been informed, and the delay was due to the governance cycle.

The Employee Director advised that a dedicated session had been held to review the Staff Governance return in detail, working through it line by line. This informed the text and supporting submission documents. The update was provided for information, and it was noted that this approach appeared to be new compared with previous years.

The Director of People and Culture noted that a positive outcome of the work to date was the establishment of a mechanism and structure for taking the programme forward in partnership. He emphasised, however, that it remained a continuous-improvement process and that significant work was still required in several areas. The Employee Director requested that papers from the Staff Governance Monitoring Group be included within the papers submitted to the Staff Governance Committee. He advised that this would allow issues to be identified in real time and provide a clearer overall picture of progress throughout the year.

Action: Papers for the Staff Governance Monitoring group to be submitted to the Staff Governance Committee.

The Deputy Board Chair queried the rationale for including retirement statistics within the Staff Governance Monitoring Return. He noted that areas such as bullying, harassment, whistleblowing and equality were clearly aligned to staff governance, but retirement data appeared less directly relevant in that context. He added that this was an observation rather than a question directed to commit as it related to Scottish Government requirements.

The Committee took substantial assurance that it received the necessary updates and reports to give assurance on Staff Governance Standards.

5.4 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture highlighted that the key points were set out in the paper, which was taken as read. He noted that work on Level 2 operational risks had been ongoing for some time but was now nearing completion. Three leadership sessions had been held in recent months to strengthen senior leadership understanding and oversight of Level 2 risks. He hoped that the outcomes of this work would be available for the next committee meeting.

He confirmed that Level 1 strategic risk scores had not changed significantly, and that ongoing work was reflected within the update. He also drew attention to two continuing areas of focus: appraisal processes and work relating to the common staffing methodology under the Health and Care (Staffing) (Scotland) Act.

The Chair made two observations relating to Risk 706 (Workforce). He queried where long-term absence and general absence should sit within workforce availability, noting that although it did not relate to recruitment or turnover, it had a significant impact on overall capacity. He highlighted that absence levels were continuing to trend upwards and were notable within other reported data.

He asked for clarification on where this issue was currently captured within the risk framework and how the Board could best scrutinise the management actions in place to address and mitigate absence, without creating an additional separate risk.

The Director of People and Culture reflected on whether absence, including long-term

absence, should be captured as a separate Board-level risk, noting that it was not currently included within the strategic risk framework. He acknowledged the need for wider consideration of how best to oversee this issue. He highlighted that Staff Governance provided one lens of scrutiny, while organisational performance reviews also monitored workforce metrics across operational areas. He noted the multifaceted nature of the issue and that a definitive position had not yet been reached.

K Dumigan highlighted the importance of safe staffing requirements under the legislation. She noted that teams experiencing sustained gaps in service — whether due to vacancies or long-term sickness absence — should be clearly flagged within that reporting framework. She supported the Director of People and Culture’s view that further consideration was needed, as her expectation was that such issues should already be captured through the safe staffing process.

The Director of People and Culture reported that work was underway to embed SafeCare and rostering data into staffing oversight arrangements. He noted that discussions were ongoing about how this information should escalate from ward to Board. The data would show roster fulfilment and daily mitigation but needed local interpretation before being aligned with wider workforce indicators such as sickness absence. The Head of Operations agreed that safe-staffing reporting should clearly show red-flagged areas and staff availability, including sickness absence. She noted that the system already allowed visibility from team level through to directorate and acute levels, and that the key requirement was ensuring staff were trained and able to interrogate the data locally to make meaningful correlations.

The Committee took **moderate** assurance from:

- The review and refresh of the people and culture strategic risks
- Ongoing work to finalise level 2 risks.

5.5 Health and Care Staff Act Q2 Report

Report by Brydie Thatcher, Workforce Planning/Analytics Manager & HCSA Workforce Lead

The Director of People and Culture stated that work was ongoing in respect of the role out of SafeCare and rostering which had been discussed earlier in the meeting.

The Deputy Board Chair noted that, given the moderate assurance rating, some data within the report needed further detail. He highlighted the SafeCare figures showing use in 69 locations and asked for clarity on what proportion of total areas this represented. He also requested more information on the rollout of e-rostering and on issues being escalated. He further observed that the report referenced a “complete cessation” of non-medical agency use, which did not align with current finance data showing reduced—but not zero—agency spend. He suggested that additional data was required to strengthen the assurance level.

The Director of People and Culture advised that a paper was being developed on rostering options, noting that SafeCare and e-rostering were linked through the same system. He agreed that additional context on coverage levels would be helpful. He explained that the organisation had paused the e-rostering rollout due to the financial impact of double data entry, and that a technical solution—originally expected this quarter—had been delayed until the summer. This delay affected progress toward full rollout by March 2028. He also clarified that the report’s reference to a “complete cessation” of non-medical agency use was inaccurate, as usage had reduced significantly but not stopped entirely.

The Employee Director queried the rollout of SafeCare, noting variations in data quality and maturity across locations. He sought clarification on what support was being provided to staff to reduce this variability and what the plan was to ensure consistent, reliable data going

forward. The Director of People and Culture confirmed that support for SafeCare data quality would be delivered through the associated training programme, noting that significant work had already been undertaken in this area.

J Preston sought clarification on the delays in governance decision-making, noting that such delays were a concern. She also queried the reference in the report to “disquiet” about the tool, asking what this related to and how it was being addressed. The Director of People and Culture explained that the Health and Care (Staffing) (Scotland) Act and the common staffing methodology created challenges in areas where current operational pressures—such as delayed discharges and additional open beds—did not reflect the intended staffing model. He highlighted the risk of interpreting the tool outputs too literally, as this could suggest a need for additional staffing that did not align with the long-term operating model or financial constraints. It was noted that these complexities had contributed to delays in some governance decisions, particularly in areas where short-term staffing needs differed from the organisation’s strategic direction. He emphasised the importance of using the tool outputs alongside system-level planning, cultural implementation work, and day-to-day operational support.

The Employee Director noted the tension between current staffing pressures and future service redesign. He highlighted that staff were continuing to work in environments that were not safely staffed, even though longer-term plans aimed to resolve these issues. He emphasised the need for clarity on how concerns were escalated and managed during this interim period, as staff were effectively “stuck in the middle.”

The Chief Executive cautioned that staffing tool outputs sometimes indicated requirements that did not align with available funding or the organisation’s longer-term aim of shifting toward prevention-focused services. She stressed that, although redesign might be the long-term solution where demand and resource were misaligned, it would be unacceptable to allow services to operate with unsafe staffing in the meantime. She noted that temporary or alternative staffing solutions might therefore be required without committing to a long-term model that was unaffordable. She added that the organisation was developing more sophisticated approaches as further examples emerged, while recognising that financial constraints were likely to continue.

The Director of People and Culture noted that staffing tool runs had also identified areas where fewer beds and staff were needed, allowing resources to be released. He stressed the need for a mindset that considers both efficiencies and pressures, ensuring the narrative reflects opportunities to reallocate resource as well as areas needing investment.

This Quarter 2 update was noted by Committee.

NHS Highland proposed an overall moderate level of assurance in relation to delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for the period 1 July – 30 September 2025.

6 Items for Information and Noting

6.1 Area Partnership Forum update of meeting held on 10th October 2025

The Committee noted the minutes.

7. Any other Competent Business

7.1 Junior Doctors Strike Action – Update

The Director of People and Culture reported that planned strike action had been postponed within the past week. He confirmed that the organisation had fully prepared for the initial strike date, with contingency plans developed through business-continuity processes and HR guidance on pay arrangements. He added that the BMA was now advising acceptance of the offer, though final confirmation was still pending.

The Chief Executive asked that formal thanks be recorded for staff—particularly in acute services—who prepared extensively for the planned strike action and remained steady during the final stages of negotiations. She noted that the decision to postpone came only minutes before patient notifications would have needed to be issued and expressed appreciation for the calm and professional approach shown throughout.

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

The Chair would highlight to the Board:

- Spotlight session—particularly the significant three-year reduction in waiting times within the psychology services
- The discussion on caring and potential future development sessions.
- The contingency planning undertaken for the potential strike action.
- The key points from the IPQR discussion - including the need to improve understanding of violence and aggression data and the planned systematic approach to appraisals.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 3rd March 2026 at 10 am via Microsoft Teams.

9. Future Meetings Schedule

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

3 March 2026

The meeting closed at 12.30pm