HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** **Highland** na Gàidhealtachd
MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	3rd November 2025 at 10.00 am	

Present

Bert Donald, Whistleblowing Champion
Kate Dumigan, Staffside Representative
Claire Laurie, Staffside Representative

Joanne McCoy Non-Executive Director
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
Louise Bussell, Nurse Director
Heledd Cooper, Director of Finance
Jennifer Davies, Director of Public Health
Phillipa Hurley, Corporate Assistant
Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership
Gayle MacRae, EDI Lead

Katherine Sutton, Chief Officer, Acute Services
Dominic Watson, Head of Corporate Governance

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from K Leach, N Sturzaker, B Summers, G Boyd and F Davies. It was noted that L Bussell would be joining the meeting 30 minutes late.

1.2 Declarations of Interest

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 2nd September 2025

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

2.2 ACTION PLAN

Action no 137 – D Macdonald and Board Whistleblowing Champion to meet to discuss staff awareness of future Whistleblowing visits. This action was now complete and would close.

Action no 138 – D Macdonald and Director of People and Culture would meet to address concerns raised in the previous meeting. This meeting was still pending. As the new Employee Director was absent, the Head of Corporate Governance would consult with staff representatives and provide an update.

Action no 139 – The Director of People and Culture to investigate the circulation of information regarding leadership training models to managers. This had now completed, and the action would now close.

Action 140 – The Deputy Director of People and Director of People and Culture to compile glossary in relation to movement of staff throughout the organisation. A general glossary has been created, but it was not possible to track in detail staff who voluntarily resigned. This action was now closed

Action no 141 – The Director of People and Culture to provide plan of further assistance in relation to the Whistleblowing process in place. This had now completed, and the action would close.

Action no 142 – The Director of People and Culture to review the compliance figures for facilities, discuss further with staffside and report back through the APF. This had now completed, and the action would close.

Action no 143 – The Director of People and Culture to complete further analysis of any correlation between age and long-term sickness figures. This had now completed, and the action would close.

2.3 COMMITTEE WORKPLAN 2025-2026

The Director of People and Culture highlighted that the Health and Care Staffing Act report was delayed due to absence. He confirmed the Q1 report would be presented today, with Q2 and Q3 brought to Committee in January 2026. It was agreed the Q2 report could be circulated beforehand if helpful. He confirmed the reports would be tabled for the Area Partnership Forum prior to Staff Governance Committee.

Committee Members **noted** the workplan

3. MATTERS ARISING NOT ON THE AGENDA

None

4. Spotlight Session

4.1 People and Culture
Gareth Adkins, Director of People & Culture

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

- There were four functions within the directorate – Communications and Engagement, Corporate Governance, People Function and Occupational Health and Safety.
- The Head of Communications and Engagement had left. N. Sturzaker had taken over the role in June. The team faced resilience challenges due to its small size.
- D Watson had also joined the organisation as Head of Corporate Governance in June.

- B. Summers was the current Head of Health and Safety, leading a large team of advisors, Moving and Handling trainers, and Managing Violence and Aggression trainers. The team covered a wide geographical area.
- Following recent resignations, the Directorate had been reviewed and redesigned. A Head of Service role was removed alongside four People Partners posts being redesigned to create two Change Partner roles and Equality, Diversity and Inclusion Lead and Employability Lead. This has enabled the launch of the Employability Strategy earlier this year and the Equality, Diversity and Inclusion Strategy.
- There had been four new staff networks launched under the EDI strategy and there had been significant work done around apprenticeships.
- The age profile and protected characteristics reflect the wider organisation. The main reasons for sickness absence were anxiety, stress and depression, which aligned with organisational trends. Statutory training compliance was currently at 62%, but some areas required further improvement.
- Some teams were experiencing capacity challenges due to workload and recruitment challenges.
- Three new strategies had been launched and there were now four new apprentices within People Services and Resourcing.

The Chair requested that the Director of People and Culture share the slides presented to committee as he wished to look at the slides in relation to the percentages of appraisals completed further.

Action: Director of People and Culture to share slides with the Committee administrator for circulation to committee

Committee members questioned the reduction in headcount and whether it was an intentional strategy. They asked how this impacted the Directorate's operational effectiveness. On appraisal percentages, members challenged the focus on numbers, noting that the aim was not simply completion rates. They raised concerns that discussions over several years had centred on increasing these rates and queried what work had been done and how it had been implemented.

The Director of People and Culture would discuss the headcount reduction further with the team. While a few posts had been intentionally removed, it was likely that vacancies rather than a sustained reduction were the issue, with annual leave delaying discussion. Recruitment remained challenging, and Time to Fill had increased this month. A large number of retrospective PVGs, required by legislative changes, had consumed significant management time. Additional work had overwhelmed the corporate team, though efforts were underway to restore balance. Sickness absence had also risen, adding further pressure.

Regarding appraisals there appeared to be a disconnect in the organisation with many staff not seeing the importance of appraisals and it was noted that there was more work to be done to encourage completion of appraisals going forward. It was noted that NHS Highland were not the only Board facing these challenges.

Committee members emphasised the importance of appraisals, suggesting improved completion within the People and Culture Directorate to set a positive example. They recommended presenting absence and appraisal data as percentages due to varying team sizes and queried whether absences were backfilled, noting financial constraints meant long-term absences were rarely covered, increasing pressure on teams.

Members questioned the level of support needed for NHS Highland's strategic objectives. The Director of People and Culture agreed more time was needed and the data would be reviewed differently moving forward. On efficiency, he highlighted issues with Job Train, where the lack of candidate visibility required a separate mechanism for tracking, this caused errors and anxiety within the team highlighting digital systems were not always simple solutions.

The Chief Officer of A & B HSCP noted Argyll and Bute Council's move to a quality

conversation approach for appraisals and whilst NHS Highland must follow national standards, the Chief Officer supported efforts to emphasise the supportive element of appraisals.

Committee members emphasised workplace culture regarding appraisals and the need for staff to understand their purpose. The Director of People and Culture agreed, noting that his Directorate generally had a positive culture but highlighted the numerous priorities staff faced and the challenge of balancing these demands.

4.2 Equality, Diversity and Inclusion Update
Gayle Macrae, Equality, Diversity and Inclusion Lead

The EDI Lead spoke to her presentation wherein it was highlighted:
- G Macrae had been appointed EDI lead in January of this year.
- The new EDI Workforce Strategy applied to all NHS Highland staff and was developed collaboratively with staff-side representatives.
- The strategy's themes were developed after a July 2024 workshop involving staff from across the organisation. These were later refined by the EDI Oversight Group, with comparisons made to other NHS Scotland Board strategies.
- The EDI Oversight Group developed the actions, aligning them with existing internal plans and strategies. National drivers, including the Scottish Government's Fair Work Action Plan, Anti-Racism Plan, and Women's Health Plan, were reviewed to avoid duplication and create one centralised document.
- Equality outcomes were legally required under the public sector equality duty, particularly the Scottish-specific duties. These were set every four years, with a report published midway through the cycle. The outcomes were shared for public and internal consultation, feedback was gathered and considered, and the final versions were approved by the Board in March.
- The projects were themed to align with the themes in the strategy. The Governance for each project sits with the EDI Oversight Group.
- A new Gaelic Development Co-ordinator had been recruited to focus on the Gaelic Language Plan. Staff had shown interest in learning Gaelic, and various training platforms had been explored. Plans were in place to launch a Gaelic staff network before the end of the year.
- The first phase of staff networks was launched in May, and over 100 staff had joined. Chairs of each network met monthly with the EDI Lead.
- Equally Safe at Work was an employer accreditation programme run by Close the Gap. It aimed to raise awareness of gender-based violence, sexual harassment, the gender pay gap, and barriers women faced in the labour market. NHS Highland were working towards Bronze-level accreditation alongside other public sector organisations.
- The new Once for Scotland Policies were reviewed, and additional guides and flow charts were created to enhance managers' knowledge so they could better support staff.
- An awareness campaign was launched to promote equalities information on eESS. It aimed to encourage staff to voluntarily provide their data and explained why this was important.
- The EDI Oversight Group met every six weeks and included staff-side representatives, colleagues, managers, professional leaders, and staff network chairs. It reported to the People and Culture Portfolio Board and ultimately to the Staff Governance Committee. Each project was reviewed by the group, and any risks or issues that could not be resolved locally were escalated and recorded in a risk register.
- It was noted that the societal landscape had shifted over the past year, with rising polarisation and anti-woke narratives increasing resistance to EDI initiatives. This made some staff feel anxious and vulnerable about how they were perceived. To overcome these barriers, the organisation needed to create psychologically safe environments where all staff felt valued, respected, and empowered to speak up.
- Two key pieces of legislation required attention: the Employment Rights Bill and the Supreme Court ruling. The Employment Rights Bill was passing through Parliament and was expected to become law in November. It imposed a duty on employers to

take all reasonable steps to prevent sexual harassment. Employers with over 250 staff must publish gender pay gap action plans, menopause support strategies and anti-harassment actions plans, these will become mandatory in 2027.

- The Supreme Court ruling had potential implications for service provision and staff areas. Work continued with the LGBT staff network to share information and gather feedback. A holding statement on relevant policies was issued. An audit of existing facilities across the organisation was underway, and collaboration with capital planning was ongoing for the design of staff spaces in the new Lochaber hospital.

The Chair noted growing polarisation and resistance and asked for examples. The Director of People and Culture shared one, where a conversation about a local issue revealed differing views. He stressed being mindful of surroundings when discussing emotive topics and highlighted the influence of wider societal issues on the organisation.

The Director of People and Culture went on to highlight the Supreme Court Ruling and explained that there were three pieces of legislation that were impacted by the ruling, the Health and Safety Workplace regulations which had a definition of single sex spaces, the Equality Act which prevents discrimination based on protected characteristics and the Human Rights Act. Work had been ongoing to review gender-based spaces and identify gender-neutral options, as there was a risk to the organisation if a staff member needed a gender-neutral space and none was available.

Committee members queried the collection of EDI data from staff and whether the challenges to collecting could be overcome. The EDI Lead explained that it often came down to trust between the staff and the organisation and the challenge was to educate staff as to why the information was required and what it was used for.

5. Items for Review and Assurance

5.1 People and Culture Portfolio Board Update
Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture confirmed most action items were green, but progress on some work had been affected by absence. Work was underway on employability, including the 'No Wrong Path' campaign. He noted there had been strong interest in apprenticeships and collaboration with wider partners, and efforts continued across the Leadership and Culture workstreams. The Board Learning and Development Group now met regularly, with agreement reached on some priorities. Work was also underway to establish a professional assurance framework, noting that some areas already had this in place.

It was noted that a professional assurance framework was already in place for the Nursing, Midwifery and Allied Health Professional workforce. Some work was supported through developing career pathways linked to employability. Work continued to develop these pathways, with plans to align skills and competencies with appraisals to further support staff in their careers.

The Chair questioned whether amber was the right status for Workforce Planning. The Director of People and Culture explained that a key challenge was the lack of national guidance but work was underway to review and refresh the workforce plan, and efforts were also underway to update the workforce strategy.

The Whistleblowing Champion questioned the Leadership and Culture strategic area; the focus being placed on Senior Charge Nurse roles and how these roles were identified. He also raised concerns about low attendance and how this could be improved.

The Director of People and Culture noted the report did not accurately reflect attendance and he'd review. He confirmed nursing and midwifery were among the largest staff groups, which had seen significant change and many retirements over the past four to five years, resulting in a loss of experience which many other Boards had also experienced.

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

Comfort Break 11.20am – 11.30am

5.2 Integrated Performance and Quality Report
Report by Gareth Adkins, Director or People and Culture

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

- Time to Fill had increased, though it remained below the national KPI of 116 days. Team impacts had extended timescales, and there was a slight rise in vacancy volume.
- Sickness absence had not changed significantly; there was a continued increase in the recording of the reason for absence with slow but steady progress being made.
- e-Learning had also seen slow and steady progress.
- Appraisal completion rates were at 33%.
- A glossary of definitions had been added to the report.
- Analysis had been carried out to check for any link between age and long-term sickness, and no correlation had been found.
- Short-term absence was mainly due to colds and coughs, which was appropriate given most staff worked in clinical settings and remained absence to prevent spread. Long-term absence was linked to cancer, musculoskeletal issues, anxiety, stress, and depression. Systems were in place to refer musculoskeletal cases to Occupational Health.

The Whistleblowing Champion reported that a key concern raised during visits was the time taken to fill vacancies. They questioned the communication between senior management and those responsible for recruitment to ensure the process was fully understood.

The Director of People and Culture explained that the process was managed between the recruitment team and hiring managers. It was noted that challenges in filling posts often made people remember longer timescales rather than more straight forward cases. Time to Fill had reduced, though some outliers remained beyond the organisation's control.

The Whistleblowing Champion acknowledged the challenges but expressed concerns about communication within the process. It was noted that the recruitment team had worked closely with hiring managers and maintained ongoing communication.

Committee members questioned morale, noting sickness absence was high but below the national level. They asked about grievance and disciplinary numbers and whether these indicated morale issues. The Director of People and Culture confirmed the data had been reviewed at the Area Partnership Forum and said discussions were needed on patterns found within the data and protecting confidentiality.

The Director of People and Culture highlighted the challenges of working within the current system and the pressure placed on staff. It was noted that sickness absence across Scotland rose during the pandemic and had not returned to previous levels.

Committee members questioned whether the Time to Fill data covered the period from notice to advert. They asked how proactive managers had been in finding replacements and queried the level of contact with staff on long-term absence, querying if any national work was underway. The Director of People and Culture confirmed that the Attendance Management Policy clearly outlined steps for keeping in touch with absent staff. For long-term sickness, this could be linked to reasonable adjustments for them to return, and a national policy was expected in due course.

The Chair questioned the Violence and Aggression practical training, noting that earlier

discussions had agreed to exclude irrelevant staff, yet the compliance figure sat at 28%. The Director of People and Culture explained the training had three levels: the highest for Mental Health areas, where compliance was good; the next for Acute settings; and the third for the wider staff group but confirmed future reports would show compliance by training level.

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

5.3 **iMatter Update**
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture reported that response rates had stayed consistent although action planning had varied over the years. Over the past year, several activities had taken place, including deep dive exercises and staff engagement to address persistent low survey scores. After completing the survey early next year, another deep dive would be carried out, with continued focus on areas with the lowest scores.

Committee members questioned why response rates remained low and whether the level of assurance was appropriate.

The Director of People and Culture explained that there was variation between territorial boards with many of the small national boards having very high response rates. He went on to highlight survey response rates stating that in quantitative research a 33% response rate was considered a good rate. He went on to explain that if there were problems in areas then the staff didn't usually engage with the survey.

> The Committee **noted** the report and took **substantial** assurance.

5.4 **Strategic Risk Review**
Report by Gareth Adkins, Director of People and Culture

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

- Board Learning and Development Group – work was ongoing to look at the link between appraisals and career frameworks with a view to refreshing this through the workforce plan.
- Protected Learning Time – work was being done nationally with this, the modules would be launched formally in February 2026. These were nationally agreed and there would be a passport approach so anyone transferring between health boards would not have to repeat the same training.
- Two workshops had been completed with the Senior Leadership Team for the level two risks, with an agreed deadline of January 2026. An update on this would be presented to the March meeting.

> The Committee took **moderate assurance** that the report provided confidence of compliance with legislation, policy and Board objectives and **noted**:
>
> - the review and refresh of the people and culture strategic risks
> - ongoing work to finalise level 2 risks

5.5 **Whistleblowing Q2 Report**
Report by Gareth Adkins, Director of People and Culture

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

- Five concerns had been raised; one case was closed after it was formally opened in January following a monitored referral. It was a complex case relating to a service that had been challenging to deliver in a sustainable way and there had been a lot of Executive involvement in the service. Initially the outcome report was discussed with the complainant, they had initially agreed with the content however INWO had been asked to investigate, and the organisation was awaiting information on how to approach this case.
- Three cases remained open and under investigation, one was related to financial mismanagement which had been reviewed. Two cases involved quality of care which were under review in line with workforce policies.

> The Committee **noted** the content of the report and took **moderate assurance** that the report provided confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations

5.6 **Health and Care Staffing Act Q1 Report**
Report by Brydie Thatcher, Workforce Planning/Analytics Manager and HCSA Workforce Lead

The Director of People and Culture reported there was ongoing work to strengthen the information being issued. Some areas had limited assurance due to partial implementation or structural constraints. He added that as work progressed there had been a better understanding of compliance with real time staffing. It was noted that Safe Care was critical to this process.

> The Committee **noted** the content of the report and took **moderate assurance** in relation to delivery of the statutory duties set out in the Health and Care (Staffing) (Scotland) Act 2019 for the period 1 April – 30 June 2025.

6. **Items for information and noting**

6.1 **Area Partnership Forum update of meeting held on** 15 August 2025

There were no questions

> The Committee **noted** the Area Partnership Forum minutes of the 15 August 2025

6.2 **Health and Safety Committee Minutes – October Update**

The Director of People and Culture confirmed that the October meeting had been rescheduled and no concerns were raised across the operational areas. The next meeting would take place in December.

> The Committee **noted** the Health and Safety Committee Update

6.3 **Letter from Director of Health Workforce to NHS Chief Executives –** Implementation of the Supreme Court Judgement – 30 September 2025

Committee members asked if NHS Highland had sought legal advice. The Director of People and Culture confirmed the matter was complex because three pieces of legislation

appeared to conflict, creating potential organisational risk. National boards were asked to progress this independently, so a group would be formed to draft a policy on the use of single-sex spaces. Meanwhile, estates were conducting an audit to gather the necessary information.

Committee members requested assurance that NHS Highland had complied with legislation as defined by the Supreme Court ruling, despite potential future legal challenges. The Director of People and Culture confirmed that a policy on the use of single-sex spaces needed to be established. It was assumed this would be delivered through the Once for Scotland policies,
however, it was not being progressed at the pace required. It was noted that having a policy in place still was a risk to the organisation and once a policy had been created further legal advice would require to be sought.

The Chair queried the timescales involved and it was noted that the policy would be progressed through the HR Sub Group, but it wasn't possible to define timescales at this point.

> The Committee **noted** the Letter from Director of Health Workforce to NHS Chief Executives

7.

Any other Competent Business

7.1

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

The Chair would highlight to the Board:

- Spotlight session on IPQR which raised the issue with appraisals
- The Supreme Court Ruling

8.   Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 13 January 2026 at 10 am via Microsoft Teams.

9.   Future Meeting Schedule

The Committee Noted the remaining meeting schedule for 2025/26 as follows:

3 March 2026

Close of Meeting 12.30pm