STAFF GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 www.nhshighland.scot.nhs.uk
MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**Tuesday 7 July 2026 at 10.00 am**

Present

Steve Walsh, Non-Executive Director (Chair)
Albert Donald, Non-Executive Director
Dawn MacDonald, Staffside Representative
Kate Dumigan, Staffside Representative
Graham Illsley, Non- Executive Director
Janice Preston, Non-Executive Director
Gavin Smith, Employee Director

In Attendance:

Gareth Adkins, Director of People and Culture
Louise Bussell, Nursing Director
Natalie Booth, Senior Corporate Administrator
Heledd Cooper, Director of Finance
Andrew King, Governance and Corporate Records Manager
David Park, Deputy Chief Executive
Iain Ross, Head of e-Health
Ruth MacDonald, Interim Deputy Director of Adult Social Care
Richard Macdonald, Director of Estates, Facilities and Capital Planning
Bryan McKellar, Whole System Transformation Manager
Boyd Peters, Medical Director
Heather Richardson, Head of Operations

1 WELCOME AND APOLOGIES

Apologies were received from E Beswick, F Davies, J Davies, A Johnstone 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 5 MAY 2026

The Committee **approved** the minute subject to amendment of the Employee Director's name.

2.2 ACTION PLAN

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

Action 147 – Advised Action to be closed.
Action 148 – Advised Action to be closed.
Action 149 – Advised Action to be closed.
Action 150 – Advised Action to be closed.

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

2.3 COMMITTEE WORKPLAN 2026-2027

The Director of People and Culture highlighted that the committee workplan was reviewed regularly to ensure it remained up to date. It was noted that reporting timescales for some quarterly reports did not always align with the Area Partnership Forum cycle, which explained apparent differences in reporting periods.

The Committee otherwise **noted** the Committee Workplan 2026/27 reported position.

3. MATTERS ARISING NOT ON THE AGENDA

No matters were raised in relation to this Item.

4. SPOTLIGHT SESSION

E-Health, Resilience and Strategy & Transformation

The Deputy Chief Executive welcomed the new Associate Director of Digital and Information Systems and noted the forthcoming retirement of the Head of e-Health at the end of the month.

The Whole System Transformation Manager provided an overview of the Strategy and Transformation department. Key themes included organisational planning, transformation programmes, performance reporting and engagement with Scottish Government. Workforce indicators remained positive with low sickness absence reported. Improvement actions were underway to increase compliance with statutory and mandatory training and appraisal targets.

He advised Significant activity was underway to support delivery of the Annual Delivery Plan and Operational Improvement Plan, alongside development of a new NHS Highland strategy. Future priorities included strengthening system planning, increasing automation of routine reporting and enhancing analytical support to inform transformation programmes and future service delivery.

During discussion, the following points were raised:

- Disability Declarations and Reasonable Adjustments. Members discussed whether reasonable adjustments should be recorded centrally. It was noted that such information was currently held locally and remained subject to consent and data protection requirements, with future system capability under consideration.

- Supporting Transformation and Innovation. Members discussed how the Strategy and Transformation Department supported service improvement. It was noted that sustainable change was most successful when driven by local services, with the department providing support and expertise to enable transformation.
- Appraisal Arrangements. Clarification was sought on appraisal compliance. Members noted that fluctuations reflected the timing of appraisal cycles rather than performance concerns, and that appraisal approaches should be tailored to individual teams.

The Head of e-Health provided an overview of the Digital and Information Systems Directorate. Key themes included delivery of digital and information technology services across health and social care, digital transformation, infrastructure modernisation and cyber security. Workforce indicators showed sickness absence at 4.4 per cent and improvement actions were underway to increase compliance with mandatory training and appraisal targets.

He advised that the Directorate comprised 22 specialist teams supporting clinical, community, primary care and corporate services across NHS Highland. Significant work was focused on maintaining and modernising digital infrastructure, strengthening cyber security and recovery arrangements, and supporting digital transformation programmes. Future priorities included improving workforce performance measures, delivering digital projects and developing Digital Change Groups to help set priorities for digital investment and service improvement across NHS Highland.

During discussion, the following points were raised:

- Employee Relations Cases and Workforce Reporting. Members discussed whether employee relations cases should be considered alongside workforce metrics to provide a broader understanding of workforce wellbeing. It was noted that employee relations data was currently reported through other forums and that any future reporting would require careful consideration of confidentiality and the appropriate interpretation of data.
- Digital Workforce Recruitment. Members sought assurance regarding recruitment within Digital and Information Systems. It was reported that recruitment remained challenging for highly specialised technical roles in some areas. Other posts attracted strong interest and overall staff turnover remained low.
- Cyber Security and Service Resilience. Members discussed cyber security arrangements and organisational resilience. It was noted that national cyber security support and 24-hour monitoring arrangements were in place across Scotland. These arrangements helped identify and respond to potential threats at an early stage.
- Committee Spotlight Sessions. Members reflected on the value of workforce spotlight sessions and suggested seeking feedback from services that had presented to the Committee. It was agreed that this could help improve future engagement and inform the Committee's self-assessment process.

The Committee so **noted** the Spotlight Session on E-Health, Resilience and Strategy & Transformation.

5. ITEMS FOR REVIEW AND ASSURANCE

5.1 People and Culture Portfolio Board Update

The Director of People and Culture provided an update on the review of governance arrangements across the portfolio. Key themes included strengthened executive oversight, streamlined group structures and improved accountability through revised reporting arrangements.

He advised that several groups with overlapping membership were being brought together under a new People Strategy Group. A separate group would oversee workforce and health and care staffing matters. Good progress continued across employability, equality, diversity and inclusion, health and wellbeing and other workforce priorities. A moderate level of assurance was reported as the new governance structure and reporting framework were being embedded.

Members welcomed the streamlined approach and agreed that reducing duplication would support more efficient working. It was noted that the revised arrangements would help shape a more cohesive People Strategy, with further focus planned on learning and development, and the Committee was content to take moderate assurance.

After discussion, the Committee **noted** the report content and took **moderate** assurance.

5.2 People Metrics and Integrated Performance and Quality Report

The Director of People and Culture spoke to the circulated report detailing the position as of 30th April 2026. He highlighted the performance rating of each metric, with improvement action plans in place where required. Key points were highlighted in relation to sickness absence remaining above target but showing signs of improvement; an increase in Time to Fill for vacancies, noting that delays were largely associated with a smaller number of complex recruitment cases and increasing application volumes; stable staff turnover; steadily improving Statutory and Mandatory Training compliance following the introduction of the revised national modules; and a reduction in overall completed appraisals.

He noted that actions were underway to improve appraisal performance through enhanced reporting, targeted support and improved use of workforce data, with further updates to be brought back to the Committee. The report proposed the Committee take **Moderate** assurance.

During discussion, the following points were raised:

- Time to Fill Performance and Recruitment Outliers. Members discussed the increase in time to fill vacancies. It was noted that recruitment outliers and bank vacancy data may be influencing reported performance. Further analysis would be undertaken to improve understanding of recruitment trends.
- Overseas Applications and Recruitment Pressures. Members discussed the increase in overseas applications and the impact on recruitment processes. Larger application volumes were noted to increase the time required for shortlisting and place additional pressures on recruiting managers.
- Manager Capacity and Workforce Performance. Members discussed the impact of managers holding high numbers of direct reports. It was acknowledged that operational pressures could affect recruitment, appraisals and other workforce processes. Further work would identify where additional support may be required.
- Appraisal and Mandatory Training Performance. Members discussed reporting arrangements for appraisal and mandatory training compliance, including the inclusion of staff on long term absence and new starters. It was noted that any changes to targets or reporting arrangements would require Board consideration. Assurance was provided that improvement work was underway across directorates.
- Mandatory Training Compliance. Members sought clarification on lower compliance rates for cyber security, fraud awareness and information handling training. It was reported that recently updated national training packages had resulted in staff becoming non-compliant until the revised modules were completed.

- Protected Time and Performance Targets. Members discussed the importance of providing staff with protected time to complete training, appraisals and development activities. It was recognised that progress against appraisal targets should be communicated in a balanced way while recognising the challenges faced by some services.

After discussion, the Committee **noted** the report and agreed to take **moderate** assurance.

The Committee adjourned at 11.32 am and reconvened at 11.42 am.

5.3 Whistleblowing Q4 Report

The Director of People and Culture spoke to the quarterly report and advised that one new case had been opened, and a number of cases had been closed during the reporting period. No significant issues were highlighted.

It was noted that the discussion had by the Committee for this item was undertaken as part of item 5.4.

After discussion, the Committee **noted** the report content and agreed to take **moderate** assurance.

5.4 Whistleblowing Annual Report

The Director of People and Culture presented the annual Whistleblowing report and advised that, while only a small number of cases had been received, the report detailed the concerns raised, investigation outcomes and learning identified. It was noted that some cases overlapped with existing HR, professional and quality processes which added complexity to investigations. Assurance was provided that Whistleblowing investigations had been undertaken where required to ensure all concerns were fully considered and addressed.

B Donald advised that he was satisfied appropriate policies and governance arrangements were in place and was assured that concerns raised through whistleblowing or other reporting routes would be appropriately considered and investigated.

During discussion, Members sought clarification on whistleblowing activity and whether low case numbers reflected wider national trends. Assurance was provided that NHS Highland was not an outlier in comparison with other organisations and that most cases involved individual concerns rather than large groups of staff.

Following discussion, the Committee **noted** the content of the report agreed to take **substantial** assurance.

5.5 People and Culture Strategic Risk Review

The Director of People and Culture advised that this was a routine update report. It was noted that most actions remained on track with completion dates later in the year and that the Level 2 risk register had been established, with further refinement work underway. Progress updates would continue to be reported to the Committee on a six-monthly basis.

The Committee **noted** the review and refresh of the people and culture strategic risks and ongoing work to finalise level 2 risk and agreed to take **Moderate** assurance.

5.6 Health and Care Staff Act Implementation Q4 Addendum

The Director of People and Culture presented the Implementation Q4 Addendum, noting that moderate assurance had been achieved while further work was required to strengthen compliance and assurance levels across all duties. It was highlighted that a programme plan was being developed in response to internal audit findings, with key milestones to support improvement and progress to be reported through the Audit Committee.

During discussion, the following points were raised:

- Health and Care Staffing Act Assurance Ratings. Members sought clarification on the reduction in assurance ratings for severe and recurrent risks. It was noted that assurance levels had been revised following improved understanding of risk areas and feedback from staff. Further work was underway to review the alignment between risk registers and staff experience.
- Escalation of Staffing Risks. Members highlighted concerns regarding the escalation of short staffing risks from local areas to higher-level risk registers. It was noted that work was underway to ensure risk registers more accurately reflected operational pressures and staff concerns.
- Child Health Services Assurance. Members discussed the challenges of obtaining assurance within Child Health services due to lead agency arrangements. It was acknowledged that accountability rested with Highland Council and that continued collaboration would be required to support assurance within the integrated service.
- Service Planning and Workforce Improvement. Members sought further information on the "Ask Once" approach and how workforce data informed decision-making. It was noted that a structured service planning approach was being tested and that future rollout options would be considered following evaluation of the initial implementation.
- Leadership Capacity and Assurance Reporting. Members discussed the challenges associated with providing staff with sufficient time to undertake leadership responsibilities alongside clinical duties. It was noted that further work would be undertaken to identify actions required to improve assurance levels, supported by enhanced operational assurance reporting across service areas.

Following discussion, the Committee agreed to take **moderate** assurance and **note** the formal submission of the Report to the July Board Meeting.

5.7 Gaelic Language Plan

The Director of Estates, Facilities, and Capital Planning provided an overview of NHS Highland's Gaelic Language Plan and the progress made since the establishment of the refreshed governance arrangements in 2025. It was noted that a previous period of non-compliance had been addressed through the appointment of a Gaelic Development Officer, enhanced staff engagement and the introduction of a range of initiatives including bilingual communications, staff induction resources, a Gaelic Staff Network and learning opportunities. He advised that progress had been recognised as adequate by Bòrd na Gàidhlig. Ambitions for 2026 included expanding Gaelic learning provision, strengthening external partnerships, increasing access to Gaelic resources within healthcare settings and supporting Gaelic-speaking patients and communities. The importance of securing ongoing funding to sustain and further develop this work was highlighted.

There was discussion of the following:

- Gaelic Language Plan Progress and Resources. Members welcomed the progress achieved following the appointment of the Gaelic Development Officer and highlighted the

positive impact that dedicated resource had made in advancing delivery of the Gaelic Language Plan. Support was expressed for the continuation of the post and ongoing investment in Gaelic development activity.

- Gaelic Learning Opportunities. The Gaelic Staff Network and introduction of beginner Gaelic courses were welcomed. It was noted that these initiatives would provide greater opportunities for staff to learn and use the language.
- Achievable Delivery Plan. Advised that significant work had been undertaken with Bòrd na Gàidhlig to develop a more practical and achievable plan while maintaining the original ambitions and objectives. Progress made in addressing previous compliance concerns was highlighted.
- UK City of Culture Bid and Partnership Working. Noted that NHS Highland was supporting the Highland bid for UK City of Culture and had identified opportunities to promote Gaelic language and culture through collaborative activity. Support for the bid would initially be provided through a letter of support.
- National Collaboration. Advised that NHS Highland was leading discussions with other NHS Boards, including NHS Western Isles, to share learning and explore opportunities to support the wider rollout of Gaelic initiatives across Scotland.

Following discussion, the Committee:

- **Noted** the adequate progress against the Gaelic Language Plan up to September 2025, awarded by the Bòrd na Gàidhlig.
- **Recognised** the statutory duties under the Gaelic Language (Scotland) Act 2005, strengthened by the Scottish Languages Act 2025, including compliance requirements and potential enforcement measures.
- **Noted** the priorities for 2026/2027 reporting period and any associated risks.
- **Agreed** to take **moderate** assurance from the report.

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 12 June 2026

6.2 Health and Safety Committee update of meeting held on 28 April 2026

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

7. CORPORATE GOVERNANCE

7.1 Committee Self-Assessment

The Director of People and Culture presented a proposed revised approach to Board Committee self-assessment which had been developed following feedback from Board Development Sessions. He noted that the original committee-specific questionnaires had been condensed from 27 questions to eight questions to provide a more focused and proportionate assessment process. The proposed approach combined a survey-based assessment with facilitated committee discussions led by an Executive or Non-Executive member who was not part of the committee, with each committee determining the most appropriate stakeholder groups to participate.

The Committee;

- **Considered** the relevant condensed question set
- **Approved** for use in a self-assessment exercise

- **Approved** the approach to identify stakeholder group for each Committee and complete survey based on questions, and undertake a discussion facilitated by an Executive or Non-Executive not associated with the Committee.

Action: Progress the revised self-assessment approach including surveys and facilitated development discussions.

8. ANY OTHER COMPETENT BUSINESS

There were no matters raised in relation to this Item.

9. ISSUES OF NOTE FOR NHS BOARD MEETING

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

- Spotlight Session – Key data and insights presented during the session.
- Gaelic Language Plan – Progress made from initial development through to organisational maturity.
- Integrated Performance and Quality Report (IPQR) – Summary of discussion and key themes.
- Appraisal Activity – Update on appraisal performance and related discussion.
- Portfolio Boards – Update on the rationalisation of portfolio boards, subject to confirmation of strategic relevance.

10. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 2 September 2026 at 10 am via Microsoft Teams**.**

Future Meetings Schedule

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

2 September 2026 (Next Meeting)
3 November 2026

The meeting closed at 12.34pm