



Minutes Staff Governance Committee 18 September 2025 (Rescheduled from 13 August 2025)

Attendance

Lynn Adam (Clinical Lead for Workforce), Hazel Aim (Senior Corporate Governance Officer), James Goodyear (Interim Chief Executive Officer), Georgina Green (Practice Education Facilitator), Joanna Kenny (Chair - Non-Executive Director), Dr Anna Lamont (Medical Director), Ryan McLaughlin (Non-Executive Director - Employee Director), Karen Spence (Staffside), Jason Taylor (Non-Executive Director), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (EDoNMAHP), Linda McGovern (Interim Director of People and Culture).

Guests

Nick Crohn (Radiology Manager), Willem Venter (Health and Safety Advisor), Wendy Corstorphine (Speciality Doctor Acute Hospital Care).

1. Welcome (Presenter: Chair)

The Chair welcomed members to the meeting introducing some new and returning faces and those that were deputising. The Chair drew members' attention to the vulnerability of the group as the previous meeting in August was rescheduled due to not being quorate. The Employee Director added that Staff side representation has also been challenging.

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

2. Staff Story - An innovative way of delivering services out of hospital - staff experience and learning (Guest: Nick Crohn - Radiology Manager)

The Radiology Manager gave a presentation on X-Ray provision at the Orkney Island Games where a portable unit was set up on site at the Glaitness school to support the Polyclinic and reduce presentations for X-Rays at the Balfour Hospital.

10 patients were imaged following referral from the polyclinic. 4 competing island representatives and the Medical Director for Sport Scotland visited to see if this could be replicated at future island games or the Commonwealth Games.

Reflections were that consideration should be given to a more capable support stand although this would reduce the portability and a reporting radiographer would have enhanced the service.

The Chair commented on the positive confidence boost that the experience had given staff and the Medical Director reported that they had witnessed the service and commended the training and education that had come from the project.

The Radiology Manager confirmed that they were in the process of writing up a presentation for wider learning. They reported that the acquisition of the equipment was facilitated by the

North of Scotland Imaging Alliance and funded by the Scottish Government. This equipment could also be used to undertake portable imaging on the isles and remote communities and would be of particular benefit to elderly patients if it can be transported in a vehicle.

J Taylor enquired whether purchasing other equipment should be considered and the Radiology Manager considered Chest X-Ray equipment could be beneficial although size may may limit portability.

The Chair thanked the Radiology Manager for an excellent presentation.
The Radiology Manager left the meeting at 1022.

3. Apologies (Presenter: Chair)

Apologies were received from Lawrence Green, Kirsty Cole, Kat Jenkin, Huw Thomas, Lou Willis and Lewis Berston.

Willem Venter was in attendance for Lawrence Green, Wendy Corstorphine attended as a deputy for Huw Thomas.

4. Declaration of Interest - Verbal (Presenter: Chair)

There were no declarations of Interest raised.

5. Minute of Staff Governance Committee held on 15 May 2025 (Presenter: Chair)

The Minutes of the meeting held on 15 May 2025 were approved as an accurate record with clarification on agency/bank/excess hours data requested by J Taylor.

6. Matters Arising - Verbal (Presenter: Chair)

There were no matters arising.

7. Action Log (Presenter: Chair)

The action log was reviewed, and corrective action agreed on outstanding issues (see action log for details).

Decision/Conclusion

Members took assurance that actions were on track and being delivered.

8. Chair's Assurance Report Staff Governance Committee - 15 May 2025 (Presenter: Chair)

The Chair's Assurance Report for the Staff Governance Committee on 15 May 2025 was presented

Decision/Conclusion

Committee noted the report

9. CHAIR'S ASSURANCE REPORTS

9.1. Area Partnership Forum Chair's Assurance Report 17 June 25 and 19 August 25 (Presenter: Employee Director)

The Employee Director presented the Chair's Assurance Reports from the 17 June 2025 and 19 August 2025. They reported progress was being made in attendance of training but raised concerns regarding data accuracy for Basic Life Support Training. The EDoNMAHP confirmed that they had investigated training rates for the Emergency Department and although they were showing a compliance rate of around 30%, they were 70-80% compliant and the figures were skewed by members of staff that have undertaken a higher level of life support training,

Maternity and sickness absence as well as course instructors not requiring the training but registering and not attending, could account for the difference in figures within the TURAS system. It was reported that the People and Culture Team are working on producing more accurate figures.

There has been an improvement in the number of staff attending Violence and Aggression training.

Decision/Conclusion

Committee noted the report and requested accurate data for next meeting.

9.2. Occupational Health, Safety and Wellbeing (OHSW) - Chair's Assurance Report July 2025 (Presenter: Employee Director)

The Employee Director reported that stress-related absence continues to remain high. Some measures have had an effect, but proactive intervention is now required. They reported that NHS Orkney was not an outlier for sickness but are for the number of staff absences for mental health.

The Practice Education Facilitator reported that 8 people have completed peer support training from different areas within the organisation.

The Clinical Lead for Workforce reported that the Occupational Health Nurse Manager had reported that their case load had doubled since last year and they were a single point of access as they are the only qualified member of staff to undertake occupational health assessments. The EDoNMAHP advised that there is no differentiation between work related stress and stress caused by issues outside work.

Decision/Conclusion

Committee noted the report and asked that absence due to mental health be escalated to the Board.

9.3. JLNC Chair's Assurance Report - July 2025 (Presenter: JLNC Chair)

In the absence of the JLNC chair, the Medical Director reported that consultant recruitment remains a challenge and accommodation issues persist. Issues have been raised in relation to the lack of locks and inconsistent charging. A paper on

accommodation charging is in development and will be considered by the Senior Leadership Team in October 2025.

The Specialty Doctor Acute Hospital Care reported that the accommodation issues had been ongoing for two and a half years and a minimum standard should be in place for landlords who wish to rent to NHS Orkney. They also reported that there may be ACT money available to help address the issues for students.

Decision/Conclusion

Committee noted the report and asked that a briefing on the issues be shared with the Interim Chief Executive.

9.4. Operational People Group Chair's Assurance Report - 2 June 2025 (Presenter: Director of People and Culture)

The Interim Director of People and Culture reported that there remains a risk in relation to the lack of leadership capacity, which remains a priority area of focus for the Board. The EDoNMAHP reported that the e-roster officer post remains vacant due to absences within the People and Culture team.

The Employee Director clarified that the Terms of Reference for the Operational People Group is clear that it is not a decision-making group.

Decision/Conclusion

Committee noted the report.

10. Corporate Risk Register (Presenter: Medical Director)

The Medical Director reported that the Central Decontamination (CDU) Unit closure and the waiting times risks were now closed. The derogation from the infection control manual was relatively fewer than other years.

The Employee Director highlighted that there was no update on leadership risk and capacity and that sickness and absence management needs to be addressed and monitored by the staff governance committee.

The Interim Chief Executive asked if the reduction of the working week was on the corporate risk register. This was confirmed by the EDoNMAHP who advised that compliance of the Healthcare Staffing Act will be affected by the reduction in the working week.

Decision/Conclusion

Committee noted the report and asked that an update on leadership capacity and sickness absence management be added to the agenda for the next meeting and clearer mitigations be added to the risk register along with links to supporting documents.

11. Integrated Performance Report (IPR) - Workforce (Presenter: Chair)

The Chair raised concerns about the paper being presented as it was an exception report and not the full report. As the Committee has chosen to drop the existing Workforce Report and move to the full IPR, in line with other Committees, the full IPR is now required.

The Medical Director advised that the overall format in future will be radically different and include more narrative.

J Taylor commented that additional hours should not exceed vacant positions.

Decision/Conclusion

Committee noted the report and requested that the full IPR be brought to future meetings.

12. Update from National Human Resource Directors meeting

Decision/Conclusion

Committee noted the report.

13. PEOPLE

13.1. iMatter Report and improvement plan 2025 (Presenter: Interim Director of People and Culture)

The Interim Director of People and Culture reported that work is starting next week on a restructuring of the iMatter survey, this will help teams develop action plans and assist with resources.

The Interim Chief Executive commended the impressive results and stressed the importance of Board visibility.

The Employee Director cautioned that in some areas' scores have dropped, particularly areas where there is leadership absence or sickness. The EDoNMAHP intimated that some staff had requested more information about Non-Executive Directors' backgrounds and experiences.

The EDoNMAHP agreed to share iMatters reports from the Nursing and Midwifery teams.

Decision/Conclusion

Committee noted the report.

13.2. Delivering Agenda for Change Reform - Deferred (Presenter: Director of People and Culture) - Deferred to next meeting.

13.3. Workforce Operational Group Verbal Update (Presenter: Director of People and Culture) – Duplication of agenda item 9.4.

14. PATIENT SAFETY QUALITY AND EXPERIENCE

14.1. Whistle Blowing Quarter 1 2025/26 Report (Presenter: Medical Director)

The Medical Director reported that there were no new formal whistleblowing cases and previous action plans for health visiting and mental health teams were mostly closed.

There are three confidential contacts for staff, it is hoped to increase this to five and conversations are being made with teams.

Consideration is being given to working more closely with other organisation in Orkney such as Orkney Islands Council with a view to having combined support sessions for Whistleblowing.

Decision/Conclusion

Committee noted the report. Committee requested ongoing assurance on action plan progress.

- 14.2. Integrated Education Strategy - education and training progress update - Deferred (Presenter: Director of People and Culture) - Deferred to next meeting.**

15. PERFORMANCE

- 15.1. Improving Together (efficiency) Programme Workforce Work Stream Update (Presenters: Director of People and Culture)**

Decision/Conclusion

Committee noted the report.

- 15.2. Job Planning Progress Report (Presenter: Medical Director)**

The Medical Director reported that job planning had been challenging as some doctors reported they had never had a job plan, the move to digital to comply with national requirements was quite late. As historic paper plans have to be signed off before implementing digital ones, the process is not yet complete.

All job plans have now been created for at least consideration by all consultants with one in dispute, this has been raised with the Interim Director of Finance.

The Medical Director confirmed there were nineteen job plans to be completed and two were unable to proceed due to primarily being employed outwith NHS Orkney. It was confirmed that the job planning process was for consultants and specialist doctors.

The Specialty Doctor Acute Hospital Care commented that these figures were for 2024/25 and requested 2025 figure. The medical Director clarified that the review date was annually and there is an intention to move to align everyone to be the same date in the future.

Decision/Conclusion

Committee noted the report and commended the work undertaken to move this forward.

- 15.3. Health and Care Staffing Act Update (Presenter: Clinical Lead for Workforce)**

The Clinical Lead for Workforce presented the year 2, quarter 1 Health and Care Staffing Act update. Positive but gradual progress is being made towards compliance with the duties that require to be reported to the Scottish Governance.

The EDoNMAHP reported that leadership constraints had prevented NHS Orkney from delivering on some of movement towards green status, but this is at least comparable if not better than some boards. This is being overseen by the Operational Workforce Group as business as usual and expects more positive movement by next report.

Decision/Conclusion

Committee noted and took assurance that the report is being sent accepting this is with limited assurance,

15.4. Improving our statutory/mandatory training compliance progress update (Presenter: Director of People and Culture)

As this item had to be moved after Agenda item 16.1 and since the staff side representative had left the meeting, it was no longer quorate, this item was deferred to the next meeting.

16. POTENTIAL

16.1. Health and Safety Update Report (Presenter: Health and Safety Advisor)

The Health and Safety Advisor presented the report and updated the committee with additional figures since the report was produced.

Slips and trips remain the highest reported incident but there has been a steady decline in these numbers.

No RIDDOR incidents in the report period but one has occurred since. Sign off for Health and Safety Control books has increased by 24% and there is now SLT approval to move to digitalisation.

Violence and aggression integration training has also seen small improvements and although Manual Handling compliance, it saw a reduction during the reporting period. Training on Face Fit testing has seen minor improvements.

The EDoNMAHP commented on the marked improvement and commended the availability of courses. The Health and Safety Advisor also offered flexibility to accommodate Face Fit testing to fit around teams.

Decision/Conclusion

Committee noted the report.

17. ANY OTHER COMPETENT BUSINESS

As the meeting was no longer quorate, no decisions could be made but the Employee Director raised concerns about the Employee Journey Action Plan being unfit for purpose.

The Chair agreed that some work needed before the next meeting. The Employee Director also raised concerns about appraisals and whether there should be a discussion on KSF Gateway pay functionality. This will also be taken to the next meeting.

The Chair also emphasised the need for a replacement staff side representative to ensure issues like these were brought to the committee.

18. ITEMS TO BE INCLUDED IN THE CHAIR'S ASSURANCE REPORT TO BOARD – (Presenter: Chair)

Members agreed the following items for escalation to the Board

Positive assurance

- Committee welcomed staff story
- Job planning
- Health and Safety Update report and revised up to date figures showed positive progress with manual handling compliance being notably improved.

Items for escalation

- Previous meeting re-scheduled due to not being quorate.
- Lack of leadership capacity is impacting on operations and staff moral within several teams.
- Recruitment of consultants remains challenging;
- Staff accommodation issues persist with some issues dating back several years.

Work commissioned

- Area Partnership Forum to work with People and Culture team to address inaccurate data in relation to Basic Life Support training
- Full Integrated Performance Report is presented at the next Committee meeting.
- Ongoing assurance on the Whistle Blowing action plan required.
- Employee Director to identify a replacement staff side representative to sit on the Committee.
- Executive Director of Nursing, Midwifery and AHP's (EDoNMAHP) to share iMatter report from Nursing and Midwifery/.

Decisions made

- Approval of Health and Care staffing Act Year 2 Q1 report

19. ITEMS FOR INFORMATION AND NOTING

19.1. Schedule of Meetings for 2025/26

Members noted the schedule of meetings.

19.2. Record of Attendance 2025/26

Members noted the Record of Attendance.

The meeting closed at 12:48.