Minute Staff Governance Committee
3 December 2025

Present

James Goodyear (Interim Chief Executive Officer), Dave Harris (Director People & Culture), , Joanna Kenny (Chair - Non-Executive Board Member), Ryan McLaughlin (Employee Director - Non-Executive Board Member), Karen Spence (Staff Side Representative) and Han Gilles (Staff Side Representative).

In Attendance

Kat Jenkin (Head of Patient Safety, Quality and Risk), Lynn Adam (Clinical Lead for Workforce), Hazel Aim (Senior Corporate Governance Officer), , Lawrence Green (Health and Safety Lead), Willem Venter (Health and Safety Advisor) and Steven Phillips (Head of People and Culture)

1. Cover Page (Presenter: Chair)

Purpose of Staff Governance Committee

- To support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration and
- To ensure that robust arrangements to implement the Staff Governance Standards are in place and monitored

Quoracy

Four members including

- Two non-executive members
- One Executive Director or deputy
- One lay representative from Union or Professional body or deputy

2. Welcome and Apologies (Presenter: Chair)

The Chair opened the meeting at 09.30 am and welcomed attendees to the meeting.

Apologies received from Debs Crohn (Head of Corporate Governance), Jean Stevenson (Non-Executive Board Member), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (EDoNMAHP)), Dr Kirsty Cole (Non-Executive Board Member), Georgie Green (Clinical Education Facilitator), Jason Taylor (Non-Executive Board Member).

The meeting was quorate in accordance with the Board's Code of Corporate Governance.

3. Declarations of Interest - Verbal (Presenter: Chair)

No declaration of Interest to be recorded.

4. Minute of meeting held on 18 September 2025 (Presenter: Chair)

The Chair presented the draft minute of the meeting held 18 September 2025.

Decision/conclusion
Minute of the meeting held 18 September 2025 were approved as an accurate record of the meeting.

5. Chair's Assurance Report - 18 September 2025 (Presenter: Chair)

The Chair presented the Chair's Assurance Report from the meeting held on 18 September 2025.

Decision / Conclusion
The committee approved the report for onward submission to the Board.

6. Matters Arising - Verbal (Presenter: Chair)

The Interim Chief Executive Officer (CEO) updated Committee on developments regarding staff accommodation. Work has been completed, assurance provided that issues have been resolved. Committee were asked to note that some accommodation leases have been terminated due to poor quality or high costs.

The Head of People and Culture requested clarification regarding the specific assurances required for workforce data. The Chair and Director of People and Culture will discuss with the Head of People and Culture to resolve this matter ahead of the next meeting.

Decision / Conclusion
Committee noted the update.

7. Action Log (Presenter: Chair)

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

8. CHAIR'S ASSURANCE REPORTS

8.1. Occupational Health, Safety and Wellbeing (OHSW) – Chair's Assurance Report (Presenter: Employee Director)

The Employee Director reported that there have been no Occupational Health, Safety and Wellbeing (OHSW) meetings have taken place since the last Staff Governance Committee meeting in October 2025, citing excessive administrative demands on the Chair. The Employee Director and Director of People and Culture agreed to discuss the issue and find a solution ahead of the next meeting in February 2026.

Decision / Conclusion
Committee took assurance on the report.

8.2. Joint Local Negotiation Committee (JLNC) Chairs Assurance Report - (Presenter: JLNC Chair)

The Joint Local Negotiation Committee (JLNC) has not met since July 2025, and with the previous chair stepping down, the new chair, Tariro Gandiya, has not yet attended the Staff Governance Committee.

The Director of People and Culture, together with the Corporate Governance Team, agreed to reach out to the new chair to encourage them to attend the upcoming Staff Governance Committee meeting.

Decision / Conclusion
Committee took assurance on the report.

8.3. Chairs Assurance Reports Operational People Group (Presenter: Head of People and Culture)

Positive progress is being made by the Operational People Group – Meetings are well attended, Terms of Reference have been updated, noting that there is a gap for clinical representation at the group.

Guidance on Whistleblowing has been shared with the group.

There is a risk additional funding will be required to ensure the ongoing viability of the Employee Assistance Programme (EAP) when the extension of the existing contract comes to an end.

The Interim Chief Executive asked if the Occupational Health, Safety and Wellbeing could be incorporated with this group. The Director of People and Culture raised concerns in relation to losing sight of Health and Safety and that bringing the 2 groups together could result in the meeting being lengthy resulting in the group being less effective. It was agreed that the Director of People and Culture would explore options and provide an update at the next meeting.

Decision / Conclusion
Committee took assurance on the report.

9. CORPORATE RISK REGISTER (Presenter: Director of People and Culture)

The Director of People and Culture presented the Corporate Risks aligned to Committee, highlighting concerns in relation to leadership capacity at all levels emphasising that managers also need support.

The Director of People and Culture suggested that the Leadership Development Programme could be run by staff members already in the organisation, which would help cut costs and minimise dependence on external providers. K Spence supported this idea, noting that there was potential amongst current employees who could benefit from leadership and talent development opportunities. The Chair also acknowledged the range of possibilities that could arise from implementing such programmes across the broader system.

The Director of People and Culture acknowledged the good work undertaken in project management; however, concerns remain in relation to the lack of change management within the Organisation. The Health and Safety Lead advised that change management is a key element to Health and Safety stress factors.

The Interim Chief Executive informed the group of their recent participation in the launch of the Scottish Approach to Change and emphasised the potential benefits of utilising this framework.

The Clinical Lead for Workforce highlighted gaps in clinical representation, and the Employee Director confirmed that this was seen in almost all meetings. The Interim Chief Executive raised concerns that clinical groups were not represented and were impacted by staffing levels mandated by the Healthcare Staffing Act.

The Director of People and Culture emphasised the importance of risk appetite statements in the Boards decisions making processes.

Decision / Conclusion
Committee noted the content of the risk register, acknowledging improvements made in relation to risk management but agreed further development are still required.

10. INTEGRATED PERFORMANCE REPORT (Presenter: Director of People and Culture)

The Director of People and Culture presented the Workforce chapters of the Integrated Performance Report (IPR) highlighting the challenges with sickness absence rates due to mental health.

Committee noted the progress made in terms of increasing staff appraisal rate recognising that more work is still required and that a cultural change is required to embed meaningful appraisals and regular one to ones as part of our Business as Usual.

H Gillies mentioned a previous workplace where lower-banded staff had their appraisals before more senior staff, providing line managers with a broader perspective. The Head of People and Culture noted that some employees did not recognise the value of these appraisals. The Employee Director added that, while overall compliance rates have increased, there are still considerable differences between directorates.

The Health and Safety Lead stated that earlier notifications of compliance breaches resulted in significant numbers of staff undergoing training simultaneously, causing bottlenecks during renewal periods. Measures are being implemented to resolve this issue, though some staff have expressed reluctance to undertake training before it is due.

Decision / Conclusion
The Committee acknowledged the report and concurred that Executive Directors should maintain accountability for appraisal and training compliance within their respective areas.

11. APPROVAL OF STAFF GOVERNANCE COMMITTEE CORE DOCUMENTS 2026/27 (Presenter: Chair)

The Chair presented the Staff Governance Committee Core documents 2026/27, advising that minor amendments have been made to the core documents.

The Director of People and Culture has met with the Head of Corporate Governance to align the business cycle with committee priorities. Members noted that further minor changes may be needed, which will be presented to the Committee for approval if necessary.

Decision / Conclusion
Committee approved the Terms of Reference, Business Cycle/Workplan and timetable for papers for 2026/27.

12. PEOPLE

12.1. Agenda for Change Reduced Working Week (RWW) Plan/ Submission to Scottish Government (Presenter: Head of People and Culture)

The Head of People and Culture presented the Reduced Working Week (RWW) implementation plan which had been submitted to the Scottish Government. Committee noted that not all departmental returns have been received, and once received this will be included in the final plan.

The Director of People and Culture acknowledged that discussions have occurred with Executive Directors and provided assurance that the organisation has implemented a pro-active approach to addressing the matter.

Decision / Conclusion
Committee acknowledged the plan and the update and took assurance that the plan is being actively progressed.

12.2. iMatter Health and Social Care Staff Experience Survey 2025 (Presenter: Head of People and Culture)

The Head of People and Culture indicated that, owing to the release date, the iMatter Health and Social Care Staff Experience Survey 2025 has not yet been brought before the Board Committees.

Committee noted the positive trend particularly in whistleblowing and staff raising concerns, however cautioned about next steps, advising that this is yet to be discussed by the Area Partnership Forum.

The Employee Director suggested that survey results could be used to inform Key Performance Indicators (KPIs) to focus on improvements in the less positive areas. The Interim Chief Executive shared his disappointment that the breakdown of data for areas was not available, and that this had been raised with the Scottish Government.

The Head of People and Culture advised that a national group has been established to look at iMatter scores and advised that they would welcome conversations with directorates regarding their approach to iMatter action planning.

Decision / Conclusion
The Committee noted the contents of the reports and welcomed the update.

12.3. Staff Governance Monitoring Exercise 2024/25 (Presenters: Employee Director, Head of People and Culture)

The Head of People and Culture presented the Staff Governance Monitoring Exercise 2024/25. The report focused on key areas including bullying, harassment, whistleblowing, equality impact assessments, as well as a summary of successes and challenges in delivering the staff governance standards.

The Head of People and Culture confirmed that the report has been presented to the Area Partnership Forum, this will now be presented to the Board for assurance.

Decision / Conclusion
Committee praised the report and were assured by the quality and clarity of the report.

12.4. Scottish Government - Armed Forces and Veterans Recognition Scheme Update (Presenter: Clinical Lead - Workforce)

The Clinical Lead for Workforce presented an update on the Armed Forces and Veterans Recognition Scheme, advising they are the NHS Orkney Champion which is a mandatory role for all Health Boards.

Discussions with veterans revealed gaps in staff awareness of veterans' challenges, prompting a proposed GP recognition scheme. The Board is working with Orkney Islands Council and sharing information through bulletins, newsletters, and a Turas module for staff.

The Clinical Lead for Workforce noted that Orkney has more veterans than the national average. K Spence asked if their issues are similar to those of the general population. The Clinical Lead responded that many are unaware of the armed forces covenant and uncertain about identifying veterans in systems.

The Chair thanked the Clinical Lead for Workforce for her work in promoting the scheme.

Decision / Conclusion
Committee took limited assurance from the report however welcomed the effort to promote training and highlighting issues through various means.

13. PATIENT SAFETY QUALITY AND EXPERIENCE

13.1. Whistleblowing 6 monthly report (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk pointed out that the appendices were missing from the quarter 1 and quarter 2 papers. Additionally, the six-monthly reports had been submitted to the Board instead of the Staff Governance Committee. They asked for feedback on the revised format of the report and indicated that it would be sent to the Independent National Whistleblowing Office before being published on NHS Orkney's website.

The Head of Patient Safety, Quality and Risk reported that no whistleblowing concerns were raised in Quarter 2, and all recommendations from Quarter 1 have been implemented. Collaborative work with independent contractors, including general practitioners, opticians, and pharmacies, has taken place to ensure comprehensive understanding of whistleblowing procedures. Updated guidance on whistleblowing has been distributed organisation wide.

During the meeting, the Interim Chief Executive queried the basis for reports of low organisational morale, noting a discrepancy with the Board's iMatter scores. The Head of Patient Safety, Quality and Risk clarified that this feedback was derived from confidential staff contacts at various touchpoints but also confirmed that such feedback is only referenced within this report.

Decision / Conclusion
The Committee noted the contents of the reports.

Head of Patient Safety, Quality and Risk left the meeting at 11:14.

14. PERFORMANCE

14.1. Internal Audit Planning - Verbal (Presenter: Chair)

The Chair confirmed next year's Internal Audit plan had been presented to the Audit and Risk Committee, with five areas scheduled for audit in 2026/27 and additional requests deferred to 2027/28.

J Taylor, as Chair of Audit and Risk Committee, will contact internal auditors about cross-committee assurance, concerns were noted about duplicating previous audits.

Decision / Conclusion
The Committee took assurance on the internal audit plan in principle, pending the outcome of conversations with Interim Chief Executive Chair of Audit and Risk Committee and Director of Performance and Transformation.

14.2. Health Care Staffing Act Quarter 2 Submission to Scottish Government (Presenter: Clinical Lead - Workforce)

The Clinical Lead for Workforce delivered the board-level compliance report for the second quarter. The Board is still at a level of limited assurance, as indicated by self-assessments from professional leads—six reports were submitted, but three are still pending.

There has been progress in statutory and mandatory training, along with improvements in role-specific training. However, ongoing issues include fully implementing real-time staffing, identifying and mitigating risks, enhancing staff engagement, and applying the common staffing method effectively.

Before submitting the final Quarter 2 report to the Scottish Government, the committee asked for a roadmap outlining percentage targets, quarterly milestones and asked the performance is managed by the Operational People Group.

Decision / Conclusion
The Committee approved the submission of the Quarter 2 report noting continued limited assurance.

15. POTENTIAL

15.1. Health and Safety Update Report (Presenter: Health and Safety Lead)

The Health and Safety Advisor reported on the rollout of digital health and safety control books.

All SharePoint sites are complete, risk assessments have been updated, and staff training is happening.

Violence and aggression training compliance rose by 6%, moving and handling by 12%, and face fitting compliance stands at 63%.

Previous concerns about data accuracy are mostly resolved, though some non-compliance remains.

A health and safety induction pack has gone to the organisational development team. Managers responsible for risk assessment sign-off will receive guidance and are encouraged to ask questions if unclear.

The Chair commended the report and the update for its excellent content.

Decision / Conclusion
Committee took assurance from the reports.

16. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

The Employee Director noted the absence of clinical representation in the meeting.

17. Items to be included on the Chair's Assurance Report - Verbal (Presenter: All)

Agreed that the following items would be included in the Chair's Assurance Report

Decisions made

- Minutes and Chairs Assurance Report 18 September 2025 approved
- Staff Governance Committee Terms of Reference, Business Cycle/Workplan and timetable for papers for 2026/27 approved

Risks to be escalated to the Board

- The Joint Local Negotiation Committee (JLNC) has not met since July 2025
- Limited clinical representation at the meeting due to several apologies being received.
- Lack of leadership and change management capacity and capability
- Limited assurance on Health Care Staffing Act compliance

Positive assurance

- Operational People Group is well attended
- Improvements are being seen in relation to improving appraisal rates and managing sickness absence
- Assurance that the RWW plan is being actively progressed
- Positive trend in relation to staff feeling confident to raise concerns
- Staff Governance Monitoring Exercise 2024/25
- Health and Safety improvements
- Armed Forces and Veterans Recognition Scheme

Work underway

- Leadership Development Programme
- iMatter Health and Care Survey 2025
- Streamlining Your Employee Journey

18. ITEMS FOR INFORMATION AND NOTING

18.1. Key documentation for information

The following key documentation was made available to the Committee:

- Director Letter - Consolidated Agency Controls - October 2025
- Your Employee Journey Update
- Reduction of the Full-Time Working Week For Agenda For Change Staff
- BCE Chair & Vice Chair Letter to C Lamb re AfC Reduced Working Week
- CMO Letter - Armed Forces and Veterans Recognition Scheme
- Area Partnership Forum Chairs Assurance Report 21 October 2025
- Area Partnership Forum Chair's Assurance Report 18 November 2025

The Chair recognised the value of the 'Your Employee Journey' document but suggested further development to include Key Performance Indicators and clearer alignment with Staff Governance standards.

Decision / Conclusion
Committee noted the contents of the documentation.

18.2.   Schedule of Meetings for 2025/26 (Presenter: Chair)

Decision / Conclusion

The Committee noted the schedule of Meeting for 2025/26

18.3.   Record of Attendance 2025/26 (Presenter: Chair)

Decision / Conclusion
Committee noted the Record of Attendance 2025/26

The Chair closed the meeting at 12:47