Minute Staff Governance Committee 12 February 2026

Present

James Goodyear (Interim Chief Executive Officer), Dave Harris (Director People & Culture), Joanna Kenny (Chair - Non-Executive), Dr Kirsty Cole (Non-Executive Board Member), Ryan McLaughlin (Employee Director), Karen Spence (Staff side representative), Sam Thomas (Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services – EDoNMAHP), Tariro Gandiya (Chair of JLNC) joined for items 4 to 12.2.

In Attendance

Lynn Adam (Clinical Lead for Workforce), Hazel Aim (Senior Corporate Governance Officer-Minutes), Willem Venter (Health and Safety Advisor), Debs Crohn (Head of Corporate Governance), Graeme McCulloch (Learning and Development Advisor – joined for items 11 to 12.3.

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 fromGeorgie Green (Clinical Education Facilitator), Lawrence Green (Health and Safety Lead), Lewis Berston (Workforce Systems Lead), Steven Phillips (Head of People and Culture) and Han Gillies (Staff Side Representative), Kat Jenkin (Head of Patient Safety, Quality and Risk) and Jean Stevenson (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 3 December 2025 (Presenter: Chair)

The Chair presented the draft minute of the meeting held 3 December 2025.

Decision/conclusion
Minute of the meeting held 3rd December 2025 were approved as an accurate record of the meeting.

5. Chair's Assurance Report – 3 December 2025 (Presenter: Chair)

The Chair presented the Chair's Assurance Report from the meeting held on 3 December 2025.

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

6. Matters Arising - Verbal (Presenter: Chair)

Dr K Cole updated members on the Armed Forces and Veterans Covenant and confirmed that General Practices were now proactively working to ensure coding for military veterans within primary care records so that relevant information is available and communicated effectively when referrals are made to secondary care.

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).

Committee noted that all actions had been completed ahead of the meeting, the Chair acknowledged that this resulted in the action log being more meaningful.

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

The Director of People and Culture presented the Corporate Risks aligned to Committee. highlighting the continued lack of senior leadership capacity and capability. The risk in relation to the Health and Care Staffing Act was discussed later in the agenda. The Chair asked that clarity be provided in relation to ownership of some of the risks and how they could be better presented in the report going forward.

Decision / Conclusion
Committee noted the content of the risk register.

9. 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 several areas of focus and concern.

The Director of People and Culture advised that work is underway to review how Key Performance Indicators (KPI's) are presented in the report as the current Red, Amber, Green (RAG) status fluctuates due to national averages, this may not provide meaningful assurance to Committee on local performance. Director of People & Culture and Director of Performance

and Transformation are meeting to review workforce indicators presented in the IPR. Update to be brought to the next meeting.

Committee noted that the monthly staff sickness absence rates have risen over the past three months, reflecting national trends in respiratory illness, which has been impacted by the severe winter conditions.

Appraisal compliance remains significantly below expected levels, Committee were assured that a strengthened approach to staff appraisals is being developed, including consideration of adjusting appraisal cycles and reinforcing managerial accountability.

The Director of People and Culture advised that the usage of bank, overtime and excess hours has increased substantially, partially due to the opening of additional surge beds, high patient acuity at The Balfour, adverse weather and widespread staff sickness absence. The EDoNMAHP explained that a high number of staff on maternity leave and ongoing vacancies contributes to reliance on temporary staffing. The Employee Director requested a deeper analysis of the year-on-year rise in variable pay, noting the workforce pressures and wellbeing implications of substantive staff undertaking additional hours. An analysis of bank/agency usage and staffing establishments are being undertaken by the Area Partnership Forum - assurance will be provided to Committee 14 May 2026 meeting.

The Committee discussed the workforce element of our Improving Together Programme. Members asked for clarity on how well the programme is functioning, given that several of its workstreams relate to areas where performance remains challenging i.e mandatory training, appraisals and staff sickness). The Director of People and Culture confirmed that a review is underway to consolidate multiple improvement plans into a single, coherent people and culture directorate delivery plan aligned to deliver of the staff governance standards.

Further clarification was provided on definitions of bank, overtime and excess hours and assurance given on the inputting od data into SSTS.

Decision / Conclusion
The Committee acknowledged the report

10. CHAIR'S ASSURANCE REPORTS

10.1. Area Partnership Forum Chair’s Assurance Report (Presenter – Employee Director)

The Employee Director presented the Chairs Assurance Reports form the Area Partnership Forum Meetings held on the 18 November 2025 and 20 January 2026, clarifying that the reports were for assurance only. The Chair confirmed that APF Chair’s Assurance Reports are now reporting directly to the NHS Orkney Board.

Decision / Conclusion
Committee took assurance on the reports.

10.2. Chairs Assurance Reports Operational People Group (Presenter: Director of People and Culture)

The Director of People and Culture presented the Operational People Group Chair's Assurance Report on behalf of Head of People and Culture.

The Employee Director raised a concern in relation to compliance with resuscitation , not that no visible actions or work underway are provided.

The EDoNMAHP advised that service pressures continue to result in staff not being able to be released to attend training and confirmed that further engagement with Senior Charge Nurses was being made to improve compliance rates for life support training The Director of People and Culture will follow up Resuscitation Training Compliance with Head of People and Culture and report back to next meeting

The Employee Director confirmed that the Occupational Health, Safety and Wellbeing Committee meetings were being reinstated, first meeting will takeplace in 2 weeks time.

The Chair acknowledged the improved safety offer and accessibility now available thanks to the Health and Safety Team

Decision / Conclusion
Committee took assurance on the report.

11. Update from National Human Resource Directors meeting (Presenter: Director of People and Culture) - Verbal update

The Director of People and Culture provided a verbal update from the National Human Resource Directors meeting.

Discussions focused on 2 areas. The first area of focus is the nationally mandated Business Systems Transformation Programme, which will replace our current finance and human resource digital systems. Committee noted the support for adopting a common operating model, the Director of People and Culture asked Committee to note that the work required to implement the new systems will be considerable, but there is an opportunity to influence the direction of the programme.

The second area of focus was the National Workforce Planning Framework. A draft plan has been produced describing how workforce planning should be undertaken at a national, regional and local level. There is national recognition that capacity within Health Boards remains challenging and further details are yet to be confirmed

As with the national Business Systems Programme, there is an opportunity to work at a regional level on workforce planning which will take into consideration the NHS Scotland service reform.

Decision / Conclusion
Committee noted the verbal update.

12. STRATEGIC OBJECTIVE – PEOPLE

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

The Health and Safety Advisor presented the Health and Safety Update Report to Committee including the number of RIDDOR reportable incidents during the previous quarter.

Assurance was provided that all departmental health and safety SharePoint sites have now been created.
Committee noted that compliance rates for Violence and Aggression training, advanced and emergency training and moving and handling training figures are reporting an improved position also improved.

However, there has been a decrease in compliance with face fit testing and this remains an area of concern. The EDoNMAHP advised that the infection Prevention and Control team are planning enhanced testing capacity, which should improve compliance.

The committee will escalate the risk to the Board as staff participation in face fit testing has declined. EDoNMAHP is collaborating with Infection Control to boost engagement and increase participation.

Decision / Conclusion
The Committee took assurance from the report and actions underway.

12.2. Your Employee Journey Update 2025/26 and planning for 2026/27 meeting (Presenter: Director of People and Culture) - Verbal update

The Director of People and Culture provided a verbal update on your employee journey 2025/26 and planning for 2026/27.

Whilst your employee journey remains a valuable piece of work, the Director of People and Culture highlighted that it currently sits alongside several other people related plans, resulting in fragmentation and difficulty in tracking progress and providing assurance to Committee.

The Director of People and Culture is undertaking an exercise with the People and Culture directorate to consolidate all people-agenda activity into one prioritised delivery plan, aligned with organisational capacity and the Staff Governance Standards.

The Director of People and Culture provided an update from the recruitment team in relation to the number of applications being received which have used Artificial Intelligence (AI) generated application appear to be a common feature adding to additional administration for recruiting managers.

Committee noted that staff appraisals continue to require focussed attention from managers, historically, training has been provided by the HR team and this has resulted in improved data, however due to lack of capacity within the HR team, that ability to provide the training is limited.

Phase 3 of the national workforce policies will be launched shortly. This will be a soft launch, noting that additional work is required in relation to compensatory rest and other terms-and-conditions matters.

The Director of People and Culture reported that the band 5 to band 6 nursing review is progressing locally, noting that the Board is not an outlier on progress.

The Director of People and Culture reported that the dedicated wellbeing resource is no longer in place due to time limited endowment funding coming to an end. The Director of People and Culture confirmed that a paper will be presented to the Endowment Committee regarding the exit strategy for the Wellbeing project and prioritisations for the organisation in this area is being considered by the APF.

However, staff continue to have access to the existing online materials, however they are becoming outdated due to limited capacity within the team to update there is a need for the Board to agree what can realistically be delivered within current capacity.

Dr K Cole raised concerns in relation to the Employee Assistance Programme (EAP) documentation being available through a link on sharepoint as not all staff always have access to the information. The Director of People and Culture acknowledged the concerns raised,

As discussed earlier in the agenda, a consolidated plan for future prioritisation for the people and culture directorate will be presented to the Area Partnership Forum (APF) as well as capturing work which is already been committed to.

The Employee Director raised concerns about capacity to deliver this and proposed a narrow focus on key sets of KPIs.

The Chair asked that thanks be passed on to Steven Phillips (Head of People and Culture) and the HR team for the significant achievement and work on the Reduced Working Week implementation plan.

Decision / Conclusion
Committee noted the verbal update and agreed to the development of a single prioritised approach to the people agenda.

12.2.2 Protected Learning Time (PLT) Workstream 1 – Ofs National Statutory and Mandatory Transition (Presenter: Learning and Development Advisor)

The Learning and Development Advisor presented an overview of the nationally mandated Protected Learning Time Workstream 1, which includes changes to the National Statutory and Mandatory Training for NHS Scotland employees.

The Learning and Development Advisor advised that from 2 March 2026, NHS Orkney will move from local modules to the national suite, supporting greater consistency across NHS Scotland. Existing local modules (Prevent and Health & Safety) will remain, and a new Counter Fraud module will be introduced with a six-month completion grace period.

Staff currently undertaking training will not be as their existing renewal dates will not change and will transition to the new module at their next revalidation point.

National Education Scotland is managing the technical implementation and undertaking module equivalency mapping to ensure organisational reporting remains accurate.

Induction materials will be updated and streamlined as part of the change.

Dr K Cole advised that although the move is very welcome, PLT is not applicable to independent contractors. The EDoNMAHP added that PLT only applies to specific modules, other modules people are required to complete to do their job are not given protected learning time. The Director of People and Culture urged members to ask colleagues to bring to national committees as far as possible to highlight the challenges this may cause.

Committee acknowledged that online modules present less challenges than in person training, this will become even more challenging following the introduction of the Reduced Working Week.

The Clinical Lead for Workforce acknowledged the importance of emphasising these issues with Scottish Government to ensure their comprehension of island nuances and the added difficulties this brings.

Decision / Conclusion
Committee took assurance on the update.

13. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1 Whistle Blowing quarterly report Q3 2025/26 (Presenter: Interim CEO)

Interim Chief executive reported there were no formal whistleblowing and minimal contact with confidential contacts.

Decision / Conclusion
Quarter 3 Whistleblowing report approved for submission to the INWO and for publication on the Boards Website.

14. STRATEGIC OBJECTIVE – PERFORMANCE

14.1 Workforce Report (Presenter: Director of People and Culture)

The Director of People and Culture presented the Workforce Report from April to September 2025, noting that whilst the report covers an earlier period, it provides important detail sitting beneath the IPR. Assurance was provided by the Director of People and Culture that it is their intention to produce the workforce report quarterly or six-monthly going forward as well as a full-year update at the year-end.

Members discussed key themes including mental health-related and musculoskeletal staff absences. Dr K Cole highlighted the value of understanding whether mental-health related absences recorded as anxiety, stress or depression were marked “work-related” on the Med 3 fit notes. The Director of People and Culture agreed to explore whether this could be consistently captured, though emphasised that long-term mental health referrals should be appropriately assessed through Occupational Health regardless of cause.

The Committee discussed opportunities for earlier intervention and broader wellbeing support. Members noted that whilst NHS Orkney provides fast-track physiotherapy access for staff with MSK issues, similar rapid-access mental health support is not currently available. Options such as exploring third-sector partnerships or improving Occupational Health capacity were identified as areas for future consideration.

Decision / Conclusion
Committee took assurance on the detail of the Workforce Report that complemented the IPR.

14.2 Board Level Clinician(s) Internal Healthcare Staffing Compliance Report – Year 2 Q3 (Presenter: Clinical Lead Workforce)

The Clinical Lead Workforce presented the Quarter 3 Board Level Clinician(s) Internal Healthcare Staffing Compliance Report Year 2, highlighting that for the first time since the Act came into force on 1 April 2024, NHS Orkney has achieved reasonable assurance, reflecting significant progress in implementation. This improvement is largely due to a high return rate on staff self-assessments, which provided stronger evidence of compliance, particularly in real-time staffing risk escalation and arrangements for addressing recurrent risks.

Areas of remaining amber assurance relate to mandatory training, appraisals and resuscitation training recognised and discussed earlier under the IPR item

Good progress is being made in consolidating role-specific training requirements across professional groups, with many now linked to national standards or professional pathways.

The EDoNMAHP added that medical staffing continues to be the least engaged group in returning compliance data and this remains a limiting factor in overall assurance. Work is ongoing to address this including reporting through the common staff method tools (CSMT) which is nearing completion with further improvements to be documented in the annual report.

The Employee Director acknowledged progress on previously stalled areas and noted that a corporate risk was still in place which he suggested was reviewed.

Decision / Conclusion
Committee took assurance from the direction of travel on the report and supported the Employee Directors request to review the corporate risk.

14.3 Reduced Working Week Implementation Plan (Presenter: Director of People and Culture)

The Director of People and Culture provided an update on the Reduced Working Week Implementation Plan.

Significant work has been undertaken through directorates and the executive team to finalise backfill arrangements and associated financial impacts. Each directorate return has been reviewed collectively by the Executive Team to ensure consistency, challenge the assumptions underpinning backfill requests, and confirm affordability before moving to implementation.

Work is now underway to translate the agreed plans into operational delivery. The process has highlighted questions which are being addressed by the Head of People and Culture through the Reduced Working Week (RWW) short life working group and escalated to Executive Directors where required.

The Employee Director confirmed that the Joint Staff Negotiating Committee and trade unions were broadly content with the plan. It was confirmed that the plan will now move to APF and Board as part of the governance process.

It was noted that Staff Side Representatives have raised concerns that some staff had not been engaged in discussions about local implementation and had only been informed of decisions after the fact. The Director of People and Culture clarified that Executive Directors have provided assurance that staff engagement has taken place, and any instances where this has not occurred should be followed up directly with the relevant Executive Director.

Decision / Conclusion
Committee took assurance on the update.

15. STRATEGIC OBJECTIVE – POTENTIAL

15.1 Education and Training Center Progress – Verbal Update (Presenter: Director of People and Culture)

The Director of People and Culture provided a verbal update on progress with the Education and Training Center at The Balfour, clarifying that no decision has been made regarding the relocation of teams or the use of the downstairs office space at The Balfour. Work currently underway is focused solely on producing a complete, fully informed business case. A previous high-level strategic case has been prepared, but it did not include full consultation with affected staff or stakeholders. The present work, assisted by the improvement hub aims to correct this by ensuring all relevant voices are heard, impacts are properly assessed, and costings are accurately captured.

Staff Side Representative raised concerns that some staff felt decisions had already been made as some areas were being measured up and this was causing anxiety. The Director of People and Culture emphasised the need for clear, consistent communication to reduce confusions.

Decision / Conclusion
The Committee took assurance on the update noting the sensitivity of the issue and acknowledged that as this is being discussed at other committees, information only needed to come to Staff Governance for future assurance.

16. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

No other competent business was raised.

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

The Chair agreed to work with the Corporate Governance Team on inclusions for the Chair's Assurance Report.

18. ITEMS FOR INFORMATION AND NOTING

Key documentation for information

The following key documentation was made available to the Committee:

- Business Cycle and Workplan 2026/27

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

Decision / Conclusion
The Committee noted the schedule of Meeting for 2026/27

18.2 Record of Attendance 2025/26 (Presenter: Chair)

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

The Chair closed the meeting at 12.40.