# Minute Staff Governance Committee 14 May 2026

## Present

Dave Harris (Director of People & Culture), Joanna Kenny (Chair - Non-Executive Board Member), Dr Kirsty Cole (Non-Executive Board Member), Ryan McLaughlin (Employee Director), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services – EDoNMAHP), Karen Merriman (Staff Side Representative), Steven Phillips (Head of People and Culture), Jean Stevenson (Non-Executive Board Member), Jason Taylor (Non-Executive Board Member and Whistleblowing Champion) attended for items 1-8, 15.2,15.3 &16.2

## 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), Lewis Berston (Workforce Systems Manager), Huw Thomas (Medical Education Director) attended for items 1-8, 15.2,15.3 &16.2, Kat Jenkin (Head of Patient Safety, Quality and Risk) attended for items 7,8, 15.2,15.3 &16.2

## 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 Georgie Green (Clinical Education Facilitator), James Goodyear (Interim Chief Executive), Han Gillies (Staff Side Representative).

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 12 February 2026 (Presenter: Chair)

The Chair presented the draft minute of the meeting held 12 February 2026. J Stevenson advised that apologies were given for the meeting but this was not noted.

**Decision/conclusion**
Minute of the meeting held 12 February 2026 were approved as an accurate record of the meeting with the amendment to include apologies from J Stevenson.

## 5. Matters Arising - Verbal (Presenter: Chair)

There were no matters arisng.

## 6. Chair's Assurance Report – 12 February 2026 (Presenter: Chair)

The Chair presented the Chair's Assurance Report from the meeting held on 12 February 2026.

The Director of People and Culture requested a slight change of wording in Point 2 of the Matters of Concern. Key Risks to Escalate to the Board.

**Decision / Conclusion**
The committee approved the report subject to the requested change of wording, for onward submission to the Board.

## 7. Action Log (Presenter: Chair)

The Head of Corporate Governance presented the action log and thanked action owners for providing updates in advance of the meeting.

**Decision / Conclusion**
The Committee noted the updated action log, agreed the closure of the actions identified during discussion and requested that the theme of work-related mental health absence continue to be monitored through the Committee's wider workforce reporting.

## 8. CORPORATE RISK AND ASSURANCE REPORT (Presenter: Director of People and Culture)

The Director of People and Culture presented the Corporate Risk and Assurance Report, highlighting the leadership capacity and capability risk as the item of greatest relevance to the Committee. Discussions focused on whether the current wording of the risk remained appropriate, noting that the issue extended beyond Executive

vacancies and included leadership and people management capability across the organisation. Members agreed that further work was required to review the risk description and mitigating actions so that these better reflected the leadership challenges at all levels, including succession planning, management development and the impact on staff wellbeing.

The Committee also noted that the Health and Safety risk had already been considered by the Occupational Health, Safety and Wellbeing Committee and would be presented to the Risk Management Group on 20 May 2026.

**Decision / Conclusion**
Committee took assurance on the report noting that leadership capacity and capability risk should be reviewed and refined through the Risk Management Group to better reflect current organisational risks and mitigating actions.

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

Director of People and Culture presented the Integrated Performance Report (IPR) drawing attention to appraisal rates, sickness absence and workforce utilisation.

The Committee noted that appraisal compliance remained a significant area of concern and discussed the need to better understand the barriers contributing to low rates, including data quality, managerial capacity, operational pressures and cultural factors. Members heard that the Head of People and Culture was undertaking detailed work with Executive Directors and Heads of Service to review the data and identify actions to support improvement, with further reporting expected for the June Board meeting.

The Committee also noted that agency usage had reduced from its October peak and had remained below that level for five months, although pressures remained in Isles nursing and Community Mental Health. Bank hours had remained relatively static over the last three months, with overtime and excess hours reflecting the wider workforce pressures across services.

**Decision / Conclusion**
The Committee took assurance on the report

## 10. STAFF GOVERNANCE ANNUAL REPORT 2025/26 (Presenter: Chair)

The Chair presented the Staff Governance Annual Report 2025/26, which summarised the work of the Committee over the year and provided assurance on the Committee's oversight of staff governance matters, including workforce, partnership working, health and safety, and equality. No issues were raised by members during discussion.

**Decision / Conclusion**
Committee approved the Staff Governance Annual Report 2025/26 for onward submission to Audit and Risk Committee and the Board.

## 11. REMUNERATION COMMITTEE ANNUAL REPORT 2025/26 (Presenter: Chair)

The Chair presented the Remuneration Committee Annual Report 2025/26

**Decision / Conclusion**
Committee took assurance on the report.

## 12. AREA PARTNERSHIP FORUM ANNUAL REPORT 2025/26 (Presenter: Employee Director)

The Employee Director presented the Area Partnership Forum Annual Report 2025/26.

**Decision / Conclusion**
Committee took assurance on the report.

## 13. CHAIR'S ASSURANCE REPORTS

### 13.1. Occupational Health, Safety and Wellbeing Committee (OHSWC) Chair's Assurance Report 24 February 2026 (Presenter – Employee Director)

The Employee Director presented the Occupational Health, Safety and Wellbeing Committee Chair's Assurance Report from 24 February 2026, advising that more detailed updates were to be provided under the Health and Safety Update later in the agenda.

**Decision / Conclusion**
Committee took assurance on the reports.

### 13.2. Chair's Assurance Reports Operational People Group (OPG) (Presenter: Head of People and Culture)

The Head of People and Culture advised that there was no formal Chair's Assurance Report from the Operational People Group, as recent meetings had not been quorate.

Members heard, however, that work had continued through the group, including a workshop in March to review the induction process and ongoing discussion around compensatory rest and appraisal processes. It was noted that the April meeting had not been quorate and therefore the review of the induction process had not yet been finalised.

**Decision / Conclusion**
The Committee noted the verbal update and the absence of a formal assurance report, and requested that progress continue to be reported once meetings were quorate.

## 13.3. Chair's Assurance Report – Joint Local Negotiation Committee (JLNC) – None received

The Chair noted that there was no Chair's Assurance Report from the Joint Local Negotiation Committee. Members expressed concern that the Committee had not met and heard that this had been due to a combination of annual leave and difficulty in agreeing dates.

**Decision / Conclusion**
The Committee noted the absence of a report and requested that arrangements be made to convene the Joint Local Negotiation Committee as soon as possible.

# 14. PEOPLE

## 14.1. Health and Safety Annual Report 2025/26 including Q4 (Presenter: Health and Safety Lead)

The Health and Safety Lead presented the Health and Safety Annual Report 2025/26, including the quarter 4 update. Members noted that there had been no RIDDOR reportable incidents in the quarter and heard that training on the digitised health and safety control books had commenced in February, with positive feedback received on improved accessibility and easier review processes.

There was progress in returning training needs analyses and compliance levels for violence and aggression training was high, manual handling and face fit testing had improved, with particularly strong performance in higher-risk clinical areas.

Members welcomed the proactive approach being taken to monitor upcoming face fit testing expiries and to support continued compliance. During discussion, members commended the progress made and noted that the improvements provided good assurance for external inspection activity.

It was also noted that the relevant health and safety risk on the corporate risk register had already been reviewed through the Occupational Health, Safety and Wellbeing Committee.

**Decision / Conclusion**
The Committee took assurance on the report and welcomed the sustained progress in training compliance and health and safety systems.

## 14.2. Health and Safety Team Update (Presenter: Health and Safety Lead)

The Health and Safety Lead presented a brief Health and Safety Team update following consideration of the annual report.

**Decision / Conclusion**
The Committee were assured by the verbal update.

## 14.3. Your Employee Journey Update 2025/26 and planning for 2026/27 – (Presenter: Head of People and Culture)

The Head of People and Culture provided a verbal update on the Your Employee Journey work, noting that the programme had been launched over the past two years and had involved a significant amount of work to support assurance through Staff Governance Committee.

Members heard that the delivery plan was continuing to be developed to support implementation across the organisation and that a People Delivery Plan would be brought back to the Committee in August 2026.

It was also noted that actions from the Your Employee Journey work were being used to inform the delivery plan and that further discussion would take place with the Area Partnership Forum.

**Decision / Conclusion**
The Committee took assurance on the verbal update and noted that a further report would be brought back in due course.

# 15. PATIENT SAFETY QUALITY AND EXPERIENCE

## 15.1. Quarter 4 Whistleblowing Report 2025/26 (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the Quarter 4 Whistleblowing Report 2025/26 for approval prior to publication on the internet and intranet and submission to the Independent National Whistleblowing Officer (INWO).

They went on to report that there had been no whistleblowing concerns raised by NHS Orkney staff or by independent contractors during the quarter.

The Committee also heard that uptake of whistleblowing e-learning remained low and that work continued to raise awareness of whistleblowing and speaking up through targeted training and engagement with staff groups and community areas.

**Decision / Conclusion**
The Committee approved the Quarter 4 Whistleblowing Report 2025/26.

## 15.2. Annual Whistleblowing Report 2025/26 (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk advised that the Annual Whistleblowing Report 2025/26 had been submitted directly to the Board to meet the required timescales for onward submission to the Scottish Government.

In discussion, members considered the wider whistleblowing arrangements, including the low uptake of e-learning, the need to continue raising awareness through training and engagement, and the position of independent contractors and confidential contacts.

The Head of Patient Safety, Quality and Risk advised that NHS Orkney did not oversee the whistleblowing processes of independent contractors, although support and advice could be provided, and discussed whether there was scope for further consideration of reciprocal or shared arrangements. It was agreed that this would be explored further and reflected in a future quarterly report.

**Decision / Conclusion**
The Committee took assurance from the Annual Whistleblowing Report 2025/26 and welcomed exploring support and advice for independent contractors.

## 15.3. Whistleblowing Champion's Assurance Statement – 2025/26 (Presenter: Whistleblowing Champion)

The Whistleblowing Champion provided an assurance statement confirming that appropriate systems are in place to record and manage whistleblowing concerns. They reported that where concerns do arise, these can present challenges, however learning is taken from previous incidents to inform improvements. Changes introduced in October 2024 have not yet been tested due to the absence of reported cases.

The Whistleblowing Champion advised timescales are not always achieved, with a preference to ensure that concerns are addressed thoroughly rather than solely meeting deadlines. The work remains under review and will be reported further through the next quarterly update.

**Decision / Conclusion**
The Committee took assurance from the report.

# 16. PERFORMANCE

## 16.1. Workforce Report Review of 2025/26 (Presenter: Workforce Systems Manager)

The Workforce Systems Manager presented the year-end Workforce Report Review for 2025/26. The Chair welcomed the continued improvement in the format and presentation of the report.

During discussion, members also noted concern that delays in convening the Joint Local Negotiation Committee had wider implications for progressing related workforce matters.

**Decision / Conclusion**
The Committee took assurance from the report

## 16.2. Medical Education Annual Report (Presenter: Director Medical Education)

The Medical Education Director presented the Medical Education Annual Report and provided an overview of activity during 2025/26.

Committee noted that NHS Orkney had continued to host ScotGEM and Aberdeen medical students, including placements designed to widen exposure to long-term conditions and community settings, and that funding through ACT and Public Service Delivery Scotland (previously National Education Scotland) had supported staffing, schools' liaison work and investment in training equipment. The Medical Education Director also reported on the strong success of the schools' liaison programme, including that seven local students were due to begin medical school this year.

Discussion focused on the sustainability of medical education capacity in Orkney.

Members noted concerns about student saturation, the need to maintain high-quality supervision and placement experience, and the limited use of Isles placements.

It was also noted that ScotGEM placements in Orkney would cease due to funding decisions affecting the programme nationally.

Accommodation was highlighted as the principal constraint on expanding student numbers, with members discussing the need to manage accommodation more strategically and explore a wider range of options including the submission of a Bright Idea to the Improvement Team to look at the possibility of the Community being asked if they would be willing to support with our accommodation challenges. The Head of Facilities is to be asked to explore opportunities for medical and nursing students to 'rent a room' in Orkney.

Members also heard that the proposed training suite remained a live issue and that, if progressed, it would support better use of education equipment and training capacity.

**Decision / Conclusion**
The Committee took assurance from the report.

## 17. POTENTIAL - no papers to be presented to Committee

## 18. ANY OTHER COMPETENT BUSINESS (Presenter: Chair)

No other competent business was raised.

## 19. ITEMS TO BE INCLUDED IN THE CHAIR'S ASSURANCE REPORT (Presenter: Chair)

### Decisions made

- Minute and Chair's Assurance Report from meeting 12 February 2026 approved
- Staff Governance Committee Annual Report 2025/26 approved for onward submission to Audit and Risk Committee and the Board.
- Quarter 4 Whistleblowing Report 2025/26 approved for onward submission to INWO.
- Equality and Diversity Monitoring Report 2025/26 approved for onward submission to the Board June 2026.

### Positive assurance

- Corporate Risk and Assurance Report aligned to Staff Governance Committee
- Committee were assured of performance of People and Culture chapters presented in the Integrated Performance Report (IPR).
- Annual Whistleblowing Report
- No whistleblowing concerns raised in Quarter 4.
- Whistleblowing Assurance Report, Quarter 4 and Annual Whistleblowing Report 2025/26
- Whistleblowing Annual Assurance Statement 2025/26.
- Annual Medical Education Report 2025/26
- Area Partnership Forum and Remuneration Committee Annual Reports 2025/26
- Occupational Health, Safety and Wellbeing Committee Chair's Assurance Report.
- Health and Safety Annual Report and Quarter 4
- Face fit testing and life support training, manual handling and verbal interventions, compliance has improved since last meeting.
- Assurance provided via the Workforce Review Report.

### Items for escalation to the Board

- Concerns regarding Joint Local Negotiation Committee (JLNC) lack of meetings and number of job plans outstanding.

## 20. ITEMS FOR INFORMATION AND NOTING (Presenter: Chair)

### 20.1. Key documentation for information (Presenter: Chair)

Members noted the following key documents:

- Area Partnership Forum Chair's Assurance Reports
- PCS(PH)2026-1 - Public Holiday for Opening Game of World Cup
- Health Care (Staffing) Scotland Act Annual Report 2025/26

### 20.1.4 Equality and Diversity Monitoring Report 2025/26 (Head of People and Culture)

The Head of People and Culture presented the Equality and Diversity Monitoring Report 2025/26 for approval, noting that the report had been aligned to a one-year reporting cycle to support timely committee consideration and publication. The report covered all staff groups and provided updated workforce data across the protected characteristics.

Discussion highlighted the organisation's ageing workforce profile and the need to improve the completeness of equality data, particularly in relation to disability, where members expressed concern that under-reporting limited assurance about whether staff felt safe and supported to disclose information. He also reported the positive indicators in relation to workforce diversity, including ethnicity and sexual orientation data, while recognising that 'prefer not to say' and 'don't know' responses remained significant.

It was further noted that the actions set out in the report aligned with the wider equality outcomes work and that continued effort would be required to encourage staff to update their equality information over time and to ensure that equality impact assessment processes remained robust.

**Decision / Conclusion**
The Committee approved the Equality and Diversity Monitoring Report 2025/26 noting it aligned with the wider equality outcomes work.

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

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

The Chair closed the meeting at 12:35