

## Shetland NHS Board

### Minutes of the Staff Governance Committee – Tuesday 17 February 2026, MS Teams

#### Present

Mr Colin Campbell	Non-Executive Director (Chair- Staff Governance Committee)
Mr Joe Higgins	Non-Executive Director (Whistleblowing Champion)
Mr Bruce McCulloch	Non-Executive Director (Employee Director)
Mr Gary Robinson	Non-Executive Director (Board Chair)
Mrs Lorraine Hall	Director of HR and Support Services (Exec Lead for Staff Governance)/Management Representative
Mrs Kathleen Carolan	Director of Nursing and Acute Services/Management Representative
Ms Lianne Jamieson	Staff Side Representative
Mr Brian Chittick	Chief Executive
Mrs Marianne Williamson	Committee Secretary

#### In Attendance

Mrs Kirsty Clark	Learning and Organisational Development Manager
Ms Lorraine Allinson	HR Services Manager
Mrs Laura Pottinger	HR Manager (Recruitment, Planning and Systems)
Ms Edna Mary Watson	Chief Nurse- Corporate
Mr Lawrence Green	Health and Safety Lead

#### **SGC2526-52 Welcome and Apologies**

Mr Campbell welcomed everyone to the meeting and noted apologies from Ms Lindsay Anderson, Spiritual Care Lead who was due to attend to provide an update on the Wellbeing Group as part of the Staff Governance Action Plan Update.

#### **SGC2526-53 Declarations of Interest**

There were no declarations of interest.

#### **SGC2526-54 Draft minutes of Staff Governance Committee 20 November 2025**

**OUTCOME:** The minutes were approved as an accurate record.

#### **SGC2526-55 Matters Arising**

There were no matters arising.

#### **SGC2526-56 Staff Governance Action Plan 2025/26-Update**

Members received a concise update from Mrs Hall on progress against the Staff Governance Action Plan (SGAP) 2025/26. The update reflected the current RAG positions and ongoing work across all five strands of the Staff Governance Standard. Key national and organisational workstreams continue to influence capacity, particularly employee relations, raising concerns, whistleblowing and the Agenda for Change reform programme.

She highlighted the following:

- **Reduced Working Week:** Ongoing national returns to Scottish Government. Further narrative and resource requests are expected from several departments, with Management Accountants supporting costing work. Communications will be issued to help ensure organisational preparedness for implementation on 1 April.
- **Band 5 to 6 Review:** Six applications have been fully submitted with a number of applications sitting at earlier stages of the process. Training for job matchers continues, although staff-side capacity remains constrained.
- **Staff Wellbeing Group:** The group have agreed three focus areas for the year- Psychological Safety, the benefits of working for NHS Shetland and the focus on Reduced Working Week.
- The successful accelerated training response following the lift failure at Gilbert Bain Hospital.
- Lone Worker fob rollout continues to progress well, with high levels of engagement.

Following the update, members discussed the wider implications of several workstreams including the development of the National Business Systems programme and potential impacts of the sub-national planning. The Committee welcomed the clarity of the update and recognised the volume of work being progressed during a period of sustained operational pressure.

**OUTCOME:** Staff Governance Committee noted the update.

### **SGC2526-57            Staff Governance Committee- Terms of Reference**

Staff Governance Committee undertook the annual review of the Terms of Reference. Mr Campbell noted the proposed highlighted amendments:

1. Inclusion of a provision allowing the Board Chair to appoint an alternative substitute on a one-off basis in circumstances where both the committee member and their named substitute are unavailable. This change ensures consistency with practice adopted across other Board committees.
2. Removal of the reference to virtual meetings being used only in exceptional circumstances, recognising that virtual meetings are now standard practice.

During discussion, it was further highlighted that section 4.1.1 currently states that the Committee will meet “at least three times per year.” Members agreed this should be updated to reflect the established practice of meeting quarterly, ensuring alignment with the Board’s other standing committees. The Committee Secretary confirmed this amendment will be incorporated.

**OUTCOME:** Staff Governance Committee approved the Terms of Reference subject to the agreed amendments.

**ACTION:** Committee Secretary to make proposed changes and submit to the NHS Shetland Board for final approval.

**SGC2526-58            Staff Governance Committee- Business Cycle 2026/27**

Staff Governance Committee reviewed the draft Business Cycle for 2026/27. The Chair highlighted the addition of the requirement as per recent circular, to include biannual reporting on Protected Learning Time (PLT). Members noted that PLT reports will be scheduled for May and November and that Agenda for Change non-pay reform updates will continue as standing items at each meeting.

During discussion, it was confirmed that the cycle incorporates all regular assurance items, and members were satisfied that the schedule reflects statutory and organisational reporting requirements.

**OUTCOME:** Staff Governance Committee approved the draft business cycle for 2026/27.

**SGC2526-59            Staff Governance Committee- Annual Report for Audit Committee 2025/26**

Staff Governance Committee considered the first draft of the Annual Report for submission to the Audit Committee. The Chair noted that the document remains provisional, as some sections, including attendance data, will be updated following completion of the current reporting period.

Members reviewed the content and confirmed that the draft accurately reflects the Committee's activity during 2025/26. One correction was requested: references to a mid-year review of the Terms of Reference should be amended, as the Committee conducts an **annual** review only. No additional amendments were proposed.

**OUTCOME:** Staff Governance Committee agreed that the revised version, incorporating this update will be submitted to the Director of Finance.

**SGC2526-60            Certificate of Assurance**

The Committee reviewed the draft Certificate of Assurance for 2025/26. Mr Campbell confirmed the proposal to select the Green assurance option, indicating that controls are operating effectively and no significant matters have been identified within the Committee's remit.

Members discussed whether any previously raised issues required escalation through the Certificate. It was noted that matters such as statutory and mandatory training compliance and appraisal performance, while areas of ongoing focus, are being actively managed through established governance processes. These were therefore not considered significant enough to warrant inclusion on the certificate.

**OUTCOME:** Staff Governance Committee agreed that the Green option remained appropriate and that no additional narrative was required.

**ACTION:** Committee Secretary to submit to Director of Finance by deadline.

**SGC2526-61            iMatter**

Mrs Kirsty Clark and Mrs Marianne Williamson provided an update on the 2025 National iMatter results and the preparations for the 2026 cycle. Mrs Clark outlined the benchmarking position, confirming that NHS Shetland's scores mostly align with national averages. She also confirmed that access to the new iMatter system is now live.

Mrs Williamson provided an overview of the stages of the 2026 cycle noting that with system changes that additional support will be provided to managers through drop-in sessions and refreshed guidance. Mrs Clark and Mrs Williamson have also been participating in a new national operational group which has been set up by the Operational Lead in NHS Greater Glasgow and Clyde. Work is also underway to support teams whose structures are currently limiting their ability to complete the full iMatter cycle, this includes amalgamation of smaller teams.

**ACTION:** Members discussed the need for strengthened communication to staff and managers ahead of the cycle, including the suggestion by Mr Chittick to share 'you said, we did' style updates to reinforce visibility of improvements.

**OUTCOME:** Staff Governance Committee noted the update.

### **SGC2526-62            Area Partnership Forum Update**

Mr McCulloch provided a verbal update on the most recent meeting of the Area Partnership Forum (APF). The session was noted as particularly valuable, having included a development session led by Jenny Coleman on the updated NHS Shetland values. Members reflected positively on the discussion regarding acting with kindness, taking responsibility, making a difference and working well together and on how these values should inform collaborative working between staff-side and management.

Members also received an update from the Head of Estates on the ongoing work at Gilbert Bain Hospital, with staff engagement continuing throughout the redesign process. A further update was provided on the sub-national planning work.

Mr Chittick highlighted constructive partnership working on Agenda for Change non-pay reform items, with joint focus on navigating key workforce issues. Both updates emphasised the strength of open, honest dialogue within the Forum.

**OUTCOME:** Staff Governance Committee noted the update.

### **SGC2526-63            Workforce Highlight Report**

Staff Governance Committee received the report which provides a snapshot of the current workforce metrics. Mrs Laura Pottinger noted that staff in post had increased slightly due to successful recruitment to several long-term vacancies, including audiology.

Mrs Pottinger reported that the HR team were trialling an additional assessment form in the process for some high volume vacancies (e.g Healthcare Support Workers) to try to make the shortlisting easier for managers.

Turnover rates were discussed, with clarification that although the overall average has risen, December leaver numbers were marginally lower than November. Sickness absence figures were also reviewed; although slightly increased, NHS Shetland remains below the national average and continues to be the lowest among territorial boards.

There was a query regarding whether organisational-level absence data hides potential hotspots.

**ACTION:** Mrs Pottinger confirmed that this will require further analysis, and she will explore options to break down absence data and highlight any areas that may require targeted action.

Mr Chittick confirmed he has written to all Executive Directors regarding gaps in statutory and mandatory training compliance, noting that both training-system issues and data-quality issues are being reviewed. This work will be taken back to EMT for further discussion.

Concerns were also raised about corporate induction compliance. Mrs Clark assured members that non-attendance is monitored and escalated where necessary through reporting channels.

**OUTCOME:** Staff Governance Committee noted the report.

#### **SGC2526-64            AfC Non-Pay Reform Update**

Staff Governance Committee received an update on the three strands of AfC Non-Pay Reform:

##### **Reduced Working Week**

Mrs Hall reported steady progress within the Reduced Working Week workstream. We continue to engage with the national group and working closely with the Finance Team to track spending and resource requests.

##### **Band 5-6**

Ms Allinson confirmed that six applications had been fully submitted, with approximately twenty initial expressions of interest pending. Quality-checking and panel planning are underway, with evaluation panels expected to begin in March. Members discussed the organisational risks attached to re-banding decisions, particularly in relation to ensuring appropriate training, maintaining role expectations and mitigating potential grievances or further re-grading pressure.

##### **Protected Learning Time**

Mrs Clark updated on Protected Learning Time, noting positive national engagement and the future reporting arrangements.

**OUTCOME:** Staff Governance Committee noted the update.

#### **SGC2526-65            Whistleblowing Standards Q3- 2025/26**

Ms Watson presented the Q3 Whistleblowing Standards Report. She reported that four new contacts had been received during the reporting period. Of these:

- One case proceeded directly to an external Stage 2 facilitated investigation,
- Two contacts were not whistleblowing matters and were redirected for support through alternative routes
- The fourth contact arrived at the end of the reporting period and is being progressed in Quarter 4.

Two cases remain under ongoing external investigation, originating from April and November respectively.

The Executive Lead for Whistleblowing is currently absent and expressed appreciation to Mrs Hall for assuming interim responsibilities during this period.

Awareness-raising activity during Speak Up Week was highlighted, including distribution of materials to all departments and promotion of national sessions. Planned next steps include targeted engagement with domestic, estates and portering staff identified as groups less familiar with whistleblowing processes.

Members were informed that Mr Lawrence Green will shortly complete training as a Confidential Contact, participating in both the local and national network.

Mr Higgins, as Whistleblowing Champion, confirmed that he felt the report accurately reflected the organisational position and emphasised the importance of early management intervention to prevent escalation.

**OUTCOME:** Staff Governance Committee noted the report.

### **SGC2526-66 Strategic Risk Register Report**

Ms Watson presented this standing report. She highlighted a data error in Appendix 1, where organisational risk 1616 was incorrectly labelled as outdated policies. This was clarified as a system issue and the correct risk relates to the lack of an emergency lone-worker system.

She noted that there had been minimal movement across the four risks aligned to the Committee.

- SR06 and SR11 (Information Governance training compliance for NHS and non-NHS staff) remain under review, with updated drafts expected to progress through the Risk Management Group in March.
- SR08 showed no change in score this quarter.
- The rating for Organisational Risk 1616 has been reduced due to strong progress in rolling out lone-worker devices, including staff registration, training and fob allocation.

Mr Green provided an update confirming that paediatric occupational therapy registration is fully complete and that progress has been made with SIC-employed occupational therapy staff following direct engagement sessions to address concerns regarding system usage and data protection. Outstanding individuals will be picked up as part of the final rollout.

Members noted ongoing Board-level work to review risk appetite, following a recent Board development session.

**OUTCOME:** Staff Governance Committee noted the report.

### **SGC2526-67 Health and Care Staffing Act- Internal Compliance Report Q3**

Ms Watson presented this standing update. She reported continued progress towards full implementation of real-time staffing assessment and escalation processes. Approximately

30% of services are now using SafeCare, with further rollout supported by the business-as-usual team. Data-quality issues have been identified and are being followed up directly with teams. A national deadline for the staffing-level tools has been brought forward due to early system closure, requiring completion by 22 March, resulting in a concentrated period of work.

The Committee received assurance that there have been no incidents where clinical advice was sought and not acted upon. Oversight through HIS review remains positive, and all agency staffing continues to be procured within national frameworks and below the 150% cost threshold.

The Chair sought an update on SafeCare utilisation following an EMT discussion in January. Ms Watson confirmed it is too early to demonstrate measurable change but highlighted that directorate-level SafeCare reports are now being issued to Directors, allowing them to:

- identify gaps in data entry,
- support teams in embedding SafeCare consistently, and
- maintain oversight as the system prepares for later linkage to payroll.

She emphasised that Directors play a key role in embedding the system long-term, ensuring staff continue to use SafeCare routinely after implementation. This Director-level ownership is essential to maintain accuracy, support operational decision-making, and avoid payroll-related issues once integration goes live.

**OUTCOME:** Staff Governance Committee noted the report.

**SGC2526-68            Circulars and Letters for Noting**

Staff Governance Committee noted the following circulars and correspondence:

DL (2025) 25 Implementation of Sub-National Planning: Co-Operation and Planning Directions 2025	PCS (ESM) 2025-3 ESM Pay Settlement 2025-26 and 2026-27
DL (2025) 26 Protecting Learning Time for Agenda for Change staff- Implementation of Once for Scotland Statutory Mandatory Modules	STAC (TCS04) 2025 Provision of STAC Guidance
PCS (DD) 2025/02 PAY AND CONDITIONS OF SERVICE 2025-26 Policy for the Career Progression/Regrading of Specialty Doctor/Dentist to Specialist Grade	PCS(AFC)2026-1 - Pay for Agenda for Change Staff
PCS (AFC) 2025/7 COMPENSATORY REST FOR AGENDA FOR CHANGE STAFF UNDERTAKING ON-CALL DUTIES	PCS(SDIA)2026-1 Scottish Distant Islands Allowance
PCS (AFC) 2025/8 REDUCTION IN THE WORKING WEEK FOR AGENDA FOR CHANGE STAFF IN NHS SCOTLAND	

The next meeting of Staff Governance Committee will take place on Thursday 21 May 2026.

