Working together to make a real difference

IJB Joint Staff Forum

Minute | 2 June 2026 |11:00 | Teams Virtual Space

Present: Ryan McLaughlin (Chair), Stephen Brown, Danny Oliver, Amanda Manson, Kath McKinnon, Darren Morrow, Amanda Anderson, Helen Sievewright, Lynda Bradford, John Daniels, and Stephanie Johnston (notes)

Apologies: Linda Halford.

1. Welcome and apologies

Ryan welcomed everyone to the meeting and the apologies were noted.

2. Minutes from Previous Meeting

The minutes were agreed as an accurate reflection of the meeting.

3. Matter Arising and Action Log

Following updates, it was agreed to close the following actions:

- Facilities Time: Representation via the Integration Joint Board had been resolved from the Council's side. Discussions with Andrew regarding funding opportunities for facilities time were ongoing.
- Financial Recovery Plan: It was confirmed that the Plan had been approved.
- Risk Assessments and Behaviour Plans: Updated policies and procedures have been drafted and were expected to be finalised at the next Governance Board meeting on 19 June. The new protocol would ensure that risk assessments and behavioural support plans are reviewed in multidisciplinary meetings and shared with clinicians in advance of unique appointments.
- Public Sector Reform: It was confirmed that this item had been added to the agenda as a standing item.

In terms of the Raising a Concern Guidance, Danny highlighted that a guidance document had been drafted and discussed at the last Governance Board meeting. The guidance was being cascaded across services to ensure consistency. It was agreed to keep this action on the log until the work was complete.

4. Workforce / Service Pressures / Recruitment Concerns

John advised of ongoing recruitment challenges in Public Dental Service, particularly for qualified Dental Nurses. The service was balancing dental Officer capacity with nurse recruitment and noted the risk of workforce shifts between General Dental Services and Public Dental Services. Recruitment efforts were ongoing, with one Dental Nurse successfully recruited and another post readvertised. John also mentioned that the reception and admin service had stabilised after a period of challenge.

Lynda advised of significant challenges in recruiting to mental health posts, including two Band 6 roles in the All Age Nurse Led Psychiatric Liaison team and one older adult post. Administration capacity across mental health and social care remained critically low. Recruitment was underway and discussions continued with the Education, Communities and Housing directorate, which is responsible for administration staff.

Darren shared that five out of six management positions for Social Work posts were now permanently filled, with the final Team Manager post due to be readvertised shortly. Frontline social work teams were also fully recruited, with agency staff being phased out. Darren advised of the temporary reopening of Braeburn Court and outlined plans for a second purpose-built residential site. Darren also provided an update on the progress in addressing neurodevelopmental pathway waiting lists.

5. Social Care Project Initiation Document

Lynda informed that the Social Care Project Initiation Document aims to address significant staffing challenges within social care services. The project has four main objectives: developing a sustainable staffing model that reflects the changing demography and recruitment market, introducing nursing care beds to meet the needs of individuals with complex care requirements, improving financial sustainability by reducing reliance on agency staff, and enhancing flexibility in shift patterns to attract and retain staff.

Helen highlighted that there are currently 114 vacancies across the care home, very sheltered housing and supported living areas. This equates to 76.71 whole time equivalents and has resulted in a heavy reliance on agency staff. There is a long-standing agreement to employ up to 65 agency workers at any given time, although this number is rarely achieved. The Project Initiation Document also includes plans to review training, induction and succession planning to ensure staff are adequately supported and prepared for their roles. It was advised that the current situation is unsustainable, with Registered Managers often working additional shifts to maintain safety. Lynda shared that the Care Inspectorate considers the reliance on agency staff when grading services, which impacts key performance indicators.

6. Social Care Acting Up

Danny raised concerns about the current Council's terms and conditions for acting up, which require staff to act up for a minimum of one week to receive higher pay. This policy creates operational challenges, particularly in care homes where higher-graded roles, such as Senior Social Care Workers, are required on individual shifts. It was advised that many staff already hold relief contracts for higher graded roles but are not paid accordingly when asked to step into these roles during their contracted hours. This has led to staff dissatisfaction, retention issues and barriers to succession planning.

Danny proposed revising the terms and conditions to include an exception for roles where there is an operational requirement to fill higher graded positions on a shift by shift basis. Stephen acknowledged the issue and supported revisiting the policy,

noting that it affects not only social care but potentially other Council roles. The administrative burden of managing workarounds to ensure staff are paid appropriately was highlighted and noted the importance of flexibility to encourage staff to take on higher graded roles as part of their development.

It was agreed that Danny would raise via the Council's CLT/Trade Union liaison meeting.

7. Risk Register – Workforce Implications Discussion

Stephen presented the draft Risk Register, which will be submitted to the Integration Joint Board. Workforce and financial challenges remain the two most significant risks across health and social care. The Risk Register aims to provide a clear overview of these challenges and their potential impact on service delivery. Stephen invited feedback on the Risk Register, emphasising its iterative nature and the importance of accurately reflecting the current situation. The Integration Joint Board needs to understand the severity of staffing challenges, particularly in social care, where reliance on agency staff and high vacancy rates pose significant risks.

8. Primary Care Improvement Plan

John provided an update on the Primary Care Improvement Plan (PCIP), which aims to alleviate pressures on General Practice. The funding for PCIP is ring-fenced for GP practices and is intended to reduce demand at the front door of General Practice. Successful elements of the Plan include the Vaccination Transformation Programme and Pharmacotherapy services. However, challenges remain in implementing the other areas due to recruitment difficulties and funding constraints.

John outlined the working proposal, which has been endorsed by the GP practices which they feel would make the most difference to their patients. Some concerns were expressed around areas of the proposal however it was reiterated that PCIP is ring-fenced to reduce pressures on GP practices and this was what they thought would be best. Stakeholders are working with John in developing the proposal and the paper to be presented to the Integration Joint Board.

9. Public Sector Reform

Stephen provided an update from the leadership group, noting they are focusing on three key areas: addressing workforce gaps, improving service delivery and streamlining governance processes. The aim being to maximise efficiency, reduce duplication and ensure better use of resources across public services in Orkney.

There is a session scheduled for 8 June with wider Integration Joint Board, NHS Board, Councillors and senior staff to discuss the progress and next steps. Engagement at an early stage with the wider community planning partners was highlighted to ensure a collaborative approach. Stephen reassured that there will be no privatisation of public services nor compulsory redundancies resulting from this process.

The recent merger of NSS (National Services Scotland) and NES (NHS Education for Scotland) into a new body called Public Service Delivery, which reflects the Scottish Government's focus on public sector reform. Additionally, Ivan McKee has been appointed as the Cabinet Secretary responsible for Public Sector Reform, which is expected to bring renewed momentum to this agenda.

Ryan added that the discussions have included exploring opportunities for collaboration in areas such as communications, estates, and fleet management. He noted that these areas could offer efficiencies and maintain local autonomy while addressing shared challenges.

10. AOCB

None.

11. Date of Next Meeting

Tuesday, 11 August 2026: 1100-1300.

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Chair's Assurance Report to the Integration Joint Board

Title of Report:	Joint Staff Forum.	**Date of Meeting:**	2 June 2026.
Prepared By:	Stephen Brown.	**Presented By:**	Stephen Brown.
Purpose:	To present the unapproved minutes from the Joint Staff Forum meeting on 2 June 2026.		

Positive Assurances:	**Decisions Made:**
• **Public Dental Services:** There have been improvements in workforce stability such as the successful recruitment and stabilisation of administrative support. • **Children and Families Field Work and Authority Wide Services:** All but one management post has been recruited to permanently. The frontline teams are fully recruited to and reliance on agency social work staff is reducing. • **Social Care Transformation Project Initiation Document:** The Social Care Project Initiation Document has been approved which aims to support workforce sustainability, reduce agency dependence and improve recruitment, retention and succession planning arrangements. The project also aims to explore, and plan, for the introduction nursing registration within residential care facilities. • **Public Sector Reform:** Discussions continue to be progressed collaboratively, with a focus on improving service delivery, addressing workforce challenges and identifying	• **Raising A Care Concern:** It was agreed this would remain on the Action Log until the document was implemented. • **Social Care Acting Up:** It was agreed this would be raised at the Council's CLT/Trade Union meeting to explore potential changes to terms and conditions. • **Risk Register:** Members agreed to feedback any comments on the draft Risk Register prior to submission to the Integration Joint Board.

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opportunities for greater efficiency across public services in Orkney.	
Areas of Concern or Key Risks to Escalate:	**Major Actions:**
• **Mental Health Services**: There are ongoing recruitment challenges within nursing posts which continue to present workforce capacity risks. • **Administrative Capacity:** Administration support across Mental Health and Social Care services remains critically low, creating potential risks to service delivery and support functions. • **Social Care:** There continues to be significant workforce pressures with 114 vacancies (76.71 WTE) across care homes, supported living and very sheltered housing services. This results in a continued reliance on agency staffing within Social Care. • **Risk Register:** Workforce and financial pressures continue to be identified as the two most significant strategic risks across health and social care services and are reflected within the developing strategic Risk Register.	None.
Comments on Effectiveness of the Meeting:	
Members received assurance on progress against key actions, considered strategic workforce risks and identified matters requiring escalation through the Partnership's governance arrangements.	