

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Friday 18 September 2020** at **11:00 am**.

Present:

Caroline Evans, Chair
Fiona MacKellar, Vice Chair
Julie Colquhoun, Head of Corporate Services
Michael Dickson, Interim Chief Executive
Issy Grieve, Non-Executive Board Member
David McArthur, Director of Nursing, Midwifery, AHP and Acute Services
Kathleen McKinnon, Staff Partnership Representative
Kate Smith, Partnership Representative
Jason Taylor, Whistleblowing Champion, Non-Executive Board Member

In Attendance:

Lynn Adams, Healthcare Staffing Nurse Lead
Steven Phillips, Human Resource's Manager
Ingrid Smith, Human Resource's Manager
Emma West, Corporate Services Manager (Minute taker)
Barbara Womack, Practice Education Facilitator

621 **Apologies**

No apologies were noted.

622 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

623 **Minute of meeting held on 9 July 2020**

The minute of the Staff Governance Committee meeting held on 25 May 2020 was accepted as an accurate record and approved, subject to the following amendment:

- Page 12, item 455 amend 'uptake could have been greater' to 'uptake had been variable due to the appropriateness for those services.'

624 **Matters Arising**

Availability of student accommodation

Members were advised that this had been discussed at the Board meeting with a proposal to address this through the Community Planning Partnership for a multi-agency approach.

625 **Action Log**

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

Confirmation that assurance arrangements are in place to raise awareness around Bullying and Harassment in the workplace – 18/19-03

The Interim Chief Executive noted that this had been linked with the actions from the Sturrock report and questioned the exact assurance that the Staff Governance Committee were requesting. Members advised that the Committee felt that that the issue had yet to be fully addressed and there was a need for clear referencing within the workforce strategy and annual reporting around this.

The Employee Director noted that there were formal pathways available for staff to air concerns around bullying and harassment at work and assurance that these were being dealt with, policy followed and the outcomes followed through would be the assurance process.

The Head of Corporate Services advised that the previous Chief Executive had been looking to develop an Orkney response to the Sturrock Review but this had been halted due to Covid.

I Smith advised that Human Resources actively sought to resolve all grievances at the earliest possible opportunity, cases could be difficult to report if they had been dealt with through early resolution rather than formal process.

The Employee Director welcomed this approach but stated that early resolution cases should still be recorded. She noted that Bullying and Harassment procedures had been a focus of the Once for Scotland Policy launch to raise awareness with managers and staff.

The Interim Chief Executive advised that he was committed to current improvement work being carried out across the organisation but that he was also open to other initiatives that could raise staff awareness and continue to strengthen assurances.

It was agreed that the action would be close and the wording would be reviewed to form a new action which clearly articulated the assurance required as an organisation ensuring that mechanisms were in place to support staff and managers to have a positive working environment.

EEES training

The Head of Corporate Services advised that the action required review as this was no longer relevant in its original format. She explained that originally the Staff Governance Committee had requested information on whether the use of the eESS system for booking training within the organisation had affected uptake. Covid-19 restrictions had added to this in two ways, firstly staff working at home were unable to access the eESS system as it was not web based and secondly most training had been paused. These issues were being reviewed in collaboration with the national team to consider alternatives. It was agreed that the action would be update to reflect these changes.

626 Chairman's Report from the Board

The Chair highlighted the following items that had been discussed at the Board meeting on the 16 July and 27 August 2020:

- The Board had sight of the remobilisation plan noting that this provided a significant opportunity to capitalise on appetite for change and improvement
- The Board had welcomed a refresh of the Staff Health and Wellbeing Strategy which would be presented to the Board for approval once finalised.
- The Board were advised that the iMatter staff survey had been suspended due to Covid-19, the national Everyone Matters pulse survey was being rolled out and would be live until the 22 September 2020.

Decision / Conclusion

The Committee noted the Chairs reported highlights from the Board meeting.

Governance

627 Health and Care (Staffing) (Scotland) Act Update – SGC2021-18

L Adams, Healthcare Staffing Nurse Lead joined the meeting providing the Staff Governance Committee with an update on the Health and Care (Staffing) (Scotland) Act implementation in NHS Orkney up until March 2020 when the Healthcare Staffing Programme was paused due to the COVID-19 pandemic. The report outlined the actions which need to be progressed for the Board to deliver the duties as detailed in the Act.

The aspiration of the Scottish Government was that the Act would be fully implemented by April 2021 having incorporated all professional groups, the implementation date was now expected to be delayed. Progress on the implementation of the Act within NHS Orkney has slowed after a promising start with 93% of areas where specialist workload workforce tools exist having completed initial data capture.

NHSO is working to confirm the detail of four work strands for further development:

- Professional leadership structure
- Real time staffing assessment, risk identification, mitigation and escalation
- Clinical leadership role / time to lead
- The underpinning systems and processes to govern and assure delivery of the Health and Care (Staffing) (Scotland) Act

National templates and guidance were awaited to assist with the work along with the requirement for non-clinical time to be built into roles within the limits of financial planning.

Education and training also required consideration in relation to the workforce plan and work to ensure that systems and processes were clear and complied with the legislation. Further information on timelines was awaited from the Scottish Government.

The Chair questioned whether this linked to the number of staff working in amended and temporary roles.

The Healthcare Staffing Nurse Lead advised that the data was based on funded

establishment and current Whole Time Equivalent (WTE), if staffing levels were out with this then consideration needed to be given to the effect on services and the staff delivering these whilst also acknowledging, mitigating and managing these risks appropriately.

The Director of Nursing, Midwifery, AHPs and Acute Services noted that the act was further reaching than Nursing and Midwifery and also took into consideration Allied Health colleagues. He noted the difficulties in comparing these roles as the demands were very different and there was no single AHP tool. Governance process were ongoing and there was enthusiasm to get this right to ensure a safe environment for patients and staff.

The Employee Director welcomed that elements of workforce were being considered individually to ensure a whole system approach.

Decision / Conclusion

The Committee reviewed and consider the content of the report, progress to date and the recommencement of preparations to support NHS Orkney to embed the requirements of the Act as part of Remobilisation Planning.

The Committee supported the development of a Workforce Governance Framework including a review of associated policy and staffing modelling whilst noting the areas of development and challengers related to the Act.

628 Report on Circulars – SGC2021-19

The Vice Chair delivered the report on circulars for information and noting.

Members were advised that the circulars had been discussed through the appropriate forums but it was felt that future reporting should contain more information around evidence of implementation.

The Chair agreed that this would provide further assurance that processes were being followed and that any requirements that could not be addressed should be escalated to the committee with mitigating actions.

Decision / Conclusion

Members noted the summary of circulars and agreed that future reports would include further details around action taken and evidence of implementation with any areas of concern being highlighted to the Committee.

Organisational Culture

629 iMatter SGC2021-20

B Womack, Workforce Development Manager presented the report advising that iMatter was the NHS Scotland Staff Experience continuous improvement tool which has been rolled out nationally across all NHS Boards in Scotland. It formed a key part of the Healthy Organisational Culture element of the National 2020 Workforce Vision: Everyone Matters.

The process for 2020 was initiated, however due to Covid 19 had been suspended

in March 2020. A subsequent interim approach had been developed and was to be implemented on the 1st September 2020, this would be the National Everyone Matters Pulse Survey. The survey would run from the 1 to the 22 September, with a slight extension for postal submissions, the national outcomes report would be published in November

The Chair noted that the survey asked some very personal questions in relation to Staff Health and Wellbeing and sought assurance that staff would be supported. The Workforce Development Manager advised that the support available had been widely advertised to all staff.

Decision / Conclusion

The Committee noted the information provided and welcomed further information on the results from the survey in due course.

630

Staff Health and Wellbeing Report – SGC2021-21

The Head of Corporate Services presented the report which provided an update on the response to the Scottish Governments circular DL (2020) 8 around Staff Health and Wellbeing during COVID-19. In addition, the paper laid out the strategic framework that would inform a refresh of NHS Orkney's Staff Health and Wellbeing Strategy.

NHS Orkney, like all employers, had a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work, as set out in NHS Orkneys Health and Safety Strategy and Staff Health and Wellbeing Strategy.

DL (2020) 8 set out clearly the expectation on all Boards in relation to this statutory duty. In addition, the Cabinet secretary for Mental Health, in her letter of 26 March 2020, set out her vision for support to Health and Social Care staff across all Boards.

The Head of Corporate Services advised that she had held conversations with the Spiritual Care Lead in relation to supporting staff and care packages being available in the hub space with a view to providing similar for staff engaging with the Whistle Blowing process. There was increased anxiety across staff with some not able to work in their clinical areas due to this, alternate roles for a temporary period were being found to support these staff and ensure that they felt valued through these challenging times. The Health and Wellbeing framework was being used to complete an assessment around the refresh of the Strategy which would be taken to the Staff Health and Wellbeing group meeting to progress.

I Grieve noted that increased staff anxiety was understandable and questioned if the gift packages, to be purchased through the Covid funding receive for staff welfare, had been issued. Members were advised that the Chair of the Board was progressing this initiative.

The Employee Director noted that there had been a considerable delay with this which affected the recognition and value of staff through the Covid period, she acknowledged that Orkney was a small board but that there was much information in the media around what other organisations had provided and themes were emerging that staff were already exhausted. The Chair agreed to progress this

action.

J Taylor questioned how the outcomes would be measured and assessed alongside the wider ongoing work around culture within the organisation. The Head of Corporate Services advised that clarity was required around some actions that were marked as red, these would be revisited with more communication for staff and managers and consideration around how this linked to wider pieces of work ongoing across the organisation.

Decision / Conclusion

The Committee noted the information provided and welcomed the refresh of the Strategy.

Well Informed

631 There were no items for discussion.

Appropriately Trained

632 Audit on Agency Locum Medical Staff Fitness to Practice File

Steven Phillips, Human Resources Manager, presented the report which provided the Staff Governance Committee with findings from the annual audit on Agency Locum Medical Staff. The audit looked to provide evidence that requirements were being met in line with Pre-Employment and Fitness to Practice guidelines being appropriately carried out prior to a locums' start date.

Members were advised that an audit was completed on a random selection of 20% (12 individual locums) of the Agency Medical Locums employed over the period 1 April 2019 to 31 March 2020. A total of 61 agency locums had been employed during this time. The Audit found that 9 of those audited had all necessary and relevant paperwork in place, 3 electronic personnel files had 1 or more items of paperwork missing. None of them required a work permit or visa for employment.

It was recommended that a full a full review of the current locum pre-employment documentation was completed to give the Staff Governance Committee assurance on compliance with fitness to practice and that all future locums joining NHS Orkney have all pre-employment documentation requested and checked prior to their first day

The Chair noted her concerns that 3 out of the 12 files audited didn't have all the documentation, she questioned the responsibility of the agency in this process and was advised that the agency did complete checks but NHS Orkney also needed to do their own checks and recording and hold all relevant documentation on file.

The Head of Corporate Services echoed these concerns around the gaps in pre-employment checks and questioned if an audit on the wider workforce would be useful. The Human Resources Manager advised that this would be possible and the information could then be presented to the Staff Governance Committee for assurance.

The Interim Chief Executive noted his concerns that there could be members of the workforce without evidence of registrations or references and this was an

enormous risk to the Board.

The Head of Corporate Services noted that there had been issues with the transfer of some files and documentation when the Human Resources service transitioned from Grampian to Orkney.

K McKinnon questioned whether locums had their own responsibility to provide the clinical fit to practice documentation. The Human Resources Manager clarified that he was not saying that clinicians weren't registered with their professional bodies but that NHS Orkney did not have evidence of this on file in all cases. The Interim Chief Executive added that individual responsibility didn't mitigate responsibility as an employer.

Decision / Conclusion

Members note the report including the risks identified and the proposed action to mitigate these going forward.

The Committee agreed that a similar sample audit of all staff files should be completed and presented to the next meeting of the Committee to provide assurance that evidence was in place.

633 Corporate Induction

Graham Bartlett joined the meeting to provide members with information on work being progressed to hold the Corporate Induction in a digital format. He noted that in light of Covid-19 it was no longer possible to hold face to face inductions and the new process would be hosted within MS Teams.

Members were given an overview of the new system and shown how new staff members would navigate through the programme including a useful links, policy and procedure and contacts section which would be useful for all staff employees throughout their career. One Note had been used to provide a book like format with chapters and sub chapters to help with navigation along with videos and other sources of information as appropriate.

It was noted that there was a need to consider that some staff would be moving to Orkney to take up employment and there were also sections on living in Orkney to help with this.

One drawback highlighted was that the system didn't record who had accessed the information so a self-declaration form had been included, this was stored in a separate area to protect employee confidentiality and personal data. Some topics would also require elements of face to face training and a virtual environment to hold this would be included.

The Interim Chief Executive noted that this was an excellent piece of work and he was impressed with what had been achieved, he added that tracking of access would be possible following the move to SharePoint.

I Grieve gave thanks for the significant piece of work completed and added that child protection would also benefit from face to face interaction.

Decision / Conclusion

Members noted the presentation around moving to a virtual corporate induction process.

634

Annual Report on Workforce Development Activity

The Practice Education Facilitator presented the report which provided information on the known Workforce Development activity for the year April 2019 – March 2020.

Members were advised that compliance with Statutory and Mandatory training had declined over the past 12 months despite providing an increased number of training opportunities to those offered in 2018/2019 and it was evident that further engagement with teams and managers across the organisation would be required to increase both attendance and achievement of statutory training as a whole.

Significant work has been undertaken with team leads across clinical services to develop a structured, co-ordinated and future focused model of service delivery, aligning workforce and providing a clinical educational plan.

Members were advised that plans highlight significant fiscal need coupled with an allocated training budget for NHS Orkney that totalled £21,744 (approximately £33 per person); the organisation was very dependent on national funding for workforce development.

J Taylor questioned the compliance with Information Governance modules and also the penalties for staff not completing statutory and mandatory training.

The Practice Education Facilitator advised that the annual report include data prior to the organisation wide drive to ensure staff had completed the Information Governance modules. Staff who had not completed their statutory and mandatory training were not permitted to attend any further training but it would be an organisational decision if further enforcement was to be imposed, she added that this was an historic issue which required addressing.

The Interim Chief Executive noted that it would be useful to see a breakdown of child protection training by area, he also raised concern around the annual appraisal rates which were very disappointing.

The Practice Education Facilitator advised that a new programme of child protection training was being established and publicised in the near future. It was hoped that work to move training with TURAS would improve appraisal rates as this would allow staff to access one system for both.

K Smith noted that anecdotally she was aware that a number of staff members were expected to complete training in their own time as they didn't have capacity within the working day and the support of managers should also be questioned.

The Employee Director noted that some staff were part time and therefore restricted to the days which they could attend courses, others would have service pressures and this required to be well managed before any staff were penalised to ensure that it was equitable across the system.

J Taylor suggested that a paper to consider the options available to the organisation to increase compliance with statutory and mandatory training be provided considering the concerns and observations raised.

Decision / Conclusion

Members noted the Annual report and requested a paper around options to increasing compliance with statutory and mandatory training be discussed by the Area Partnership Forum and then the outcomes and options from this provided to the next meeting of the Staff Governance Committee.

Involved in Decisions that Affect them

635 Partnership Forum Chair's Report – SGC2021-24

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 16 June 2020 and 21 July 2020. The following were noted:

- Members noted and discussed the Annual Leave Guidance and Guidance for Shielded Staff as issued by the Scottish Government.
- The Chief Quality Officer attended to update on work being undertaken with regards to the remobilisation of services and that this was being progressed by drafting the next iteration of the Remobilisation Plan. Members welcomed the plan and involvement in the next reiteration across the services
- Covid testing within the laboratory had created a new and increased sphere of work. It was anticipated that this service would be required for the foreseeable future and therefore a review of service delivery going forward was recommended

J Taylor questioned the emerging evidence that people from Black, Asian and Minority Ethnic backgrounds may be disproportionately affected by COVID-19 and whether there had been any feedback from the individuals that this affected.

The Human Resources Manager advised that conversations had been held with staff and managers including the use of risk assessments, some staff had noted the risk and were content to continue working within the organisation. A specific risk assessment would be completed for anyone referred to the Occupational Health Service.

Decision / Conclusion

Members noted the update provided from the Area Partnership Forum.

636 Minutes of the Area Partnership Forum meeting held on 16 June 2020 and 21 July 2020

Members noted the approved minute as submitted.

Treated Fairly and Consistently

637 **Policies and Procedures**

The were no policies requiring approval by the Committee this quarter.

Provided with a Safe Working Environment

638 **Occupational Health and Safety Chairs Report and COPVI-19 Update – SGC2021-25**

The Head of Corporate Services delivered the Occupational Health and Safety Chairs report advising of the items that the Committee wished to highlight from the meeting held on 13 August 2020.

- The Fire Officer had given a comprehensive report on an extensive list of fire safety audits that had taken place since the last meeting. The Committee were given assurance that with effective action plans in place all management actions were being carried out, there were some small house keeping issues that would be addressed
- The Committee were advised that NHS Orkney had secured 2 places on the Face Fit Train the Trainer course. This would enable a roll out of Face Fit Training across the organisation with a view to have Face Fit Champions across areas.
- The Committee received a comprehensive report in relation to IR(ME)R Regulations from the Radiography Superintendent who gave assurance on the level of preparedness for inspection.
- The Committee received a report from the Head of Estates in relation to compliance with COSHH regulations where assurance was provided that all appropriate controls were in place, a more detailed report had been requested for the next meeting of the committee.

The Employee Director noted that services were starting to remobilise and questioned how much time the face fit testing would take away from normal duties. The Head of Corporate Services noted that the 2 staff would not be the only face fit testers but would train others to be face fit testers so this would limit the time out of the workplace.

Decision / Conclusion

Members noted the information provided.

639 **Information Governance Chairs Report**

No report had been received this month.

640 **Workforce Report – SGC2021-26**

The Head of Corporate Services presented the workforce report for the first quarter of 2020/21, she advised that this was the first draft of a new format and welcomed feedback in relation to what members would like to see in future reporting.

Members were advised that it was often difficult to get up to date information as data could be a month behind. The report included a dashboard for a visual easy

reference around statistics and then further narrative to explore this in more detail.

The Chair highlighted her concerns with the low number of appraisals completed within the organisation as this was an opportunity for an accumulation of a years' worth of conversations and it was important that staff were supported.

The Head of Corporate Services agreed that the appraisal compliance rate was very low and required addressing. It was agreed that going forward it would be useful to have agency and locum costs reported separate to bank hours along with a further breakdown of compliance with statutory and mandatory training modules.

The Employee Director questioned the percentages reported in the displaced staff register, especially around organisational change and was advised that this was due to the very low numbers as 1 or 2 people could make a large percentage difference.

The Employee Director added that she would like to see a further breakdown in vacancy management and status within the approval process.

K McKinnon noted that some appraisals had been suspended in relation to the pandemic, this was acknowledged but it was noted that there had not been a significant difference in the figures before the Covid pandemic.

Decision / Conclusion

Members note the report and welcomed the additional information discussed above being included in future reporting.

Risks

641 Staff Governance Risk Report – SGC2021-27

The Head of Corporate Services presented the report which highlighted the current Corporate Risks assigned to the Staff Governance Committee and gave assurance around the mitigation. Members were advised that one risk had been reduced and closed and one new risk had been added since the last meeting of the committee.

I Grieve questioned the risk around the lack of childcare facilities and the current gap in provision, she was advised that anxiety remained across the workforce, the current risk status was still high and really useful discussions had been held at the Area Partnership Forum where it was noted that many staff have been supported in flexible working.

The Interim Chief Executive noted that the report contained problem statements rather than risks and that the articulation of risk required more consideration. It was agreed that the risks noted would be reviewed by the risk owners in this respect and more narrative would also be included in future reports.

Decision / Conclusion

Members noted the report and sought a better articulation of risk for future reporting.

642 **Issues Raised from Governance Committees**

No issues had been raised from other Governance Committee of the Board.

643 **Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to the:

Board

- The concerns raised by the audit on Agency Locum Medical Staff Fitness to Practice File and further audit work requested on the wider workforce.
- The work completed to date around compliance with the safe staffing act
- The positive work to move to a virtual Corporate Induction

644 **Any Other Competent Business**

None

645 **Schedule of meetings**

The schedule of meetings for 2020/21 was noted.

646 **Record of Attendance**

The record of attendance was noted.

647 **Committee Evaluation**

No issues were raised in relation to the meeting.