

## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Tuesday, 24 August 2021** at **10:30am**

**Present:** Caroline Evans, Chair  
 Fiona MacKellar, Vice Chair  
 Jason Taylor, Non-Executive Board Member  
 Joanna Kenny, Non-Executive Board Member  
 Lorraine Hall, Interim Director of Human Resources  
 Ryan McLaughlin, Staff Partnership Representative

**In Attendance:** Gemma Pendlebury, Committee Support  
 Malcolm Colquhoun, Head of Estates and Facilities and NPD Contract  
 Ingrid Smith, Human Resource's Manager  
 Lorna Johnston, Head of Organisational Learning and Development  
 Louise Wilson, Director of Public Health  
 Sally Hall, Head of Talent Development & Culture, NHS Shetland  
 Samantha Wishart, Committee Support  
 Steven Phillips, Human Resource's Manager

### **Observing:**

#### **S28 Apologies**

David McArthur, Kevin Fox, Davie Campbell, Michael Dickson

#### **S29 Declaration of Interests – Agenda Items**

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

#### **S30 Minute of meeting held on 26 May 2021**

The minute of the Staff Governance Committee meeting held on 26 May 2021 was accepted as an accurate record and approved subject to the following amendments:

- Page 1: Jason Taylor was not present. Joanna Kenny should be marked as Present rather than In Attendance.
- Page 2: 626 – Everyone Matters Pulse Survey: the second bullet should be clarified as last year's survey.

#### **S31 Matters Arising**

##### **S18 – NHS Orkney Equality and Diversity Workforce Monitoring Report**

The Director of Human Resources noted that from an organisation perspective, the report would mitigate a number of risks.

The Employee Director highlighted that the committee had agreed to support more and help others feel comfortable, and questioned how that would be taken forward. The Chair noted that it would be up to the individual to make the choice whether they felt the need to disclose a disability. The Employee Director was keen to ensure the Board had the appropriate processes and procedures in place to support all staff. The

Director of Human Resources noted that the creation of groups and sharing of knowledge could help create a culture and environment where staff felt comfortable to share information with the organisation.

### **S13 – Committee Effectiveness Survey**

The Interim Director of Human Resources noted that the survey results would be utilised to ensure the Committee improves in the areas that colleagues feel necessary. The action plan would help to develop and progress any areas of improvement, and would provide assurance to the Board. The committee support agreed to circulate the survey results to members after the meeting.

*Post meeting note: The committee support circulated the survey results on 25/08/2021.*

#### **S32 Action Log**

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

#### **S33 Chair's Report from the Board**

The Chair highlighted the following items that had been discussed at the meeting of the NHS Orkney Board on the 24 June 2021:

- The annual reports of the Governance Committees had been discussed and approved.
- The remobilisation plan draft 4 (RMP4) had been discussed, and it was highlighted that the Area Partnership Forum (APF) and the Area Clinical Forum (ACF) would continue to support the work. There had been concerns raised about a lack of inclusion of APF and ACF, but both committees were willing to participate. It was noted that issues of remote and rotational work would be included in the plan, alongside concerns of wellbeing.

The Employee Director suggested that RMP4 be added to the agenda for the next meeting for discussion.

### **Decision / Conclusion**

Members noted the Chairs reported highlights from the Board meeting on the 24 June 2021. The Chair agreed to add an item to the next agenda to discuss RMP4.

#### **S34 Staff Governance Action Plan Update – SGC2122-14**

The Interim Director of Human Resources presented the Staff Governance action plan update. She highlighted that there were a vast range of activities which were not all delivered within a 12 month period, and she recognised the work that needed to be done to understand where the plan was at. Transparency would be key and would lead to conversations as a committee to help build a foundation.

A safe working environment was important, not just the physical environment, but the social environment too. Honesty was needed with staff to ensure they felt supported. There had been frustration with the statutory and mandatory training, so a piece of work had started to ensure conversations continued to support staff in the training.

The Area Partnership Forum (APF) had discussed a way to ensure staff felt connected in a way that made sense to them, as one method may not suit everyone. Health and safety were building a key skill set to create a team and dynamic to support each other.

The sickness absence rate was higher than the standard national, but lower than NHS Scotland. The report shared the work being done from a wellbeing capacity. A terms of reference had been completed for a wellbeing group, and each directorate would provide a wellbeing champion to attend meetings, and feed information in and out.

In terms of knowledge and skills, there was a lot of activity underway. Management bundles had been rolled out, and a second lot were underway to look at investigations. The work was looking at how to support managers with looking at succession planning and leadership. The workforce plan had been submitted to Scottish Government, and work had been done on an integrated 3 year plan which would cover leadership and growth.

The Interim Director of Human Resources had taken the lead with the whistleblowing and raising concerns in the interim, and had been looking at how to embed the process into the organisation. NHS Orkney and Shetland had joined together to share learning and issues and gain support. No whistleblowing concerns had been raised organisationally, but it was vital to ensure staff knew where to go to raise concerns.

The Employee Director noted that the phrase “the art of good conversation” was applicable from a staff perspective. Communication was a skill that could help change the culture in the organisation.

Members thanked the Interim Director of Human Resources for the report and noted appreciation to see the actions set out along with the progress made.

### **Decision / Conclusion**

Members noted the report and the progress made.

### **Governance**

#### **S35 Health and Care (Staffing) (Scotland) Act Report – SGC2122-15**

The Chair noted that apologies had been received from the Interim Director of Acute Services and suggested deferring the item to the next meeting.

Members highlighted one phrase of concern was “a decline in organisational wide engagement at senior clinical and management level”. The Interim Director of Human Resources highlighted that the executive leadership had picked up the work, looking at what working groups were needed, and linking with colleagues to ensure they are engaged. Workforce planning tools were being used and judgement would be made on how the tools worked. It was suggested that the Executive Management Team (EMT) should start allocating responsibility, as the committee wanted to ensure enough effort was made to engage staff.

The Employee Director wanted to highlight the complexity of applying the tools to real time staffing. The AHP teams were involved in the trial and had reported back that the tools were difficult to use and did not reflect practice. The Healthcare Staffing Lead Nurse had been helpful with assisting groups to understand how the tools may be

applicable to their environments. The Human Resource Manager (IS) agreed and noted that discussions around real time staffing would be included in the RMP4 discussions.

### **Decision / Conclusion**

Members noted the report, and the Chair agreed to highlight the challenges to the Executive Management Team.

## **S36 Statutory and Mandatory Audit Process – SGC2122-16**

The Head of Talent Development & Culture presented the Statutory and Mandatory Audit process to the committee, and highlighted that compliance statistics were not high for Orkney. While pulling the data, engagement had been highlighted as an issue as staff were not linking to the training if it was not delivering to the syllabus. A focus had been put on continuing to link with managers to understand the learning needs. The statutory and mandatory group had been restarted to look at building improvement plans, which would be taken to the Staff Governance Committee to theme the actions. Individual managers would be approached, and any issues would be escalated through the directors and EMT. The budget remained an issue as the current budget only covered some of the statutory and mandatory training. Anything else required for service development would be difficult to fund. The Head of Talent Development and Culture asked members whether they were happy with the process.

J Taylor noted that providing protected time was vital to ensure staff undertake the appropriate training. The Head of Talent Development and Culture agreed and noted that the Head of Organisational Learning and Development would be feeding the data back to managers, and ensuring they understand the consequences of not completing the statutory and mandatory training. J Kenny questioned where NHS Orkney stood if the lack of training became a legal issue. The Chair noted the liability would fall with the Interim Chief Executive, as an organisation there is a duty of care to both staff and patients. The Employee Director agreed that there were many factors including the ability to attend and the availability of training, however staff must be aware of their responsibility to complete the training. Participation of staff side colleagues would be welcome in the group if they felt it would be valuable.

The Interim Director of Human Resources noted that managers should work through the rotas to ensure staff are provided adequate time to complete the training. The digital literacy of staff within the organisation needed to also be considered.

The Head of Estates, Facilities and NPD Contract noted that staff have a legal duty to cooperate with the employer, however the organisation is legally bound to provide training, information and supervision in the appropriate quantities.

*The Head of Talent Development & Culture withdrew from the meeting at 11:30am.*

### **Decision / Conclusion**

Members received and noted the report.

## **S37 Key Legislation relevant to Committee – SGC2122-17**

The Employee Director presented the report on the key legislation to the committee, for members to take assurance from.

### **Decision / Conclusion**

Members noted the key legislation.

#### **S38 Audit on Agency Locum Medical Staff Fitness to Practice – SGC2122-18**

The Human Resource Manager (SP) presented the audit on Agency Locum Medical Staff Fitness to Practice. An audit had been undertaken last year to look at agency staff however no further work had been done. The audit was completed this year again, and the Head of Assurance and Improvement and the Director of Finance had been involved to ensure colleagues were able to come to work in the organisation. The audit this year was potentially worse than the last, as many colleagues came in through Covid, including locums. The department need to ensure all documentation is there and had been checked, so monthly follow ups would be done going forward to ensure all checks were complete.

Members noted surprise at the audit results, and questioned who was responsible for the missed checks. The Human Resource Manager noted that checks were completed by one person who communicates with the agency, and checks should also be done by the hiring manager. J Taylor questioned whether this was a capacity issue, or even a training issue. It was noted that there were checklists and spreadsheets to confirm all the information and there were a number of gaps on those documents. The Employee Director agreed that learning would be needed to ensure the hiring managers felt confident and competent to undertake the checks necessary.

The Interim Director of Human Resources highlighted that the department were starting to build the foundations to ensure the right processes were in place and for structures to improve.

J Kenny questioned why the invoices were settled without the documents in place, and that the agencies should have the information already. The Human Resource Manager agreed that the checks should be in place before the invoices are settled.

### **Decision / Conclusion**

Members noted the report, and took assurance that processes were being put in place to improve the issues.

### **Organisational Culture**

There were no items for discussion at this meeting.

### **Well Informed**

There were no items for discussion at this meeting.

### **Appropriately Trained**

#### **S39 Update of Medical Appraisal – SGC2122-19**

The Director of Public Health provided an update on the medical appraisals. Covid had caused a lapse in the normal reporting around medical staff appraisals, so she was keen to provide assurance to the committee around what had been put in place

to allow the appraisals to continue as normal. NHS Orkney would be working with NHS Shetland to provide a wider range of appraisers, and ensure staff engage with and receive feedback from the appraisals. The Chair welcomed the update, and the Employee Director highlighted the additional capacity from Shetland would be a positive help.

*The Director of Public Health withdrew from the meeting at 12pm.*

### **Decision / Conclusion**

Members accepted the assurance presented to them.

### **Involved in Decisions that Affect them**

#### **S40 Partnership Forum Chair's Report – SGC2122-20**

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 15 June and 20 July 2021. She highlighted the main theme was the ongoing discussion regarding the listening exercise; progress would be monitored to ensure staff felt engaged and involved.

### **Decision / Conclusion**

Members noted the update provided from the Area Partnership Forum.

#### **S41 Minutes of the Area Partnership Forum meeting held on 15 June and 20 July 2021.**

Members noted the approved minutes as submitted.

### **Treated Fairly and Consistently**

### **Policies and Procedures**

#### **S42 Data Protection Policy – SGC2122-21**

The authors of the paper were unable to attend the meeting, however the Interim Director of Human Resources noted that the policy had been discussed at the Information Governance Committee (IGC) meeting. Members had commented and approved the policy, therefore she endorsed the policy for approval. Members agreed that based on recommendation from IGC and APF, they were happy for the policy to be approved.

### **Decision / Conclusion**

Members approved the policy.

#### **S43 Fire Safety Policy – SGC2122-22**

The Head of Estates, Facilities and NPD Contract presented the Fire Safety policy to the committee. J Kenny noted the policy stated that fire safety training was mandatory for all colleagues and was part of the staff induction. She questioned whether there was a process that audited the training to ensure all staff have the appropriate fire

safety training. The Head of Estates, Facilities and NPD Contract noted that the fire officer would work closely with the training team to ensure all colleagues complete the training.

**Decision / Conclusion**

Members approved the policy.

**S44 Security Policy – SGC2122-23**

The Head of Estates, Facilities and NPD Contract presented the Security Policy to the committee, and highlighted that one question was whether security officers were necessary for the hospital. The security officers would not be able to touch staff or patients, or be able to check when colleagues swiped in and out of the building.

**Decision / Conclusion**

Members approved the policy.

**S45 Voluntary Retirement and Re-employment on a Part Time Basis Policy – SGC2122-24**

The Human Resources Manager presented the Voluntary Retirement and Re-employment on a Part Time Basis Policy. He noted that a number of colleagues want to return to work after retirement, and introducing guidance would allow colleagues to retire, and return in a fixed term contract in a similar position. Some specialist jobs would require department head approval but special posts could be looked in to.

**Decision / Conclusion**

Members approved the policy.

**Provided with a Safe Working Environment**

**S46 Occupational Health and Safety Chair's Report – SGC2122-26**

The Head of Estates, Facilities and NPD Contract presented the Occupational Health and Safety Chair's report and previous minutes to the Committee for information and noting.

He highlighted the work being done to streamline the committee to be represented by the right people. He had been working with the Head of Assurance and Improvement to figure a way to bridge DATIX with the risk assessments, and consider how it would affect how people think of health and safety.

**Decision / Conclusion**

Members noted the report and approved minutes of the Occupational Health and Safety Group.

**S47 Workforce Report – SGC2122-27**

The Human Resources Manager (IS) presented the Workforce Report to the committee, and highlighted the key areas. There had been an increase in headcount

and turnover, and sickness absence rates had increases, now reporting above 4.5% with anxiety remaining the highest reason. The information on Covid related absence needed to be recoded so would be revisited. The absence statistics could explain why the bank spend is what it is. Annual leave was not spread equally through the year, with a higher number at the end of the financial year compared to the beginning.

The Interim Director of Human Resources was keen to gather comments on how to make the report meaningful. The self assessment would create a narrative around assurance and viability. The team would discuss the report next week to improve the report. One aspect they would consider would be why staff leave, and what the organisation are doing to help employee relations and wellbeing, both at a departmental and a directorate level.

J Taylor noted that the workforce report would provide context for the governance action plan.

The Employee Director would welcome employee relation statistics on the report, but highlighted it may be difficult to avoid identifiable data due to the small workforce.

### **Decision / Conclusion**

Members noted the report.

### **Risks**

#### **S48 Corporate Risks assigned to the Staff Governance Committee**

The report had not been provided at this meeting due to wider organisational work taking place to realign the Corporate Risk Register. The Interim Director of Human Resources stated that work should be done to highlight what the risks should be. The risks would include elements around statutory and mandatory training, appraisals, and other wider workforce potential risks. The self-assessment results would potentially highlight a risk if any section received disagree or strongly disagree as the majority answer. She agreed to highlight the risks to the EMT meeting tomorrow to note and agree a timeline. The Chair agreed that would be useful to understand the narrative behind the risks identified.

#### **S49 Issues Raised from Governance Committees**

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

#### **S50 Agree any issues to be raised to Board/ Governance Committees**

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

#### **Board**

- The Staff Governance Action Plan

#### **S51 Any Other Competent Business**

There was no other business for discussion.

#### **S52 Schedule of meetings**



The schedule of meetings for 2021/22 was noted.

S53 **Record of Attendance**

The record of attendance was noted.

S54 **Committee Evaluation**

Members of the Committee agreed that the reports received had been well presented and there had been good contribution to discussion.