

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday, 23 August 2023 at 10:30am**

Present: Joanna Kenny, Non-Executive Board Member and Chair
Ryan McLaughlin, Employee Director and Vice Chair
Lorraine Hall, Interim Director of Human Resources
Nickie Milne, Staff Side Representative
Laura Skaife-Knight, Chief Executive
Jason Taylor, Non-Executive Board Member
Sam Thomas, Director of Nursing, Midwifery, Allied Health Professionals and Acute (from 10.50am)

In Attendance: Lawrence Green, Health and Safety Lead
Steven Phillips, Head of People and Culture
Carrie Somerville, Planning, Performance and Risk Manager (for S37)

Christy Drever, Committee Support (Minute Taker)

S22 **Welcome and Apologies**

Apologies for the meeting were noted from Des Creasey.

Members were advised that the meeting would be recorded for the purpose of transcribing a minute only and then deleted.

S23 **Declaration of Interests – Agenda Items**

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

S24 **Minute of meeting held on 24 May 2023**

The minute of the Staff Governance Committee meeting held on 24 May 2023 was accepted as an accurate record of the meeting and approved.

S25 **Matters Arising**

There were no matters arising raised that were not covered on the agenda.

S26 **Action Log**

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

Staff Governance Action Plan

S27 **Staff Governance Action Plan Priorities 2023/24– SGC2324-10**

The Interim Director of Human Resources delivered the Staff Governance Action Plan Priorities for 2023/24, highlighting the following key points:

- Following the previous committee, the Action Plan had been constructed to align more smoothly with the Plan on a Page, and to allow the progress to be more easily measurable throughout the year.
- Those actions which had been removed from the action plan would be taken forward as business as usual, which was recorded with a business as usual version of the action plan which contained 34 areas of focus across all five areas of the Staff Governance Standards. This would be brought to the next meeting as an appendix to allow members full oversight of the original plan.
- Engagement and ongoing work had taken place surrounding wellbeing, and a bid had been submitted to the Endowment Committee to increase wellbeing of staff. A wellbeing event would take place within the Balfour, with a number of activities available for remote areas of NHS Orkney.
- An establishment review had begun, starting with a list of all staff with contracts of employment within each team, which was found to differ from the budgeted establishment. This information would allow each director to work with their heads of department to undertake a gap analysis within each department and provide further understanding of the needs of each service. It was also felt that alongside training sessions, this would allow budget managers to more effectively manage their budgets going forward.
- Sickness absence remained a high priority due to high absence rates, with further understanding needed regarding what prevents staff from attending work, including a review of processes and culture.

Members praised the hard work of the team on staff wellbeing and looked forward to seeing the positive effect of this progress. It was asked that more specific timelines and priorities were added to the Action Plan going forward to allow an improved overview for members.

The Employee Director advised that he had the ability to bid for funding for short courses on various non-core delivery topics through Scottish Union Learning which could be utilised to enhance development opportunities for staff in line with point 8 of the Action Plan.

The Head of People and Culture stressed that Job Evaluation should be acknowledged as a whole organisation function, rather than solely a Human Resources function. It was suggested that Job Evaluation Panels should have a variety of staff from across the organisation, and that each directorate should be asked to volunteer a few members to join the panel from each service.

Decision / Conclusion

Members approved the updated Staff Governance Action Plan, with the request for the addition of a column on timelines and prioritisation going forward.

Organisational Culture

The Head of People and Culture presented the Workforce report for Quarter 1, highlighting the following key points:

- Further improvements had been made to the report itself as suggested by the Staff Governance Committee, including adding a comparison to the previous year and in progress appraisal figures.
- In response to the team individually contacting staff members who had not completed their statutory and mandatory training, there had been an increase in the uptake and compliance with these.

The Employee Director highlighted that with the improved management of bank staff, there should be an increase in the figures for appraisals and training, due to those staff who had been terminated being removed from the overall number of NHS Orkney employees.

Members discussed the appraisal rates of the organisation at length, highlighting the following key points:

- It was noted that some areas had higher appraisal rates than others, and highlighted that colleagues should raise to senior managers and executive directors where appraisals were not taking place to allow any support or training to take place to improve rates across the organisation.
- It was acknowledged that while there had been a small increase in percentage appraisal rates, this did not equate to a large number of staff.
- It was highlighted that it was the responsibility of all Executive Directors as part of their shared objectives to cascade the needs and model best practice.
- It was suggested that a section of the Workforce Report should be brought to the November meeting from the Executive Directors to highlight the reason for reduced appraisal numbers within their directorates, and any improvement actions needed.
- The Chief Executive stressed that she would be discussing all shared objectives with Executive Directors in the next month, however appraisal and training needs were the responsibility of all members of the organisation, rather than solely the Executive Directors.
- It was highlighted that all staff should have appraisals and statutory and mandatory training scheduled into their departmental rotas as a priority.
- Members acknowledged that staff should be encouraged to ask their manager for their appraisal to support their own development and wellbeing.
- The Director of Nursing, Midwifery, AHPs and Acute advised that within her directorate she had encouraged the use of the yearly appraisals to bring two reflective accounts, which would allow staff to have all evidence ready and available for their revalidation every three years.
- Members discussed the possibility of the Staff Governance Committee attending the Wellbeing event to highlight the importance of appraisals for staff.

Members highlighted the reduced capacity within the team, especially when dealing with increasing numbers of investigations and acknowledged that the capacity of the team was clearly articulated within the risk register.

The Chief Executive advised that an integrated performance report was in development which would cover various areas include workforce and culture, focusing on where NHS Orkney was and where it would be. She also advised that she had asked the corporate communication team to do a piece of work on the role of various corporate functions, starting with Finance and then Human Resources to make it clear to the whole organisation what each departments' role was and what they do and do not provide as part of their service.

The Chief Executive asked that the Committee be very aware and clear on where the organisation was an outlier across NHS Scotland, to allow improvement to take place.

Decision / Conclusion

Members noted the update and were assured of progress.

S29 NHS Orkney Equality and Diversity Mainstreaming Report 2023 – SGC2324-12

The Head of People and Culture presented the NHS Orkney Equality and Diversity Mainstreaming Report 2023 highlighting the following key points:

- The report articulates what the organisation had done to meet the Equality and Diversity requirements including any improvements made, training provided and statutory reporting.
- The report would be taken to the Board in October 2023 for final approval, however to ensure compliance, a draft version would be added to the NHS Orkney website, with a clear note advising that it was a draft version pending approval from the NHS Orkney Board in October 2023.

Members noted that the Service Level Agreement with NHS Grampian for the Equality and Diversity service had now ended upon the retirement of N Firth. It was felt that whilst this was additional workload for the team locally, this might present an opportunity for increased oversight and understanding of this area and to allow associated reporting to be more specific to NHS Orkney.

The Employee Director felt that this work would provide additional benefit to educate staff on who might identify as having a disability, and what reasonable adjustments could be made to the workplace, as well as how to access them. He added that he would encourage some staff side representatives to undertake equality representative training to assist with this work, and it was added that there were also regional equality representatives which could be contacted for assistance.

Decision / Conclusion

Members endorsed the NHS Orkney Equality and Diversity Mainstreaming Report 2023 and recommended it for Board Approval in October 2023.

S30 2023 iMatter – Update and Next Steps – SGC2324-13

The Head of People and Culture presented the 2023 iMatter update, highlighting the following key points:

- The response and results had been really positive and was a reflection on the increased effort from the team to educate managers and staff.
- The response rate and employee engagement score had increased, as well as scores associated with Staff Governance.
- Continued momentum from the team to encourage development of action plans had meant a 58% rate of compliance for action plans, a significant increase from last year.
- There would be continued updates and discussions throughout the year, to keep the momentum surrounding iMatter.
- The team had taken the initiative to develop an overall organisational action plan in conjunction with colleagues, with 5 key areas of organisational focus:
 - Staff health and wellbeing
 - Valuing and recognising staff
 - Involving staff in decision making
 - Listening to and acting on staff feedback
 - Leading with kindness and living our values

Members discussed the inclusion of the Orkney Islands Council within the iMatter process, and felt that perhaps this was not appropriate at present and that they should potentially be excluded next year until better relationships and processes were in place.

Decision / Conclusion

Members noted the update, and praised the hard work of the team for their work on iMatter this year.

Well Informed

No items in addition to those covered in the Staff Governance Action Plan

Appropriately Trained

No items in addition to those covered in the Staff Governance Action Plan

Involved in Decisions that Affect them

S31 Area Partnership Forum Chair's report – SGC2324-15

The Chief Executive presented the Chair's report from the Area Partnership Forum for noting by members.

Decision / Conclusion

Members noted the update provided from the Area Partnership Forum

S32 Minutes of the Area Partnership Forum meetings in May, June and July – SGC2324-16

Members noted the approved minutes as submitted.

S33 Area Partnership Forum Annual Report 2022/23 – SGC2324-17

The Chief Executive presented the Area Partnership Forum Annual Report 2022/23 for approval by members.

Decision / Conclusion

Members approved the Area Partnership Forum Annual Report 2022/23.

Treated Fairly and Consistently

S34 The Health and Care (Staffing) Scotland Act 2019 – SGC2324-18

The Director of Nursing, Midwifery, Allied Health Professionals and Acute presented the update, highlighting the following key points:

- There had been great improvement from the previous quarter with most areas moving to amber status.
- Re-engagement had taken place across the Board including the Integration Joint Board, to move forwards.
- The Director of Nursing, Midwifery, Allied Health Professionals and Acute and the Healthcare Staffing Lead had met with government colleagues surrounding progression of this work and production of report from April 2024.
- The Healthcare Staffing Programme Board had been reinstated with key colleagues involved.

Decision / Conclusion

Members noted the update and were assured of progress.

Provided with a Safe and Improved Working Environment

S35 Occupational Health, Safety and Wellbeing – Chairs Report, approved action notes and constitution – SGC2324-19

The Interim Director of Human Resources presented the report from the Occupational Health, Safety and Wellbeing Committee for noting by members.

Decision / Conclusion

Members noted the update provided from the Occupational Health, Safety and Wellbeing Committee.

S36 Health & Safety Lead Update April / May 2023 – SGC2324-20

The Health and Safety Lead presented the update, highlighting the following key points:

- Over the period there had been no RIDDOR reportable incidents, however a few inpatient falls with the potential to be fractures, which did not automatically get reported to the Health and Safety team. A conversation had taken place with the Director of Nursing, Midwifery, and Allied Health Professionals and

Acute, and she had cascaded the importance of this through her teams. The new members of the Health and Safety team had now been included in all Datix reports and they would engage with investigators of incidents to identify if further health and safety involvement was required.

- The two new staff members within the team had begun work from the beginning of August. The Health and Safety Officer would be initially focusing on the Control Book System implementation and engagement with the owners. The Violence and Aggression Trainer would be undertaking his training to provide this beginning in September. Prior to undertaking his own training he had begun the work surrounding safe lone working systems within the organisation.

J Taylor raised concerns surrounding embedding the lessons learned from the reporting of potential RIDDOR incidents. The Health and Safety Lead advised that the Control Book System would provide information to owners regarding investigations and reporting. He also added that part of the role of the Health and Safety Team when engaging with those investigating Datix incidents would be to stress how important lessons learnt were.

It was discussed that going forward Safety Representatives and members of the Health and Safety Team would work more closely together.

Decision / Conclusion

Members noted the update and were assured of progress.

Risks

S37 Risk and Assurance Report – SGC2324-21

The Planning, Performance and Risk Manager attended to present the Risk and Assurance Report. The following key points were highlighted:

- During last reporting period no new risks were added or escalated in relation to the Staff Governance Committee and no movement to existing risks. One risk had been increased due to national change implemented.
- The Statutory and Mandatory training risk had been added following the report being provided for the meeting. It had been placed within the departmental risk register and would be subject to review with the Statutory Mandatory Steering Group.

Members raised the following observations:

- Risk 365 Healthcare Staffing Act – members noted that scoring was marked as red and members queried whether this reflected the current status correctly
- Risk 1109 Change to Fire Rescue Service Attendance - members queried what mitigations were in place to manage this risk
- Risk 725 and 726 Ability to Comply with Manual Handling and Violence and Aggression requirements – members queried whether these were now business as usual, well embedded and monitored and were perhaps no longer an operational risk.

- Risk 721 Infection Prevention and Control Training – members noted concerns regarding the risk associated to patients and staff, however it was noted that this was managed within the Occupational Health, Safety and Wellbeing Committee and the members of the committee were content with work to manage this at present.

The Chief Executive advised that in response to the deteriorating financial position and associated risks, the Senior Leadership Team would be meeting on 4 September to discuss financial improvement to review difficult decisions which might need to be made. J Taylor highlighted risk 509 and risk 555 fed in to the larger risk of our financial sustainability and should perhaps be folded in to form part of that wider risk in future.

Decision / Conclusion

Members noted the update and were assured of progress. The Planning, Performance and Risk Manager would take members comments back to the Risk Management Forum.

S38 Cross Committee Assurance

J Taylor raised that during the development session in March 2023, a discussion had been had regarding whether the Audit and Risk Committee could assist with providing assurance. He advised that the Internal Audit Plan had been drafted and would be going to the next Audit and Risk Committee for approval. The Internal Audit Plan includes work around compliance with the working time directive and compensatory rest.

S39 Agree any issues to be raised to Board/ Governance Committees

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

Board

- Current sickness absencerates – Recognising that the figures remain high however work was ongoing to manage this across the organisation
- Updated format of the Workforce Report
- Updated Staff Governance Action Plan Priorities
- Improvement to Statutory and Mandatory Training figures
- NHS Orkney Equality and Diversity Mainstreaming Report 2023

S40 Any Other Competent Business

There was no other business for discussion.

Items for Information and Noting

S41 STAC(TCS02)2023 - Band 2 and 3 Nursing Clinical Support Worker Profiles - Bank Workers

Members received the circular for noting.

Decision / Conclusion

S42 Members noted the circular
Schedule of meetings

The schedule of meetings for 2023/2024 was noted.

S43 **Record of Attendance**

The record of attendance was noted.