

Attendance

Present:

Members: Kat Jenkin, Joanna Kenny, Ryan McLaughlin, Nickie Milne, Jarrard O'Brien, Steven Phillips, Rachel Ratter, Laura Skaife-Knight, Jason Taylor, Sam Thomas

Absent:

Members: Kirsty Cole, Karen Spence

Guests: Ali Sabiston (item 14.1), Lynn Adam, Jenny Fraser, Lawrence Green, Karyn Tait (Staff Story), Huw Thomas

1. Staff Story Leader of the Year, Team Orkney Awards – Karyn Tait - Verbal

K Tait, Oral Health Team Lead provided an overview of the oral health team and her successful leadership style, which led to her achievement of "Leader of the year" award at the NHS Orkney Staff Awards.

The Chief Executive congratulated Karyn on her award, and celebrated the successful leadership demonstrated within the oral health team.

J Taylor thanked Karyn for the presentation and was interested to know whether the Child Smile programme was back to running at full capacity. K Tait informed members, the activity was back to business as usual and was thankful for the data used as a measurement. Overall, there was very healthy teeth in Orkney.

The Chair thanked Karyn for the presentation and her great leadership.

2. Apologies (Presenters: Joanna Kenny)

Apologies were received from K Cole and K Spence.

3. Declarations of Interest - Verbal (Presenters: Joanna Kenny)

No declaration of interests were raised.

4. Minute of meeting held on 28 February 2024 Chairs assurance report 28 February 2024 - Verbal (Presenters: Joanna Kenny)

The minute of the Staff Governance Committee meeting held on 28 April 2024 was accepted as an accurate record of the meeting and approved with the following amendment:

- S55 - J Taylor requested to record that the Head of People and Culture had agreed to review the undertaking of the proactive approach in relation to appraisals.

5. Matters Arising - Verbal (Presenters: Joanna Kenny)

There were no matters arising

6. Action Log - Verbal (Presenters: Joanna Kenny)

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

7. RISK

7.1. Risk and Assurance Report - SGC2425-01 (Presenters: Kat Jenkin)

The Head of Patient Safety, Quality and Care presented the report which provided an overview and update on risk management across NHS Orkney. Members were advised that following feedback, there had been a change to the layout of the Corporate Risk Register to clarify the impact of each risk and included the breakdown of the risk score to determine the impact and likelihood.

During the last reporting period there were 5 risks associated to the Staff Governance Committee, updates to Staff Turnover risk would be provided at the next meeting.

The first three risks from the Corporate Risk Register had been reviewed and completed and a further update of risks would be included in the next report.

The Employee Director queried whether the Staff Governance committee should receive the risk update in relation to Insufficient Residential Care Beds. Members were advised a number of risks were presented to more than one committee, however the risk had been updated and would only be presented to the Joint Clinical and Care Governance Committee in future.

The Chief Executive highlighted the need to challenge the risk in relation to Staff Turnover and did not believe the description against it was satisfactory. She advised members the risk around fragility of leadership was changing to a reflect fragility in relation to capability and capacity around the wider senior leadership community. The Director of People and Culture advised that it was proposed the risk was closed and workforce risks would be included on the risk register.

The Risk Management Position paper was included for awareness and highlighted there were over 1000 active risks recorded and more than 50 risk registers, processes and systems were unable to provide assurance that risk was managed safely or effectively across different sectors of the organisation. This hampered the ability to foster a culture of learning and to streamline the escalation of risks effectively. A new process for the management of operational risk registered had been presented to SLT.

The Employee Director queried the potential upgrade from Datix system to the potential In-face system in terms of capturing the Health and Safety risk assessments. Members were advised this was yet to be looked into however, once a decision had been made regarding the system, a paper would be provided to the committee. The Health and Safety Lead offered to contribute to conversations around the integration of safety control books within the new system.

The Chair emphasised the importance of sufficient engagement with staff during the implementation of a new system and no ensure everyone had access.

J Taylor informed members that there would be an updated Risk Management Position paper at the Audit and Risk Committee meeting on 28th May with a test of change on the agreed way forward as well as a paper on the procurement of the Datix replacement.

The Chief Executive conveyed it was essential that the new system was aligned with best practice across the NHS and confident through engagement that it would work within NHS Orkney, taking training into consideration.

Decision/Conclusion

Members noted the update and were assured of progress

8. ASSURANCE

8.1. Staff Governance Committee Annual Report 2023/24 - SGC2425-02 (Presenters: Joanna Kenny)

Members ratified the Staff Governance Annual report for 2023/24.

8.2. Staff Governance Action Plan End-of-Year report 2023/24 - SGC2425-03
(Presenters: Steven Phillips)

The Head of People and Culture delivered the Staff Governance Action Plan for 2023/24, providing an update on the previously agreed action plan. The plan was brought in line with the Board's Plan on a Page, to enable the organisation to measure all activities in a consistent manner and continue to move the organisation forward and create a strong foundation of developing, enabling, co-creating and delivering activities where staff feel included and validated.

The committee thanked everyone involved in the plan and the evidence of clear progress. The Chief Executive requested alignment with the People Strategic Objective and clarity around progress of each action.

Decision / Conclusion

Members approved the the Staff Governance Action plan for 2023/2024 and looked forward to receiving the next quarterly update which would include the above amendments.

8.3. Scottish Government response letter – Staff Governance Monitoring Return 2022/23 - SGC2425-04 (Presenters: Jarrard O'Brien)

The Director of People and Culture presented the Scottish Government response to the Staff Governance Action Plan and highlighted areas of success and areas of improvement/continued development.

Recommendations for areas of improvement would be prioritised and built into the forthcoming year.

Decision / Conclusion

Members noted the positive report and acknowledged the effort that went into the work.

8.4. Area Partnership Forum Annual Report 2023/24 - SGC2425-05 (Presenters: Laura Skaife-Knight, Ryan McLaughlin)

The Chief Executive presented the Area Partnership Forum Annual Report 2023/24 for approval by members highlighting the key areas and the increase in partnership working.

Decision / Conclusion

Members approved the Area Partnership Forum Annual Report 2023/24.

8.5. Equality and Diversity Monitoring Report - SGC2425-06 (Presenters: Steven Phillips)

The Head of People and Culture presented the NHS Orkney Equality and Diversity Monitoring Report 2023/24 highlighting the following key points:

- Colleagues would continue to be encouraged to update their data entry
- Interesting to note the comparison to Scotland and the comparison to Orkney Health Board area in relation to characteristics and attaching them to colleague information
- Key focuses to prioritise supporting colleagues
- Data would be analysed to inform actions
- The implementation of workforce policies would continue to support NHS Orkney being an equitable employer

The Employee Director raised concern around the under reporting and representation of people identified as disabled within the data, however, did note the actions in place and highlighted the need to be careful with language used.

J Taylor referred to the age demographics and queried the basis of NHS Orkney being a diverse employer and the reasons for the variation from the previous figures. He also requested clarity around the number of Job Train applicants received from foreign nationals not then feeding

into appointments. Members were advised that the new starts and increase of the Orkney population, the age range matched the population employed by the organisation. The Head of People and Culture would circulate a previous paper created around age. With regards to the number of unsuccessful appointments of foreign national applicants, an additional question would be added to the application form to support applicants in terms of suitable qualifications essential to the post.

Decision / Conclusion

Members approved the Equality and Diversity Monitoring Report 2023/24.

9. WORKFORCE PERFORMANCE

9.1. Q4 Workforce Report – Jan – March 2024 -SGC2425-07 (Presenters: Steven Phillips)

The Head of People and Culture presented the Workforce report for Quarter 4, highlighting the following key points:

- Since April 2023, the workforce's whole-time equivalent (WTE) and headcount had increased by 9.56 and 14, respectively.
- The total rolling-year bank hours were 55,127.03, down from 60,264.73 hours during the same period last year. The total additional hours recorded with the bank, overtime, and excess hours equated to an average of 37.63wte staff.
- The sickness absence rate fluctuated between 4.92% and 7.15% this year and was at 5.8% in February 2024. Anxiety/stress/depression/other psychiatric illnesses remained the highest recorded reason for sickness absence and accounted for 25.98% of all sickness absences from April 2023 to February 2024. Long-term absences accounted for 60.33% of all sickness during the 2023-24 year.
- A great amount of work had led to increased mandatory training figures, focus would remain on improving training and support for colleagues
- The Appraisal rate for Agenda for Change staff was up to 31.84%, and all medical appraisals were completely up to date.
- From Apr 2023 to Mar 2024, there have been 134 new starts and 114 leavers.

N Milne queried why there had been an increase in overtime hours and whether it was due to the recent reduction in the working week. She also raised concern around the low appraisal compliance rate for nurses.

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute explained whilst nursing and midwifery was the largest staff group, some appraisals would have been captured but not signed off, and, previously there had not been sufficient staffing in place to carry out the appraisals. However, during the last quarter of 2023/24 there had been close working within teams to ensure appraisals were, and continued to be undertaken. Staff were required to be released to undertake appraisals, which at times could be challenging.

The Chair queried if it would be possible to target the communication around appraisals, to ensure people reflect and record.

The Employee Director advised that positive feedback had been received in relation to training for managers and the differences in performance in sickness absence reviews. He also noted that most people employed on fixed-terms contracts had been successfully re-deployed. With regards to appraisals, there was an upward trend however the areas of focus should be in areas of no increase of appraisal rates and the possibility of including number of appraisals required from managers. The Head of People and Culture agreed that it would be possible to include the numbers.

J Taylor noted the positives within the report and the progress made to date. He echoed the requirement to focus on certain areas with low or no increase in appraisal rates and the proactive approach that had been employed in improving mandatory training rates, to ensure individuals were aware that their appraisal was due. He asked whether the additional details

requested for the Integrated Performance Report regarding excess hours, bank and overtime hours could be provided to the committee. In relation to demographics, he noted the ageing population and the importance of succession planning.

The Head of People and Culture explained there was no capacity in relation to undertaking an alternative approach to increase appraisal rates due to the roll out of the training. The Chair queried whether there was any staff members who does not access their emails and how communication was reaching staff if they do not look at their emails. J Fraser advised that all of the local consultants do not have access to emails when they are not on the island. Work would continue to develop an area within the organisation to allow staff to access.

The Chief Executive noted the number of appointments carried out by occupational health and queried whether there was risk associated with a potentially fragile service. Members were advised that performance review meetings would be introduced for every clinical service and corporate team by the end of quarter 1. The Director of People and Culture confirmed that the occupational health department was a fragile service, a review would take place within the People and Culture review and there was a business case for the service.

With regards to job planning, the Chief Executive requested that the Medical Director would produce a report to the Staff Government committee every 6 months and emphasised that all consultants required a job plan. J Fraser emphasised the importance of a consultant job plan. It was requested that the graphs around mandatory training could be presented in an alternative format.

Decision / Conclusion

Members noted the update and were assured of progress.

9.2. Health and Care (Staffing) Act (2019) implementation update - SGC2425-08 (Presenters: Lynn Adam)

L Adam presented the report to advise that the health and Care (Staffing) (Scotland) Act 2019 (HCSA) came in to effect on 1 April 2024. The legislation placed a duty on health boards and care services to put in place the systems and processes to enable real-time assessment of staffing to identify risks that could be addressed or escalated to support frontline staff delivering services.

The report included progress of NHS Orkney's implementation and the mandatory legislation required from the organisation.

Members were advised that a DL had been issued that required that the annual report was also submitted to the Patient Safety Commissioner for Scotland.

The Employee Director queried whether Safe Care was being used to capture staffing data.

Members were advised that a roll out programme was in place however would not provide all of the required information. He also queried whether the workforce data would be captured in a way to identify certain trends and the route of the data would be shared. L Adam assured members that the legislation required organisations to evidence analysing data over time and to inform the work force plan and identify re-currant risk. The Director of People and Culture approved the recommendation that the annual report was presented to the Staff Governance committee as recommended.

J Taylor queried the medium to long term resource requirement to enable achieving all of the required legislation. The Director of Nursing, Midwifery, AHPs and Chief Officer Acute explained that whilst funding was in place it was important to consider what was classed as business as usual and that it was the responsibility of each and every staff member. By quarter three the organisation should be in a position to create a business case.

Decision / Conclusion

Members accepted the update and sought assurance.

 [9.2 - Health and Care \(Staffing\) Act \(2019\) implementation update.docx](#)

9.3. Agenda for Change non-pay amendments update -SGC2425-09 (Presenters: Jarrard O'Brien)

The Director of People and Culture provided an update on the agenda for change non-pay elements since it was first implemented on 1 April 2024. The highlights were:

- A national portal was being developed for submissions of nursing roles that may be entitled to increase from Band 5 to Band 6.
- A consistent approach to Protected Learning Time would be rolled out across all NHS Scotland Boards, which would include the completion of statutory, mandatory, and profession-specific training for AfC staff within working hours. Each team in NHS Orkney had been asked to build this into the roster until 01 April 2025.
- A full plan had been developed in relation to the reduction in the working week with the intention for most teams to 'go live' with the reduction on 01 May 2024 and the remaining teams on 01 June 2024. There were a small number of teams, mostly single handed or with multiple vacancies within their establishment, who would not be able to reduce their hours by June and Quality Impact Assessments are being done for those teams, including calculating the ongoing cost pressure to the organisation.

The Chief Executive highlighted that the report identified an additional potential cost pressure which required to be included in the Chairs Assurance Report to the Finance and Performance committee.

Decision / Conclusion

Members accepted the update and sought assurance.

10. CULTURE

10.1. Staff Stress Survey Results -SGC2425-10 (Presenters: Lawrence Green)

The Health and Safety Lead presented the report highlighting the results of the Staff Stress Survey that was conducted over a six week period from 13 November to 23 December 2023. A total of 277 staff completed the survey (26%) and provided a snapshot of staff perception around stressors within the organisation and in light of the pressures already placed upon staff, it might be argued that the response was better than expected.

At an organisational level, out of the 7 Stress Management Standards, 2 of 7 fell into the 2nd quartile and the remaining 5 of 7 fell into the 3rd quartile. There were no management standards that were in the bottom first quartile and those that were in the second quartile were well above the top half of the bracket.

Following positive implementation of the 3 year action plans and subsequent improvements to the survey results, it was suggested that the surveys were run every 2 years to ensure the positive actions taken remain in place and effective at reducing stress within the organisation, so far as is reasonably practicable.

The results for individual Directorates were also important elements of the survey as a poorly performing Directorate under 1 single Management Standard heading could be somewhat hidden within an overall organisational result, if further 'drilling down' did not take place.

The Health & Safety Team would engage with all Directorates to work through their individual Stress Management Action Plans and to also deliver two types of Stress Awareness Training, which are "Stress Management for Manager" and "General Staff Stress Awareness".

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute raised concern around some of the language used within the reports and exclaimed that if all staff were to be treated with the same level of clarity, fairness and equality, there should not be a difference between directorates. There was also a concern around the timescale for the proposed next stress survey, taking into account competing demands across the organisation.

Decision / Conclusion

The committee noted the results from the 2023 Stress Audit Survey and approved the introduction of the Organisational Stress Risk Assessment and implementation of the Stress Survey Actions for 2024. Members agreed that the Staff Stress Survey would be re-run in 2024 and further consultation would take place at SLT regarding the action plans. A broader conversation would take place and a suggested way forward would be provided to the committee.

The Chair thanked the Health and Safety Lead for the great work carried out to date.

11. STAFF EXPERIENCE

11.1. Planning for the iMatter survey 2024/25- SGC2425-11 (Presenters: Ali Sabiston)

The Head of People and Culture presented the iMatter 2024 update highlighting the following:

- iMatter planning had commenced with interaction with teams to confirm participation
- A communication plan has been developed for each stage of the cycle.
- The survey would be live from 13 May 2024
- Sessions would include raising awareness across the organisation to have stations set up in the main reception
- Training around awareness of the report analysis would continue and managers would continue to be supported throughout

Decision / Conclusion

Members noted the update

12. LEADERSHIP AND PROFESSIONAL DEVELOPMENT

12.1. No items

13. RECRUITMENT AND RETENTION

13.1. No items

14. EDUCATION AND TRAINING

14.1. Corporate Training Plan Update for 2024/25 - SGC2425-12 (Presenters: Ali Sabiston)

The Talent and Culture Manager presented the Corporate Training Plan Update for 2024/25 highlighting the following:

- After discussion at the corporate leadership team meeting on 8 Feb 24, the training plan guidance and request form was circulated to the directorates for completion. Training was requested as detailed within the report
- The training requests from Directorates detailed within the lead to a total of £266,734 in requests. All requests under the statutory compliance category would be allocated with a remaining core and CPD categories budget of £84,592.
- The talent and Culture team would be conducting a number of steps to ensure training plans were supported through 24/25.

J Taylor queried the allocation of training funding. Members were advised that directorates would be responsible for prioritising the learning for the need of the service, taking training and appraisal rates into consideration.

Decision / Conclusion

Members noted the update

15. OCCUPATIONAL HEALTH AND SAFETY

15.1. Health & Safety Lead Annual Report 2023/2024 SGC-13

The Health and Safety Lead presented the Annual Report for 2023/2024 highlighting the following:

- Face Fit testing had continued throughout the year for new starters and anyone who had found subsequent problems with their face masks had been re-tested and provided with a fully fitting mask type.
- Slips, trips and falls remained the highest cause for adverse events
- In 2023/24 there were 3 RIDDOR reports in 2023/24.
- Over the past 12 months, a number of Health and Safety related Policies and Procedures had been reviewed, updated and taken through the Governance Committee Approval.
- Control Book implementation had been delivered across NHS Orkney and the process of auditing Control Book Owner's progress had begun
- The Health & Safety Lead had established a Safety Management Systems Audit that is conducted annually, and the second audit had been run in November 2023 and an action plan had been developed from the results of the audit to identify and track improvements until the next audit review date.
- A new job description was created for Health & Safety Officer (Violence Prevention) to enable greater flexibility to support the overall objectives of the Safety Team.
- The introduction of the NHS Moving & Handling Passport Scheme within NHS Orkney had been completed in 2023/24.

The Employee Director thanked the Health and Safety Lead and the wider organisation for the continued movement of developing the health and safety culture. He did however raise concern around no mention of the emergency intervention statistic of 35%, and stressed the importance of ensuring all staff undertake the necessary training to reduce the health and safety risk. An assurance report around the would be provided at the next meeting

J Taylor echoed the concerns around emergency intervention in relation to training and emphasised that there should be an urgent focus in that area. He also requested that the annual report encapsulated the lessons learned and how they were embedded from the significant events within the RIDDOR reporting. The Health and Safety Lead advised members that the information was provided within the quarterly Health and Safety reports.

Members were re-assured that discussions were in place around the health and safety training elements and were an urgent priority. The implementation of the Safe Care (Staffing) Act 2019 and the advent of Safe Care offered to all teams across the organisation would identify gaps in training.

The Chair strongly implied that NHS Orkney staff should not carry out their work without the vital mandatory training from a health and safety perspective.

Decision / Conclusion

Members approved the annual report and praised the work of the Health and Safety Lead and Team over the previous year.

15.2. Occupational Health, Safety and Wellbeing – Chair's Assurance Report, approved action notes and constitution SGC2425-14 (Presenters: Ryan McLaughlin)

The Employee Director presented the report from the Occupational Health, Safety and Wellbeing Committee for noting by members, highlighting some of the current challenges.

Decision / Conclusion

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

16. ENGAGEMENT AND PARTNERSHIP

- 16.1. Area Partnership Forum Chair's Assurance Reports 20 February 2024 25 March 2024 Area Partnership Forum Minutes 20 February 2024 SGC2425-15 (Presenters: Laura Skaife-Knight, Ryan McLaughlin)

The Employee Director 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 and noted the approved minutes as submitted.

- 16.2. JLNC Update SGC2425-16 (Presenters: Jenny Fraser)

J Fraser provided a verbal update to inform members that the Joint Local Negotiating Committee had met and had a positive meeting with good attendance and work would continue to resurrect the group.

Decision / Conclusion

Members noted the update provided from the committee.

- 16.3. Report on Status of Once for Scotland Policy SGC2425-17 (Presenters: Steven Phillips)

The Head of People and Culture provided an update to the Committee on the Once for Scotland Workforce Policies Programme and Implementation Plan following the Go Live of the Work Life Balance Policies on 1st November.

Following the consultation and soft launch period of the 11 Workforce Policies refreshed under Supporting Work Life Balance, the Policies were fully implemented in partnership on 1st November 2023 and could be accessed on the NHS Orkney website.

Decision / Conclusion

Members noted the update.

17. Items to be included on the Chair's Assurance Report - Verbal (Presenters: All)

- Agenda for Change - n pay elements
- Cost pressure
- Spiritual Care
- Health and Safety training

18. Any other competent business - Verbal

Spiritual Care

The Employee Director raised that there had been concerns around spiritual care following feedback from a recent staff feedback session. With a vacant spiritual care post, it posed a challenge for NHS Orkney to progress with the spiritual care framework for NHS Scotland that was launched in June 2023. He suggested that the Staff Governance Committee included the implementation of the framework in the Staff Governance Action Plan and that the Director of People and Culture provided an update at the next committee meeting.

19. ITEMS FOR INFORMATION AND NOTING

- 19.1. Schedule of Meetings for 2024/25 (Presenters: Joanna Kenny)

The schedule of meetings for 2024/2025 was noted.

19.2. *Record of Attendance (Presenters: Joanna Kenny)

The record of attendance was noted.