

## Attendance

### Present:

Members: Kirsty Cole, Kat Jenkin, Joanna Kenny, Ryan McLaughlin, Jarrard O'Brien, Steven Phillips, Rachel Ratter

Guests: Lynn Adam, Lewis Berston, Lawrence Green, Phil Tydeman

### Absent:

Members: Laura Skaife-Knight, Sam Thomas, Jason Taylor

#### 1. Apologies (Presenters: chair)

Apologies were received from Huw Thomas, Jenny Fraser, Karen Spence, Laura Skaife-Knight, Jason Taylor and Samantha Thomas

#### 2. Declarations of Interest - Verbal (Presenters: Chair)

There were no declarations if interest raised.

#### 3. Minute of meeting held on 09 May 2024 Chairs assurance report 09 May 2024 (Presenters: Chair)

The minute and chairs assurance report of the Staff Governance Committee meeting held on 9 May 2024 was accepted as an accurate record of the meeting and approved with the following amendment  
*7.1 - the risk around fragility of leadership was changing to a reflect fragility in relation to capability and capacity around the wider senior leadership community.*

#### 4. Matters Arising - Verbal (Presenters: Chair)

##### Off island consultants access to email

K Cole raised concern around consultants not being able to access email when they were not on island and queried the reason and proposed resolution. Members were advised that an options appraisal had been presented to the Joint Local Negotiating Committee and an update would be provided to the committee.

#### 5. Action Log - Verbal

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

#### 6. Chair's Assurance Reports

##### 6.1. Area Partnership Forum Chair's Assurance Report and Minutes from May 2024 (Presenters: CEO, Employee Director )

The Employee Director presented the Chair's report from the Area Partnership Forum and approved minutes for noting by members.

The Staff Governance Chair noted the effectiveness of the Chairs assurance report.

**Decision / Conclusion**

Members noted the update and approved minutes provided from the Area Partnership Forum.

6.2. Occupational Health, Safety and Wellbeing – Chair’s Assurance Report, approved action notes

The Employee Director advised that there had been no meeting Occupational Health, Safety and Wellbeing since April 2024 due to accommodation of issues. Himself and the Director of People and Culture had met to discuss the quality of the papers and the composition of the committee. A meeting was scheduled for September 2024.

**Decision / Conclusion**

Members noted the verbal update.

6.3. JLNC Chairs Assurance Report (Presenters: JLNC Chair)

The Staff Governance Chair welcomed the report and was delighted that the committee had met.

The Employee Director highlighted the item escalated in relation to the medical staffing team advising there continued to be an issue and an unfilled in gap in the process.

**Decision / Conclusion**

Members noted the update.

7. PEOPLE

7.1. Spiritual Care Update (Presenters: Director of People and Culture)

The Director of People and Culture presented the report advising the provision of spiritual care was a known gap in service. Since the departure of the Spiritual Care Lead in December 2023 there had been very little service other than the welcome support from Rev. Susan Kirkbride who had been attending the Balfour on an ad-hoc basis, mostly to check in with staff about their wellbeing

Work was underway to support the establishment of a Spiritual Care Service Development and Policy Group who would oversee a new Spiritual Care Policy and service specification. The draft Terms of Reference were appended. A revised job description was being prepared which brought together the leadership of Spiritual Care with Equality, Diversity and Inclusion (EDI). The previous Spiritual Care Lead role was 0.5WTE at Agenda for Change Band 7 (£23,122). A full-time role would be offset by the cessation of the Service Level Agreement with NHS Grampian (around £12,000). The residual cost pressure was, therefore, around £11,122/annum. Any additional funding requests would need to be found from the People and Culture budget and would be presented in a business case via standard approval channels. Members discussed the potential to advertise the new post at the top of Band 7 and identified that on-costs were not included in the report figures.

The Chair welcomed the positive step forward and the comprehensive report.

**Decision / Conclusion**

Members noted the update and were assured of progress being made.

7.2. Culture Programme Update (Presenters: Director of People and Culture)

The Director of People and Culture presented the report advising members the organisational values were refreshed as part of the Corporate Strategy 2024-28 following feedback from staff and the community.

During the joint development session, it was agreed to trial the use of behavioural tools at NHS Orkney, first using the Culture Design Canvas followed by the Stinky Fish for those teams that might have historical or current cultural challenges that necessitate additional support.

Facilitating participation would be essential so careful thought would be given to days, times and meetings. Engagement would be monitored within and across groups to ensure diversity and inclusion.

Members discussed the methodologies and emphasised the importance of engagement and fairness across the Board.

**Decision / Conclusion**

Members welcomed the report and were assured of progress being made.

**7.3. 2024 iMatter – Organisational Response (Presenters: Head of People and Culture )**

The Head of People and Culture presented the report highlighting the 2024 iMatter organisational response.

To support and enhance the organisational response to the entire iMatter initiative, colleagues had been given an opportunity to provide qualitative feedback through an anonymous surveying tool operated by Webropol. The surveying tool was used to gather feedback on the same 5 priority areas identified as those for the 2023 survey, as well as understanding more about how colleagues feel raising concerns.

The analysis had been shared organisation-wide, and collaborative partnership work would continue to develop a meaningful action plan for colleagues. A summary of key themes was presented at APF on Tuesday 16 July. Union Representatives were asked to gather feedback from their members on the 6 focus areas and the suggested actions. The full summary of responses including actions was sent out via email across the organisation on the 24 July from the Chief Executive.

The Employee Director requested whether data snapshots could be broken down per directorate for further understanding around areas of performance levels and whether there are actions that are needed to be addressed.

**Decision / Conclusion**

Members discussed and noted the report.

**7.4. Agenda for Change (Non-Pay Elements) (Presenters: Director of People and Culture )**

The Director of People and Culture presented the report providing an update around agenda for change (no pay elements). From 01 April 2024 new requirements came into force for all AfC staff. The changes included:

- A reduction in the working week from 37.5 hours full-time (pro-rata for part-time staff) to 37 hours per week,
- Ensuring protected learning time to support statutory and mandatory training, and other profession-specific training.
- A national process for the review of Band 5 nursing roles.

Ongoing discussion about the implementation of the reforms had been occurring at multiple forums nationally, including with Staff Side colleagues and the Scottish Government. National guidance continued to be discussed and amended, and is distributed to NHS Orkney staff as it is released.

K Cole was delighted that primary care improvement staff had been acknowledged as a group and emphasised they were however, a diverse staff group with many having confirmed their reduced working week within their base rather than Primary Care which may cause challenges capturing the correct data.

The Employee Director raised concern around the large amount of miss information, preventing meaningful engagement around the Band 5 nursing exercise. Feedback from conversations was that there was behaviours and beliefs hampering staff to undertake the process. The Head of People and Culture would contact Stuart Faulkner, Royal College of

Nursing representative following his previous visit and any concerns raised. Members agreed that appropriate and effective communication was essential.

**Decision / Conclusion**

Members noted the report.

**7.5. Quality Improvement Methodology (Presenters: Director of Improvement )**

The Director of Improvement joined the meeting to provide an update around Quality Improvement Methodology across the organisation. NHS Orkney intended to model itself on the more progressive health boards that had adopted a quality improvement methodology. The paper set out the intended approach to be taken to develop a methodology and training programme that was the right fit for NHS Orkney staff.

NHS Orkney had previously engaged with NHS Education for Scotland (NES) and other teaching providers to offer staff training in quality improvement. There were nationally offered quality improvement training courses through the Scottish Improvement Foundation Skills (SIFS) programme and other associated programmes.

This new model would ensure improvement resource was focused in those areas where successful transformation delivers multiple benefits, from improved clinical outcomes and patient/service user experience, through to financial savings. A working group would be given 16 weeks to develop the learning structure for NHS Orkney based on good practice from other Health Boards. A defined scope of work would be set out within 4 weeks. The roll-out of the methodology would commence from Quarter 4 2024/25.

Members welcomed the proposal and the focus on embedding an official programme within NHS Orkney and were assured that it would be available for all staff.

K Cole asked whether the Scottish Government's had an overall strategy for quality improvement and whether NHS Orkney had to be aligned with it. Members were advised that there was no coherent strategy and NES encouraged Boards to develop and access programmes themselves.

Members discussed the importance of lifelong learning recorded as part of appraisals.

**Decision / Conclusion**

Members noted the update.

**8. PATIENT**

**8.1. N/A**

**8.2. Health and Care (Staffing) (Scotland) Act Quarter 1 Internal Report FY 2024/25 (Presenters: Health and Care Staffing Lead)**

The Health Care Staffing Lead presented the report providing an overview of NHS Orkney progress in meeting the requirements of the Act for the period 1 April to 30 June 2024, quarter 1 (Q1). This document highlighted the key areas of development, challenges encountered, and strategic initiatives implemented to enhance the organisations compliance framework.

It was noted that there were no clinical directorates present at the meeting.

Members raised concerned that the Programme Board had not met since March 2024 and that there was an urgent requirement for the committee to meet and provide a chairs assurance report to the November Staff Governance committee.

**Decision/Conclusion**

Members highlighted significant lack of progress and engagement from the organisation and were unable to take assurance that there were adequate mitigations in place and particularly concerned that the Programme Board had not met since March 2024.

**8.3. National Human Resource Directors discussions (Presenters: Director of People and Culture)**

The Director of People and Culture presented the report providing a brief summary of the latest discussions from the Human Resource Director community.

**Decision/Conclusion**

Members noted the report.

## 9. PERFORMANCE

### 9.1. Integrated Performance Report - Workforce (Presenters: Head of People and Culture)

The Head of People and Culture presented the Integrated Performance Report which had been created to provide timely updates in relation to Workforce.

Areas of success and challenges were detailed within the report. Recognising there may have been movement since the report was published, the Employee Director raised concern around the low appraisal rate under the Head of Community Care and the Director of Nursing, Midwifery, AHPS and Chief Officer Acute. Members requested further proactive interventions from the two services falling below the average figures.

**Decision/Conclusion**

Members discussed and noted the report.

### 9.2. Colleague Experience Journey 2024-2028 (Presenters: Head of People and Culture)

The Head of People and Culture presented the Colleague Experience Journey for 2024-2028 which outlined the crucial touchpoints that correspond to each phase of the Colleague's Life Cycle. The programme would actively connect and engage with colleagues to understand key themes on what matters and where improvements need to be made. The agreed activities to be undertaken would also support and embed the delivery of the Staff Governance Standard and the five pillars.

Contact had been made with key Operational Groups to request their participation and feedback on the proposal ahead of the upcoming launch and wider engagement sessions with colleagues in the Balfour Hub for August. Additionally individual Team sessions were planned to be arranged for September.

Members discussed the preferred Recruitment Website proposal to enhance NHS Orkney's ability to attract talent to the Orkney Islands. Whilst it would be an expensive investment, members agreed it would attract a wider range of candidates and queried whether there would be the option to partner with Orkney Islands Council. The Head of People and Culture advised preliminary discussions had been held with the local Council.

**Decision/Conclusion**

Members approved the presentation and format and approved the proposed recruitment website. A business case would progress to secure Capital funding.

### 9.3. Training compliance rates (Presenters: Head of People and Culture )

The Head of People and Culture presented the report highlighting tracking and presentation of compliance data across mandatory training topics had been an ongoing issue; however, much progress had been made over the last 12 months in capturing and tracking this information with the most progress in the following areas:

- Mandatory e-learning Compliance
- Safety Intervention Compliance
- Manual Handling Compliance

There was still work to be done to achieve the same level of compliance data across resuscitation and fire safety face-to-face training.

Since May 23, compliance across mandatory eLearning modules had been collated bi-monthly and presented quarterly within the Staff Governance workforce report. From a peak of 83.66% on March 24, there was a continued decrease in compliance, resulting in a 6.49% decrease since March and a 2.87% decrease since June 24.

L Green provided an updated around Violence and Aggression compliance rates.

The Employee Director was pleased to see the improvements in training compliance rates although noted the lack of traction within specific areas where there were repeating incidents occurring. It was suggested that the matter should be placed on the Corporate Risk Register for effective scrutiny.

**Decision/Conclusion**

Members noted the report and sought assurance.

9.4. Consultant Job Planning Report (Presenters: Medical Director )

The Medical Director did not provide the report and it would be presented at the November meeting.

9.5. Leavers Report

The paper was carried over to the November meeting due to time constraints of the meeting.

10. Potential

10.1. Corporate Risk Register (Presenters: Head of Patient Safety, Quality and Care )

The Head of Patient Safety, Quality and Care presented the report advising the Corporate risk register has undergone significant changes to support clarity, oversight, and scrutiny. This was the first revised report and the Staff Governance Committee were asked to consider and discuss the revised cover, revised report style and approve, and the risks aligned with the committee.

There were no very high risks, 6 high risks and one moderate risks. Two risks had been closed, one was due to achieving mitigating factors and the other was around cancer waiting times and the risk did not fully describe the situation, therefore a new risk was added in its place.

The Employee Director queried the possibility of a risk being articulated around on-going issues with training compliance. Members were advised that a conversation with Learning and Development could be held to discuss the matter.

**Decision / Conclusion**

Members expressed thanks for all involved in the refreshed layout and were in favour of the new report style.

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

Lack of Consultant Job Planning report

No HCSA Programme Board meeting since March 2024

Occupational Health, Safety and Wellbeing Committee had not met since April 2024

The Health and Care (Staffing Scotland) Act report

Corporate risk around training

Integrated Performance Report - appraisal rates

12. Any other competent business - Verbal

Scope of People and Culture Review

The Director of People and Culture advised there would be series of 1;1 interviews to share views of engaging with their teams. A final report would be presented to the committee.

13. ITEMS FOR INFORMATION AND NOTING

13.1. Schedule of Meetings for 2024/25 (Presenters: Chair)

To note the schedule of meetings for 2024/25

13.2. \*Record of Attendance (Presenters: Chair)

To note the attendance record