

Staff Governance Committee

12 February 2025

Minutes

Attendance

Debs Crohn (Head of Improvement), Joanna Kenny (Chair, Non-Executive Director), Meghan McEwen (Board Chair), Ryan McLaughlin (Employee Director), Jarrard O'Brien (Director of People and Culture), Steven Phillips (Head of People and Culture), Rachel Ratter (Senior Corporate Governance Officer), Laura Skaife-Knight (Chief Executive), Jason Taylor (Non-executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Lynn Adam (Clinical Lead – Workforce), Jenny Fraser (Chair JLNC), Graeme McCulloch (eRoster Lead), Karen Spence (Unison), Willem Venter (Health and Safety Officer), Lawrence Green (Health and Safety Lead) Kat Jenkin (Head of Patient Safety, Quality and Risk)(item 15)

1. Welcome and Apologies (Presenter: Chair)

Apologies received Kirsty Cole (Meghan McEwen deputy) and Lawrence Green planned late arrival (Willem Venter deputy) and Dr Huw Thomas.

The Chair welcomed members to the meeting.

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

2. Declarations of Interest - Verbal (Presenter: Chair)

There were no declarations of interest raised.

3. Minute of meeting held on 14 November 2024 (Presenter: Chair)

The Minutes of the meetings held on 14 November 2024 were accepted as an accurate record of the meeting and approved.

4. Matters Arising - Verbal (Presenter: Chair)

J Taylor welcomed the commitment to raising training and appraisal figures through an increased focus on these priority areas.

5. Action Log (Presenter: Chair)

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

Decision/Conclusion

Members took assurance that actions were on track and being delivered.

6. Chair's Assurance Reports

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

The Chairs Assurance report of the Area Partnership Forum held on 19 November 2024 and 21 January 2025 were noted.

- Transparency to the organisation regarding recruitment to the Director of Performance and Transformation (Deputy CEO) role regarding how this role was funded (ie by Scottish Government), and any other posts of this nature, to ensure this was understood at a time pay controls are in place across the organisation
- Staffside lead involvement in the 2025/26 Improving Together Programme important – alignment to priority workstreams to be agreed and improved communications and transparency needed going into 2025/25 as a learning point
- There was increased activity for job evaluation over the last quarter with the ongoing challenge of people's capacity to participate. It was noted that job evaluation was voluntary and completed on top of people's regular duties.
- Ongoing challenge of increasing appraisal rates and mandatory training compliance was discussed, and it was noted that the new Operational Workforce Group would be discussing these issues on 28 January.

The Board Chair highlighted there was increased activity mentioned as a theme throughout reports but there were little impacts evidenced in terms of the improved position and the trajectory which made it difficult to seek assurance.

K Spence highlighted the complexity included in job evaluation process for band 5/6 posts. Members were advised there would be a cohort of staff that would solely focus on the band 5/6 evaluations which required specific skills.

The Director of Nursing, Midwifery, AHP Chief Officer Acute advised members that it was herself that would lead on the development of a policy/position around patients and the community filming or recording their encounters with staff rather than the Medical Director.

Decision/Conclusion

Committee noted the report.

6.2. Occupational Health, Safety and Wellbeing (OHSW) – Chair's Assurance Report, approved action notes

The Chairs Assurance report of the Occupational Health, Safety and Wellbeing (OHSW) held on 10 December 2024 highlighted:

- Ongoing issues with mandatory training compliance, in particular people attending face-to-face courses.
- Remaining issue of variable clinical representation at sub-committees, e.g. Fire Safety. Needs to be considered in relation to releasing time to lead
- The meeting was not quorate therefore closed early and no decisions could be made, this posed a risk to the organisation in relation to operational

governance. Members highlighted the need for the group to meet prior to the next meeting and should be escalated as a risk.

Decision/Conclusion

Committee noted the report and minutes.

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

The Chair's Assurance report of the JLNC meeting held on 4 October 2024 highlighted:

- The issue of non-substantive staff not having nhs.scot email accounts was being addressed, with the Medical Director asked to present an update paper to the Senior Leadership Team in March 2025.
- Returning members of staff had continued problems accessing emails and hospital systems on their return to Orkney, delaying their clinical work. Members noted there was a requirement to progress.

There was no Chair's Assurance report provided from the meeting held on 2 December 2024 and would be included at the next meeting.

Decision/Conclusion

Committee noted the report

7. Corporate Risk Register (Presenter: Director of People and Culture)

The Director of People and Culture presented the Corporate Risk Register aligned to the Staff Governance Committee for clarity, oversight, and scrutiny.

Members reviewed the corporate risk register and discussed the risks, scores and mitigations.

The top risk was scored at 16 and the remaining three risks were scored at 12, one risk was aligned to the Staff Governance Committee and was added to the Corporate Risk Register.

It was agreed that further information was required to be included within the actions column to be more specific.

Decision/Conclusion

Members discussed the current risks and took limited assurance on the mitigation's in place.

8. Staff Governance Terms of Reference and Workplan 2025/26 (Presenter: Chair)

The Chair presented the Staff Governance Committee Terms of Reference and Workplan for 2025/26 highlighting the amendments agreed at the annual review session.

Members agreed to broaden the Education elements within the workplan to include the Health Care Staffing Lead being added to the membership and the inclusion of the Operational Workforce Group under the reporting section. Members also acknowledge the attention and thought that had gone into the review of the Committee's Terms of Reference.

Decision/Conclusion

Members approved the Terms of Reference and Workplan 2025/26.

9. PEOPLE**10. Colleague Experience Programme (Presenter: Head of People and Culture)**

The Director of People and Culture talked members through the framework, explaining that the Experience programme mapped out an employee's entire 'life cycle' at NHS Orkney, from attraction, recruitment and onboarding, along the key moments of employment, through to exiting the organisation. Now approved, the experience programme is the singular framework under which all workforce activity sits, for example, wellbeing, culture change, training and development etc.

The Head of People and Culture presented the Colleague Experience Programme advising the programme contained a number of short, medium, and long-term actions that would support the delivery of the people priorities within the corporate strategy with colleagues assisting with identifying priorities for each year.

The programme was designed to facilitate improvements for colleagues within NHS Orkney and incorporated the five key priorities identified in 2024 concerning employees:

- Timely Job Evaluation
- Appraisal Rates
- Training Compliance
- Sickness Absence Related to Stress
- Budgets

Work programmes have been developed for each of the above, and activities undertaken by the People and Culture and Finance teams, and were included as a separate suite of updates in the highlight report. Collaboration and investment from leaders across the organisation were crucial to driving these performance improvements.

Members were asked to note that the programme documentation presented is a live document and will be updated during the cycle to incorporate feedback from colleagues across the organisation and address any identified risks, issues, or local Board or national Government requirements.

The Board Chair welcomed the report however requested that the impacts of activities was detailed within the report and cover paper and the need for an inclusive suite. The Head of People and Culture emphasised that discussions with managers were essential to progress with certain elements of the programme.

A wider ownership piece and collaborative working would be presented and agreed at SLT following a conversation by the Corporate Leadership Team.

Decision/Conclusion

Members discussed and approved the Colleague Experience Highlight Report 2024-2028.

11. E-Roster Update (Presenter: eRoster Lead)

The eRoster Lead presented the report providing a summary of the full eRoster Implementation Progress Report 2024-2025 which included implementation status, benefits realisation and challenges and recommendations.

The NHS Scotland Delivery Plan set the expectation to have all Boards and support services live with eRoster by 31st March 2026. System complexity and duplication were cited as significant barriers for managers resulting in increased frustration and disengagement with the system. National support had ended with no Once for Scotland agreed policies and procedures.

The Board Chair noted the excellent support provided by the eRoster Lead and queried who the clinical lead was, and how the e-Roster system impacted the Health Care Staffing Act business as usual as they were independent but reliant on one another. With regards to the project plan for Orkney, it was asked whether the Digital Information Operations Group should have a part in reviewing the plan.

Members were advised that the Director of Nursing, Midwifery, AHP and Chief Officer Acute was the Executive and thereby the Clinical Lead.

J Taylor queried the single point of failure and whether there were contingency processes in place and noted the potential implementation failure.

Members were advised that the Board had been clear to the Scottish Government what was able to be achieved as an organisation however the additional requirement of eRota for doctors was forced upon the organisation due to a potential financial penalty.

The Board Chair proposed the opportunity for herself, the Accountable Officer and Director of Nursing Midwifery, AHP and Chief Officer Acute to raise concerns at a national level and to highlight the absence of island voices at various representative meetings.

The Chief Executive requested an extraordinary extended SLT meeting whereby every staff member with line management responsibilities would be invited to attend to understand the expectations in completing mandatory requirements as part of their role.

Decision/Conclusion

Members discussed the benefits, challenges and future expected developments of eRoster.

12. Value and Recognition Update (Presenter: Wellbeing Coordinator)

The Head of People and Culture provided an update on the Reward and Recognition Programme. The Programme encompassed Team Orkney Awards, Long Service Procedure, NHS Orkney's distribution of Thank You Cards and Christmas lunches for staff. Following the success of the 2024 Team Orkney Awards, the nomination period for 2025 Awards was currently open, paper nominations for internal voting were being accepted up to 16 February 2025.

The Board Chair welcomed the report and requested the report was submitted to the Endowment Fund Trustees and requested that future iterations included staff voices/stories.

J Taylor queried where Christmas lunches were funded from. Members were advised it was from the Chief Executive's budget and a broader conversation was required for future.

Decision/Conclusion

Members welcomed and sought assurance on the implementation and effectiveness.

13. National iMatter Report (Presenter: Head of People and Culture)

Members noted the report which had been presented to the Board and was here for completeness.

14. PATIENT SAFETY QUALITY AND EXPERIENCE

14.1. Health and Care (Staffing) (Scotland) Act Quarter 3 (Presenter: Health Care Staffing Lead)

The Health Care Staffing Lead presented the report advising following collation of the Act checklist the level of assurance had been assessed as limited assurance. This remained unchanged from the previous two quarters, and in part could be attributed to the Health and Care Staffing Programme Board (HCSPB) not having met during 2024 and an incomplete senior clinical leadership structure. Progress had been made with Procurement in regards to Planning and Securing Services.

Members were provided with a summary of work that had progressed.

The NHS Orkney Executive lead for the Health and Care Staffing Act (HCSA) transferred to the Director of People and Culture from 1 October 2024.

The Board Chair emphasised the concerns raised throughout the report and requested clarity around actions taken that had transitioned from red to amber throughout the quarters. Clarity was requested around the statement *the total number of funded established posts of roles in scope of the Act is currently not available*. The Director of

People and Culture would provide an update. It was also queried what actions were in place to improve completion rates of the legislated one staffing level tool(s) run per year by the end of quarter 4.

J Taylor queried what was required to get back on track however it was evident that the issue was around lack of engagement from staff.

The Chief Executive emphasised staff would be made aware of consequences should there continue to be non-compliance.

Decision/Conclusion

Members discussed the report and took limited assurance from the report.

15. PERFORMANCE

The Head of Patient Safety, Quality and Risk presented the report advising there were no whistleblowing concerns raised during Quarter Three of 2024/25.

The whistleblowing case reported in 2022/23 referred to the Independent National Whistleblowing Office (INWO) in the first quarter for further consideration, was now in the review stage and awaiting the outcome.

Plans were underway to transfer the Executive Director leadership of whistleblowing from the Chief Executive to the Medical Director by the end of Quarter 4 of 2024/25 and handovers are in place from January 2025.

Decision/Conclusion

Members discussed and noted the report.

15.1. Integrated Performance Report (IPR) - Quarter 4 2024/25 and from April 2025 onwards (Presenter: Director of People and Culture)

The Board Chair emphasised that the exclusion of the report was unacceptable. The Chief Executive took personal responsibility for there not being a report and expressed apologies and mentioned chapters would be presented to each relevant committee. The full IPR would be presented at the February 2025 Board meeting.

Decision/Conclusion

Members noted the report.

16. Potential

16.1. Health and Safety Update Report (Presenter: Health and Safety Lead Update)

The Health and Safety Adviser provided a summary of Health and Safety updated for December 2024 to January 2025.

Members noted the great improvement in reporting and excellent work undertaken. J Taylor requested a follow up on whether actions from lessons had indeed been completed and sustained.

The Chief Executive thanked for the team for their great leadership, clear report and the evidenced impacts of actions.

Decision/Conclusion

Members discussed the report and implications.

17. Any other competent business - Verbal

There was no other competent business.

18. Items to be included on the Chair's Assurance Report - Verbal

Presenter: All

19. ITEMS FOR INFORMATION AND NOTING

19.1. National Human Resource Directors discussions (Presenter: Director of People and Culture)

Members noted the update.

19.2. Schedule of Meetings for 2025/26 (Presenter: Head of Corporate Governance)

Members noted the schedule of meetings.

19.3. Record of Attendance

Members noted the record of attendance.