

Staff Governance Committee Minutes

15 May 2025

Attendance

Members

Dr Kirsty Cole (Chair, Area Clinical Forum), Debs Crohn (Head of Improvement), Jenny Fraser (Chair JLNC), Georgina Green (Practice Education Facilitator), Lawrence Green (Health and Safety Lead), Kat Jenkin (Head of Patient Safety, Quality and Risk), Joanna Kenny (Chair, Non-Executive Director), Ryan McLaughlin (Non-Executive Director - Employee Director), Nikki Milne (Staffside), Jarrard O'Brien (Director of People and Culture), Steven Phillips (Head of People and Culture), Laura Skaife-Knight (CEO), Jason Taylor (Non-Executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services).

Guests

Lou Willis (Service Manager, Children's Health Services), Lewis Berston (System Workforce Lead)

1. Cover Paper

Staff Governance Committee's Purpose

- To support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration and
- To ensure that robust arrangements to implement the Staff Governance Standards are in place and monitored.

2. Staff Story - Team Orkney Leader of the Year - Overview to follow (Presenters: Director of People and Culture, Guests: Lou Willis - Service Manager, Children's Health Services)

The Chair (J Kenny) opened the meeting at 09.30 am and welcomed G Green and N Milne.

The Chair welcomed Lou Willis - Service Manager, Children's Health Services, to the Committee.

Lou Willis shared with the Committee her experience of what it meant to be awarded the Team Orkney Leader of the Year Award and the importance of compassionate and quiet leadership.

Dr K Cole thanked the Children's Health team for getting the children's incontinence service back up and running for Orkney and noted the impact this had had on young people and their families.

The Chief Executive congratulated L Willis on recognising the need for strong leadership and implementing leadership journeys into our new leadership development programme, recognising that there are leaders at all levels of the Organisation.

Committee Chair acknowledged the need for leadership champions and the need for this to be modelled in a compassionate manner.

L Willis left the meeting at 09.42 am.

3. Apologies (Presenters: Chair)

Apologies received from Karen Spence (Unison), Lynn Adam (Clinical Lead Workforce). Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

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

There were no declarations of interest raised.

5. Minute of meeting held on 12 February 2025 (Presenters: Chair)

Decision/conclusion

The Minutes of the meetings held on 12 February 2025 were accepted as an accurate record of the meeting and approved.

6. Chair's Assurance Report - 12 February 2025 (Presenter: Chair) **SGC25/26-01**

Committee Chair presented the Chairs Assurance report of the Staff Governance Committee meeting held on 12 February 2025.

Decision/Conclusion

The committee noted the report and discussed items escalated to the committee.

7. Matters Arising - Verbal

No matters arising were raised.

8. Action Log (Presenter: Chair)

The action log was reviewed, no outstanding issues (see action log for details).

9. Chair's Assurance Reports

9.1. Area Partnership Forum Chair's Assurance Report 15 April 2025 SGC25/26-02 (Presenter: CEO, Employee Director)

The Employee Director presented the Chairs Assurance report of the Area Partnership Forum meeting held on 15 April 2025. Matters of escalation and concerns are covered later in the agenda.

Concerns regarding staff side not being included in the Improving Together Programme Board - this has now been resolved.

Funding for Band 5/6 reviews has been confirmed it will not be recurrent. DoNMAHP confirmed that the funding was for all Agenda for Change reform implementation not just the Band 5 to Band 6 uplift. Addendum to be added to the APF Chairs Assurance Report.

Decision/Conclusion

The committee noted the report and discussed items escalated to the committee.

9.2. Occupational Health, Safety and Wellbeing (OHSW) Chair's Assurance Report (Presenter: Director of People and Culture) SGC25/26-03

The Director of People and Culture presented the Chairs Assurance report of the Occupational Health, Safety and Wellbeing Committee (OHSWC) held on 8 April 2025 highlighting the concern for training on Personal Protective Equipment (PPE) - work is still required to ensure people are adequately trained. The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (DoNMAHP) advised that training is required to support the implementation of the High Consequences Infectious Diseases (HCID) policy and the national PPE policy. DoNMAHP to advise on wording to be added to the Chairs Assurance Report.

Health and Safety Lead provided positive assurance on the use of electric pool car vehicles - several gaps were highlighted in management systems. Improvements have now been put in place for managing electric vehicles - a policy is now being put in place, including finalising where the management sits between the Estates and Facilities teams.

TURAS models have now been introduced for inducting staff on the use of using electric vehicles, pre-inspection checks and legal requirements.

The Employee Director advised that actions are now in place for assurance on reporting of water issues. The Chief Executive advised that a paper is being presented at the Finance and Performance Committee (FPC) on how governance has been strengthened for the Robertsons contract, including additional oversight from our Interim Director of Finance.

Decision/Conclusion

The committee noted the report and discussed items escalated to the committee.

9.3. JLNC Chair's Assurance Report - 24 January 2025 SGC25/26-04 (Presenter: JLNC Chair)

J Fraser presented the Chairs Assurance report of the JLNC held on 24 January 2025. The Committee Chair asked if the JLNC has been meeting since January 2025. Positive assurance provided on work undertaken to improve the IT joiners process for clinicians.

J Fraser advised that she will be stepping down from her position when she retires on the 1 August 2025.

The Chief Executive noted the comments about clinicians not being listened to and asked what more is needed to address the concerns.

J Fraser advised that this has improved since the last meeting, notably attendance at Extended Senior Leadership Team (ESLT). Issues remain around the lack of understanding and progress, noting that clinicians have engaged well in the Clinical Services Review.

Dr K Cole asked if there was a process for Hospital Sub Committee and JLNC to engage with one another, including clarity about what items go to each forum for discussion. She asked if there was a role for the ACF Chair to support. Dr K Cole to arrange a conversation with the Chair of the Hospital Sub-Committee to offer her support.

The Committee Chair thanked J Fraser for their contributions and support as Chair of JLNC.

Decision/Conclusion

The committee noted the report and discussed items escalated to the committee.

9.4. Operational Workforce Group Chair's Assurance Reports (Presenter: Director of People and Culture)

No report presented as no meetings have taken place since the last Committee meeting.

The Director of People and Culture advised that the next meeting would take place on the 27 May 2025 and on a bi-monthly basis according to the current Terms of Reference. The Terms of Reference will be reviewed at the May meeting, and it is likely this will be increased to meet once a month.

10. Corporate Risk Register SGC25/26-05 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Corporate Risks aligned to the Staff Governance Committee. There are 4 risks on the Corporate Risk Register in relation to the workforce.

- **Senior Leadership capacity and capability** – Recruitment to the substantive Director of Finance and Director of People and Culture will commence shortly. Tammy Sharp Director of Performance, Transformation and Deputy CEO Commenced in post 12 May 2025. Leadership and manager development and Quality Improvement (QI) training will be presented to the Senior Leadership Team (SLT) 20 May 2025. First QI cohort will commence in September 2025.
- **Workforce wellbeing** - Your Employee Journey was launched Tuesday 13 May 2025 - this will be a standing agenda item at Committee for monitoring.
- **iMatter** opened this week which will provide the latest moment-in-time review of staff experience. The Director of People and Culture recognised the need to have a rolling programme of staff feedback throughout the year although this needed to be manageable within existing resources.
- **The Health and Care Staffing Act** (HCSA) was discussed later in the agenda.
- **Mandatory training** compliance is included in the workforce report and discussed later in the agenda.

J Taylor raised concerns regarding the risks being mitigated correctly in relation to face to face training and the HCSA as Committee have consistently taken limited assurance in these areas.

Director of People and Culture advised that this will be picked up at the Workforce Operational Group meeting on the 27 May 2025.

DoNMAHP confirmed that additional support from the People and Culture team is having a positive impact on training levels recognising that mitigating actions need to be reviewed and having a substantive workforce in place will support the release of staff to attend training.

The Chief Executive advised that the PRM's last week focused on sickness management, appraisals and statutory/mandatory training, and we are seeing an improvement in ownership from leaders.

J Taylor acknowledged and welcomed the step change

Decision/Conclusion

The committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register.

11. Integrated Performance Report - Workforce Chapter May 2025 SGC25/26-06 (Presenter: Director of People and Culture)

The Director of People and Culture presented the May 2025 workforce chapter of the Integrated Performance Report (IPR) noting this has already been presented to the Board at its public meeting in April 2025.

Good news stories

- Agency hours used are down.
- Increase in training (between 2-4% in most areas) and appraisals rates (39% in May 2025).

Areas of concern

The Board finished the year above the usual national average of 6% (NHS Orkney 6.25%) for staff sickness. The NHS Scotland average at year end, however, was 6.4%.

The People and Culture Team are providing additional support to support areas of high sickness levels and low appraisal rates.

Employee Director advised that there has been a real culture shift in areas of high sickness rates - this was welcomed. A concern was raised regarding appraisal rates not improving in areas which have had additional support from the People and Culture team given the level on intervention.

The Head of People and Culture advised that the Domestic team continue to collaborate with the People and Culture team to schedule appraisals and asked the Committee to note the culture shift seen over the past 12 months. Community Nursing remains an area of concern; hence the level of intervention being provided - this includes training for staff, although it was noted that vacancies are especially high in this team and recruitment is challenging. The new

TURAS appraisal 'zone' has been updated and will be live 16 May 2025 to provide additional information for reviewers, including a one-page summary of how to complete online appraisals.

J Taylor asked if the Integrated Performance Report (IPR) could be split to detail the long-term sickness absence rates and agency, bank, and excess hours - this is being reviewed by the People and Culture Team.

The Director of People and Culture advised that work is underway in the areas outlined above particularly how excess, bank hours and agency are being used in comparison with staff sickness and vacancies. Work had begun through the Workforce Improvement workstream to complete detailed analyses team by team to look at opportunities for improvement.

N Milne reminded members that there is a person behind every statistic.

The Chief Executive acknowledged that the appraisal target needs to reflect what is in our Corporate Strategy (60% by March 2026) and the improvement target date of June 2025 needed review.

The Chief Executive asked for a date when a single workforce report will come to the Committee in the Integrated Performance Report.

Head of Planning, Performance and Information is undertaking a piece of work to look at all metrics within the IPR.

The Chief Executive advised that a piece of work is required by the Executive team in relation to improvement dates in the IPR to ensure collective understanding and realistic target dates for improvement.

L Berston asked for clarity on the 60% appraisals rates and the denominator for how this is calculated. The Head of People and Culture advised that further work is required to confirm how the appraisal target will be calculated going forward. Proposal to be brought to the next Committee meeting.

Decision/conclusion

Committee took assurance on the operational data presented.

12. Update from National Human Resource Directors Meeting SGC25/26-07 (Presenter: Director of People and Culture)

The Director of People and Culture provided an update from National Human Resource Directors Meeting for information. Points to note.

- Executive Director Appraisals are well underway prior to submission to the National Performance Management Committee
- Regional/national collaboration opportunities remain a key focus
- Planning for the roll out of national Business Systems which will replace existing systems in HR, Finance and Payroll
- Workforce planning and service re-design are key given the transformation required of all Boards but formal workforce plans would not be due to the Government until the NHS Renewal Plan was released so that Boards could consider the workforce implications.

Decision/conclusion

The Committee noted and welcomed the update.

13. Staff Governance Committee Annual Report 2024/25 SGC25/26-08 (Presenter: Chair)

The Committee Chair presented the Staff Governance Committee Annual Report 2024/25.

Decision/conclusion

Committee formally approved the annual report for 2024/25.

14. PEOPLE**14.1. Update on the Employee Journey including priorities SGC25/26-09 (Presenter: Head of People and Culture)**

The Head of People and Culture presented an update on the Employee Journey including priorities areas.

The Employee Journey programme was launched to the Extended Senior Leadership Team (ESLT) 12 May 2025 and launched to the Organisation on 13 May 2025. Programme documentation is available on the People and Culture Wellbeing site.

Values and Behaviours workshop was undertaken with the ESLT on 12 May 2025, feedback will be categorised with a follow-up session being delivered by the People and Culture team.

The Leadership Development Programme will be presented to SLT 20 May 2025, work is underway to review the TURAS platform regarding management skills.

Automated process is now in place for staff to upload documentation to support completion of PVG checks. Face to face session with Estates and Facilities teams Friday 16 May 2025.

Training needs analysis is underway to look at how professional advisers on the Board can support training.

Feedback has been requested by staff on the Team Orkney Awards.

Full analysis of the Employee Assistance Programme is underway, and a paper is being prepared to show the use and impact of Endowment funds for wellbeing - this will be shared with Endowment Committee on 5 June 2025.

DoNMAHP thanked the team for their support but asked if there was a link into national meetings in relation to mapping role-specific training – recognition this needs to be taken into consideration.

The Employee Director asked for clarity on where this work will be monitored - Director of People and Culture advised that the Operational Workforce Group will oversee and deliver this work recognising this is a whole organisational approach to embedding the programme.

The Employee Director asked for confirmation that resources are in place to deliver the plan and whether there was an implementation roadmap. The Director of People and Culture advised that implementation plans at a project level are included in the report, which is a live document. The front page is the road map for the programme overall, scale and pace of the work will be determined by resources, and clarity on priorities will come from staff feedback.

The Employee Director asked for confirmation on what succession planning is in place for when current funding ceases in December 2025. The Director of People and Culture advised that a paper will be presented to a full meeting of the Endowment Trustees in June 2025 and that this needs to be added to the risk section of the project plan.

The Chief Executive advised that she had asked for external advice and clarity on the rules in relation to Endowment Funding. If the bid for ongoing wellbeing funding is unsuccessful the Board would need to highlight it as a cost pressure noting that the Board committed to supporting and delivering the Employee Journey Programme - key elements of which are value and recognition, and staff wellbeing.

Decision/conclusion

The committee received the update and took assurance on what was presented.

14.2. Agenda for Change Reform Implementation SGC25/26-10 (Presenter: Head of People and Culture)

The Head of People and Culture presented an update on the Agenda for Change Reform Implementation. Work has been undertaken to support the reduction of the Reduced Working Week. Progress has been made on staff retaining part-time hours. The Employee Director asked for confirmation on the costs for staff in relation to overtime. The Director of People and Culture advised that the way this is being recorded is challenging as reporting does not accurately differentiate overtime use for the reduced working week vs general overtime.

DoNMAHP confirmed the issues in relation to reducing the working week, recognising that for some teams this was easier to do than others. As we move into the next phase there is a need to understand the whole-time equivalency which needs to be employed to enable us to release our workforce.

Staff have been involved in reviewing the 9 national mandatory learning modules.

Job evaluation has been undertaken on the Band 5 reviews with the Royal College of Nursing and Unison. The Employee Director advised that the Board is well ahead of other areas and thanked Catherine Siderfin for her support and leadership.

Meetings continue with our staff side representatives to undertake Band 5 job evaluation - a date has not been confirmed for this work to be completed.

We will be reducing the working week by a final hour from the 1 April 2026.

Work on protected learning continues with staff side colleagues.

The Employee Director asked that the data and plan be brought to the Committee in August 2025.

Dr K Cole asked what the plan is for new employees joining the Organisation from 1 April 2026. The Head of People and Culture advised that a national group has been established to look at this and has requested to be part of the working group noting that all Boards are required to work to a Once for Scotland approach.

Meeting to be arranged for the Board to discuss the implications of the Agenda for Change Reform Implementation plan.

Decision/conclusion

The committee received the update and took assurance of what was presented. Head of Patient Safety, Quality and Risk joined the meeting at 11.20 am.

15. PATIENT SAFETY QUALITY AND EXPERIENCE

15.1. Health and Care (Staffing) (Scotland) Act Annual Report 2024/25 SGC25/26-11 (Presenter: Director of People and Culture)

The Director of People and Culture presented an update on the Health and Care (Staffing) (Scotland) Act Annual Report 2024/25, noting that this had been approved by the Board in April and was subsequently submitted to Scottish Government 30 April 2025. He thanked the Employee Director and Clinical Lead for Workforce for acting promptly on the Board feedback to prepare the final submission.

An improvement plan is in place to address the limited assurance, challenges are as follows.

- Rostering practice
- Releasing time to lead and attend training.
- Recording decision making
- Quick wins, including finalising Standard Operating Procedures and organisational hierarchies for both operational management and professional accountability

The improvement plan will be overseen by the Operational Workforce Group noting there is a significant amount of work required to deliver the plan.

The Committee Chair asked that the Annual Report is presented to the Staff Governance Committee before the Board going forward. The Employee Director noted that there may be a need to look at reviewing Committee's meeting frequency.

Head of Improvement advised that further conversation would be advisable with the Board Chair, noting that changes to meeting cycles for 2025/26 would not be appropriate.

J Taylor asked if all aspects of the Act apply to the Board - DoNMAHP advised that the Board is required to comply with all sections of the Act.

Decision/conclusion

Committee took limited assurance on the Health and Social Care Staffing Act Annual Report 2024/25

15.2. Whistle Blowing Quarter 4 2024/25 Report SGC25/26-12 (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the Quarter 4 2024/25 Whistle Blowing report. No whistle blowing concerns raised this quarter.

Independent National Whistle Blowing Office have concluded their investigations this has been accepted by the Board and implementation of the recommendations being taken forward.

A workshop has been delivered for senior managers to raise awareness of whistle blowing.

One anonymous whistle blowing has been received and addressed.

Whistleblowing training uptake has been low, SLT agreed that this would not be made mandatory at this time.

Decision/conclusion

Committee discussed and noted the update.

Head of Patient Safety, Quality and Risk left the meeting at 11.40 am.

16. PERFORMANCE

16.1. Workforce Report April - March 2025 SGC25/26-13 (Presenters: Head of People and Culture)

The Systems Workforce Lead presented the Workforce Report April - March 2025 including the full annual year.

The committee noted that Equality and Diversity data was included in the report.

The Committee Chair noted the excellent quality of the report, which has evolved over time.

Dr K Cole noted that the number of staff absent from work from musculo-skeletal, stress and anxiety remains a challenge for our community as well as staff and asked if there is a way the Board could work with our GPs to access our Occupational Health service.

Head of People and Culture thanked our GP colleagues for referring staff to our Employee Assistance Programme - there is an opportunity for staff self-referral forms to be sent to GP's. Promotional material will be circulated to GPs in regard to accessing services through Able Futures shortly.

G Green advised that the clinical restorative supervision policy will be rolled out later this year, this will support staff health and well-being.

Decision/conclusion

Committee discussed and noted the update.

16.2. Area Partnership Forum (APF) Annual Report 2024/25 SGC25/26-14 (Presenters: APF Joint Chair)

The APF Joint Chairs presented the Area Partnership Forum (APF) Annual Report 2024/25 for awareness.

Decision/conclusion

The committee welcomed and noted the annual report.

16.3. Equality and Diversity Annual Report 2024/25 SGC25/26-15 (Presenter: Head of People and Culture)

The Head of People and Culture presented the Equality and Diversity Annual Report 2024/25 as a formal requirement to be approved by the Board.

Committee noted the following.

- The Board is more diverse than the community we serve.
- There is a need to encourage colleagues to declare disability so support can be put in place i.e., access to work grants.
- Equal pay statement agreed in Area Partnership Forum

The Committee Chair thanked the team for the reports and welcomed them.

J Taylor welcomed the data presented but asked for clarity on the number of people applying for nursing roles who are not registered nurses. The DoNMAHP advised that robust checks are in place to mitigate any risks.

Employee Director asked for clarity on any implications of changes in relation to changing facilities - Head of People and Culture advised that communications were being prepared for all staff. The Director of People and Culture confirmed that Boards were taking a collective approach to communicating with staff on this issue and there was a strong need to maintain a nationally united front. The Chief Executive advised that an Accountable Officer meeting will take place shortly in relation to learning from recent challenges in Fife.

Decision/conclusion

The committee discussed and recommended approval of the Equality and Diversity Annual Report 2024/25 by the Board.

N Milne left the meeting at 12.10 pm

16.4. Nursing and Midwifery Taskforce Report: Delivering Together for a Stronger Nursing and Midwifery Workforce Publication (February 2025) SGC25/26-16 (Presenter: DoNMAHP)

The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services presented the Nursing and Midwifery Taskforce Report: Delivering Together for a Stronger Nursing and Midwifery Workforce Publication (February 2025) for awareness and consideration of local implications.

This is a new item at Staff Governance Committee - points to note.

- workforce shortages across specialties and regions
- declining applications rates for midwifery and nursing
- Attrition rates arising from placements available to students.
- workplace stressors
- Challenging population needs.
- 17 recommendations apply to the Board.

The 17 recommendations will be taken to NAMAC and brought back to the Committee in Quarter 4 2025/26.

J Taylor welcomed the opportunity this report provides for the Board in terms of recruiting nursing and midwives.

G Green advised that the Board is working with Robert Gordon and University of the Highlands and Islands to explore opportunities of Orkney being a satellite centre.

Decision/conclusion

The committee welcomed the report, noting local implications.

16.5. Job Planning Progress Report May 2025 SGC25/26-17 (Presenter: Medical Director)

The Chair suggested that as the Medical Director was not able to attend the paper could be updated for the next Staff Governance Committee meeting, rather than waiting for the next 6 months as per the business cycle.

The Chief Executive agreed and asked that the updated report include confirmation of clinical engagement, a focus on productivity and people versus process noting that this work will not be completed by the end of May 2025.

J Fraser advised that the process has taken too long to get to this point, focusing too much on the IT process. The staff side felt that the numbers on the report are inaccurate in relation to the number of people being ready to sign off job plans.

Dr K Cole asked for clarity on why the process has taken so long given this is for 12 people. Job planning should be about conversations and the need to look forward rather than past job planning, what the individual brings to the Organisation and completed on an annual basis.

The Chief Executive asked that clarity be provided on what the issues are with IT, and if this is a solution to completing the process.

The Employee Director asked the JLNC Chair if the job planning progress could be completed by the August Committee meeting. The Head of People and Culture asked that it should be the ambition to have job planning completed by the next meeting but given individual circumstances, this may not be possible.

Decision/conclusion

The committee noted the report and deferred to the next meeting in August 2025.

17. POTENTIAL

17.1. Health and Safety related policy Updates 2025/26 SGC25/26-18 (Presenter: Health and Safety Lead Update)

The Health and Safety Lead presented an update on Health and Safety related policies 2025/26 noting minor amendments have been made.

Decision/conclusion

The committee approved the updated Manual Handling policy and procedure.

18. Any other competent business - Verbal

No other competent business was raised.

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

- Board conversation to take place in relation to Agenda for change Reform Implications
- Job planning update
- IPR - Single Workforce chapter to be developed.

20. ITEMS FOR INFORMATION AND NOTING

20.1. Items for noting

The committee noted the following key documentation.

- Reduced working week compliance.

20.2. Schedule of Meetings for 2025/26 (Presenter: Chair)

Committee noted the Record of Attendance 2025/26