

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 2 March 2022 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair);
Mrs J. Butler, Director of Human Resources and Organisational Development;
Miss T. Gillies, Medical Director
Mrs J. Campbell, Chief Officer, Acute Services
Ms C. Hirst, Non-Executive Board Member
Mr S. Chandran, Non-Executive Board Member
Ms K. Kasper, Non-Executive Board Member;
Ms J. Clark, Partnership Representative;
and Ms H. Fitzgerald, Partnership Representative.

In Attendance:

Mr C. Campbell, Chief Executive
Mr J. Crombie, Deputy Chief Executive
Ms R. Kelly, Deputy Director of Human Resources;
Ms A. Langsley, Associate Director of OD & Learning;
Dr S. Edgar, Director of Medical Education, NHS Lothian
Mr S. Haddow, Head of Medical Workforce Planning, Human Resources (Item 5.3)
Ms J. McNulty, Associate Nurse Director, Theatres & Anaesthetics (Item 6.1)
Ms A. Langsley, Associate Director of OD & Learning, Training & Development (Item 2 & 6.4)
Ms J. Balkin, Regional Workforce Planning Manager, Human Resources (Item 7.2)
Mr N. McAlister, Head of Workforce Planning, Human Resources (Item 7.2)
Mr C. Bruce, Lead on Equalities and Human Rights, Public Health & Health Policy
Ms R. Suleiman, Equality and Diversity Adviser, Equality and Diversity Team
Ms M. Campbell, Director of Facilities (Item 6.1.4)
and Mr G. Ormerod, Committee Administrator (minutes).

Apologies:

Ms Tracy McKingen, Pat Wynne and Tracy Anne Miller

Chair's Welcome and Introductions

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

41 Mr McQueen thanked Bryony Pillath and Chris Graham for their help and support with the Staff Governance Committee over the last year and welcomed Gary Ormerod to his role as Committee Administrator.

42 Presentation - Joy in Work

42.1 Mr Edgar and Ms Langsley provided the committee with an update on the approach taken to date, success and next steps in relation to Joy in Work. Mr Edgar highlighted

that Joy at work is focused on achieving success and fulfillment and employees want to be safe, supported and developed so that each day they feel fulfilled. Mr Edgar advised that there are proven methods for high quality care which bring about benefits for patients even in difficult times, but highlighted that stress and burnouts are on the rise.

42.2 Mrs Langley provided an overview of the physiological and safety needs and the steps health care teams can take and engage in to reduce burnout and stress. Learning networks have been set up at WGH over the last 18 months to gain an insight into employees 'what matters to them' issues.

42.3 Areas of improvement were noted within the presentation with clinical supervision at 43% and wellbeing was noted as very low. Mr Edgar confirmed they are looking to grow the network membership and focus on wellbeing, burnout and joy at work, with the 3rd National Joy at Work conference due to take place this year.

42.4 Mrs Butler advised that within the corporate objectives we are looking at staff feedback and a tool to engage with staff regularly as we currently lack a systemised way to do this in addition to iMatter. Mr McQueen thanked Mr Edgar and Ms Langley and asked for this work to be revisited in 6 months with the Committee.

AL & SE

43 Minutes and Action Note of Previous Meeting held on 15 December 2021

43.1 The minutes from the meeting held on 15 December 2021 were approved as a correct record.

44 Matters Arising

44.1 Mr McQueen advised that work on the Healthcare Science Service – Accredited Registers paper (Item 35.5) is currently ongoing and is now expected in June. It was noted the Committee has picked up the reflections in respect to Violence and Aggression (V&A) and programme for wellbeing of staff and NHSL Board colleagues have been briefed with support from Mr Connor.

45 Staff Experience

45.1 Advancing Equalities Staff Network Action Plans – update

45.1.1 Mrs Kelly provided an update on the Advancing Equalities Action Plan and advised that we are coming to the end of the 2021/22 plan and most of the actions will be concluded by March but due to service pressures some of the actions will be carried forward into next year's plan. .

45.1.2 Mrs Kelly provided an overview of the ongoing actions and confirmed a Workforce Equality Project Support Manager has been appointed and was now helping to move forward some of the actions particularly the communications with staff networks. Over the next few months we will have a targeted approach to improving diversity and updating personal data on our HR System along with HR online improvements to further promote the Staff Networks. It was noted that the Transgender policy will not progress at an NHS Lothian level but will be suggested for a Once for Scotland approach, but guidance documents are available and staff in HR have experience in

this area.

- 45.1.3 Mr Bruce confirmed that work is going well with the corporate objective with CMT involved with the staff network member for coffee roulette and facilitated discussions and feedback on lessons learned. Mr Bruce advised that we continue to raise the profile of the network, but the impact of the pandemic and not being able to meet locally has slowed us down. Ms Sulieman advised that all networks are fully engaged and we hope the outcome and feedback will be as we planned and highlighted the opportunity as an organisation to celebrate our diversity and culture.
- 45.1.4 Mr McQueen noted the good progress and asked if managers could have a prompt as part of their staff appraisals to help with the improvement of personal data? Mrs Kelly acknowledged this and would take forward the suggestion..

45.2 Whistleblowing Report

- 45.2.1 Mrs Kelly presented the circulated paper and advised that since the last committee there has been one new stage 2 concern raised. Two separate concerns previously raised under stage 2 (276 and 277) have now been combined into a single concern due to being a similar case and a single investigation undertaken. Mrs Kelly highlighted that Appendix 3 details the draft Q3 Whistleblowing Performance Report (April 2021 – December 2021) that will go to the next board meeting.
- 45.2.2 Mrs Kelly advised that Ms Barclay, Whistleblowing Programme Manager had done some work on the format of the whistleblowing report following discussions with the SPSO and progressed this in preparation for Q4 and an annual report that will go to the board later in the year. Primary care contractors have been contacted for an update and the return will go into Q4.
- 45.2.3 Mrs Kelly highlighted that we are learning from whistleblowing concerns and are in the process of gathering information and sharing with a short life working group with an opportunity to gain insight from investigators who have commissioned the reports and through Ms Kasper meeting with whistleblowers if they wish once the process has concluded. Mrs Kelly advised that we are in the early stages of capturing data for stage 1 concerns and any feedback on how the process went. Mrs Kelly advised the Speak Up Q3 numbers are noted for information and referenced under appendix 4.
- 45.2.4 Mr McQueen commented that he was interested in the work to learn and to improve from feedback, if a complaint is upheld is this reported back to the whistleblower? Mrs Butler advised the standards are provided to give feedback to the whistleblower including what findings and actions are being taken as part of the investigation to close to communication loop.
- 45.2.5 The committee noted and approved the recommendations.

45.3 iMatter - National Staff Survey Results

- 45.3.1 Mr Haddow advised that 2021 was the largest survey to date with 28,000 staff participating including all health and social care staff in East and West Lothian for the first time, with the data captured over the last 4 years available for comparison. The

response rate this year was over 50% with 83% of reports published. The threshold for receiving a report was reduced to 60% this year, which has been done in agreement with all other boards across Scotland.

- 45.3.2 Mr Haddow confirmed that the action plans response rate this year dropped to 15% but due to the pandemic pressures of work there was less of a priority put upon developing these action plans. The action plan period was also reduced from 12 to 8 weeks to allow teams to complete plans quicker for plans to be implemented.
- 45.3.3 Mr Haddow advised that for the coming year paper and email will still be used but we are also introducing SMS text and looking to move away from paper responses, which we hope will result in an increased response rate; as part of this we will target areas that currently use paper to encourage people to move away from this, but the paper option will always remain available.
- 45.3.4 A yearly component breakdown was shown with all 28 questions marked in respect of responses from highest to lowest; the 4 lowest scores were based around organisation level including visibility of senior management. The overall experience is scored at 6.8, which is similar to previous years.
- 45.3.5 Mr Haddow advised that the 2022 timeline has been shortened but over the same time period, teams have been split into 2 separate cohorts. All electronic responses and team reports will be available the day after the deadline to aid rapid improvement action to be prepared, with cohort 1 due to go out on 16th May and cohort 2 on 27th June. It was noted that iMatter are rolling out sub-level reporting for a further aggregated reporting that will allow teams to compare results.
- 45.3.6 Mr McQueen thanked Mr Haddow for his detailed presentation and the committee noted the work being undertaken.

45.4 Staff Engagement and Experience Progress Update

- 45.4.1 Ms Langlsey provided an update on staff engagement experience and sought a moderate level of assurance in relation to the corporate and local plans. Ms Langsley confirmed there are two core workstreams, corporate enablers and local SEE plans. Ms Langsley confirmed that corporately 21 business units have been identified, 12 plans received so far and following up with areas outstanding, plans received so far have been shared wider to provide inspiration for working across the system.
- 45.4.2 There has been progress with staff wellbeing and non-reoccurring funding from Scottish Government and commitment to the wellbeing programme for the next 12 months that includes monthly book club, wellbeing books to support staff and hot food supplies for staff working out of hours.
- 45.4.3 Ms Langsley confirmed plans to deliver 4 annual leadership events and hopes to hold these face-to-face. A leadership talent management programme is also commencing on 9th March up to June with 12 General Managers.
The committee approved and noted the actions are on track.

46 Assurance and Scrutiny

46.1 Corporate Risk Register

46.1.1 3455 –Management of Violence and Aggression

Mrs McNulty confirmed that funding for 2 additional posts on a non recurring basis had been approved to support the work on succession planning for the next 12 months. Mrs McNulty advised the action plans were transferred to a risk mitigation template and a short life working group has been set up and a project manager has been appointed.

46.1.2 Mrs McNulty advised that purple packs are going to MEG audit data system (MEG) to allow improved sign-off and work is ongoing for appointment of staff to help with training and purple packs.

46.1.3 Mrs Butler advised that it was agreed at the last committee that Ms Ireland would provide a written brief update to allow the committee to be updated on the significant actions and plans in place. Mr McQueen confirmed that an update would be helpful with allaying areas of concern identified in the internal audit review. Mrs McNulty confirmed that a written update would be provided outwith the meeting.

JMcN

46.2.1 3828 – Nurse Workforce – Safe Staffing Levels

Mrs McNulty advised the key issues are the establishment gap, currently at 5.15% against the 5% target. The RIE and WGH have seen a shift in the establishment gap and SJH has seen a 0.5% increase despite recruitment. REAS dropped to 10.2% from 12.9% and pressure in all areas for Primary Care. Sickness rate at 6.8% is higher than last year and hours have been lost through staff sickness due to covid (Nov-Jan) and stress.

46.2.2 A Nursing and Midwifery Workforce Escalation Framework has been developed with the aim of setting a consistent approach and to mitigate staff pressures. Staffing levels are monitored routinely, and decisions taken at safety huddles on how to best deploy the staff across a site, partnership and on a pan-Lothian basis. Mrs McNulty highlighted some of the current risk mitigation plans (appendix 1) currently in place.

46.2.3 Mrs McNulty advised that further work is required to support staff health and wellbeing but an SBAR is progressing for a B4 role in Occupational Health to help with complex cases. A lot of focus on clinical ward and theatres areas with challenges but an improving picture overall.

46.2.4 Ms FitzGerald commented that the risk 3823 remains 'High' but this doesn't detail the risk and highlighted that it would be useful to have this information so we know what we are supporting. Mr McQueen acknowledged this and asked for this to be included.

JMcN

46.2.5 The committee noted the recommendations and noted the work ongoing and that the risk remains very high.

46.3.1 5020 – Water Safety

Mrs Gillies reminded colleagues that this risk was added to the register for changing the use of properties and flush outlets due to the increased risk to Legionella plus routine use of properties across community areas.

46.3.2 Mrs Gillies advised that water safety groups have looked at and tested the water quality overall and not just for Legionella. Infection Prevention Control (IPCT) and estates and facilities are responsible for documenting and actioning and continue to test augmented care areas.

46.3.3 Mr McQueen advised the committee to continue to take limited assurances and to note the actions and work in progress.

46.4.1 3328 – Traffic Management

Ms M Campbell spoke to the traffic management update covering the 4 acute sites and the high volume of traffic and car parking across these sites. Staff behaviours and an increase in demand for parking alongside ongoing construction has impacted on traffic flow. The risk is currently 12 and there are a number of issues on each site that need to be addressed to review this score.

46.4.2 • REH – Manage the turning circle and concerns raised with parking and access to emergency vehicles.

• WGH - Major roadwork and restrictions to road and traffic access

• SJH – Work ongoing to replace barrier communication system

• ELCH – Additional car parking but not a red risk.

• RIE – Additional parking at Sherrifhall park and ride and a dedicated shuttle bus, but challenges with staff wanting to park on site and further access to permits.

46.4.3 Mr McQueen asked if we have a clearer idea for timescales for work commencing and finishing and was interested to hear any updates on number plate recognition and, if any, funding to lower the burden on car parking?

46.4.4 Mr Crombie advised that at WGH; Phase 2,3 and 4 will take place over the next 4-6 years and this will cause significant disruption to the campus but the risk is heightened because of the construction. Technology is an emerging issue but there is advice that new technology is available to maximise parking for greater flexibility for permits and non permit access and we are exploring this.

46.4.5 The committee recognised the current constraints and accepted the current risk and grading.

47 Health and Safety Assurance

47.1 Mrs Gillies advised that a Health and Safety review took place during December to ask members their views on the future direction and design of the Health and Safety committee. The Health and Safety team is valued and recognised as an advisory service to support management whilst competing pressures and demands for patients and the public in line with legislation against the risk.

47.2 It was noted that Health and Safety team and procurement met with the provider to discuss lone worker alarms. It was agreed that Facilities Directorate and REAS and WLHSCP will receive the new devices from 1st April 2022 and learning is

being shared to help roll out for new areas.

- 47.3 Mrs Gillies advised that an HSE improvement notice was discussed at the Health and Safety meeting in February in relation to gaps in the management system and safety devices at Women's and Children's at SJH. It was noted that the safety notice has since been closed but work undertaken across the whole organisation for a greater oversight when non-safety specialised devices are being used.
- 47.4 Mrs Gillies advised the paper is not looking for assurance on this occasion due to the Health and Safety meeting being out of sync with this committee, and advised the most up- to date assurance and risks will come to the next meeting in June. Mr McQueen asked for a short written update to be provided on assurance and asked if the scheduling of meetings of the Health and Safety committee and this committee could be synchronised better, but acknowledged timing difficulties. **TG**

48. **Medical Appraisal**

- 48.1 Ms Gillies provided an update on medical appraisal and relicensing and advised the process was paused during 2020/21 due to Covid 19 to consider doctors working through the pandemic. There are a number of doctors who are still out of sequence and a subsequent paper will come back to this meeting later in the year with a further update.
- 48.2 The current progress with appraisals was detailed with appraisals reaching the 4-5 year cycle for revalidation. The process last took place in 2018/19 and all doctors are required to undertake appraisal and training review at NES. Ms Gillies advised the board recommendations are set out under 3.5.
- 48.3 Ms Gillies advised there is a general push from BMA around collecting evidence within appraisal and this is initiated from the employee. Ms Gillies advised that we have to be proportionate around this with a focus on doctors professional development and support through their PDP. She asked the committee to note the recommendation and to consider the impact of referrals and revalidation and changes made during the pandemic.
- 48.4 The committee acknowledged a number of conflicting pressures and accepted the task list that was ever changing

49. **Mandatory Training and Appraisal Compliances**

- 49.1 Ms Langsley provided an update on mandatory training and appraisal compliance and noted the moderate level of assurance and the service pressure and workforce challenges that have impacted on compliance and regular updates to CMT.
- 49.2 Ms Langsley advised that due to the pandemic this has had a negative impact on compliance levels for both mandatory training and appraisals. It was noted that regular updates have been made to the CMT meeting and an agreement for fire safety and healthcare-associated infections, with a standard of 80% compliance required to be met by 31st March 2022.
- 49.3 The committee noted the limited improvement over the last 6 months, with a small increase in Violence and Aggression compliance up by 5% and a 4% increase in

appraisal compliance to 35%; the current compliance levels were noted under Appendix 1.

- 49.4 Ms Langsley confirmed that a robust process came into place in March 2020 with Tableau dashboards and data information transferred across to e-EES system to monitor performance. LearnPro was also set up in April 2021 to help managers take action and to provide managers with the ability to report information. The National work programme 'Once for Scotland' was paused but is expected to go live in the next few weeks.
- 49.5 Mrs Butler advised there has been a number of good conversations through CMT and the Lothian Partnership meeting this week and highlighted the importance of management action plans for improved data and reporting.
- 49.6 The committee noted the above points and took limited assurance that the 80% target would be met.

50. **Little France Car Parking**

- 50.1 Mr Crombie provided an update on the Little France car parking and confirmed there is a heightened risk on the campus due to significant congestion and a number of near misses and accidents and a need to introduce further controls. Mr Crombie reminded members that parking is an issue across all campuses but we are routinely looking to manage constraints across other sites.
- 50.2 Mr McQueen asked what is the frequency of the shuttle buses from the park and ride? Mr Crombie advised the first shuttle bus leaves at 5am; the shuttle bus is oversubscribed with double buses at peak times. We continue to monitor activity and can show utilisation of seats for each shuttle.
- 50.3 Mr Crombie confirmed that communication to staff is ongoing and working with the communications department for staff briefings, emails and FAQs. Weekly parking meetings have taken place at the RIE to capture ideas and feedback and this has worked well. Further improvements are being made to the site including a new cycle path, metal bike storage and hybrid electric charging points.
- 50.4 The committee noted the points raised and recommendations put forward.

51 **Sustainable Workforce**

51.1 Workforce Report

- 51.1.1 Mrs Kelly highlighted high sickness and Covid absences during November and December. The number of leavers and retirees was higher in comparison to previous years but highlighted, a lot of retirements have been paused due to the pandemic, the average retirement age across the year remains the same.
- 51.1.2 Mrs Kelly confirmed that Voluntary Retirement and Re-engagement Policy has been replaced with Retire and Return Guidance , this will allow staff to return into a substantive post or through the staff bank.

52 Workforce Planning Update

- 52.1 Mr McAlister gave an update on workforce planning for 2020–2023, with workforce plans required by April 2021, but delayed due to the pandemic. It was noted that guidance covering workforce plans has not been issued by the Scottish Government but is expected by the end of March for 2022-2025.
- 52.2 Mr McAlister provided an update on the key groups in scheduled care, mental health and children services for the 3 year development plan. It was confirmed the plan will be underpinned by 12 months action plan and will go through Corporate Management Team (CMT), Lothian Partnership Forum (LPF) and Staff Governance.

53 National Treatment Centre Workforce Model Recruitment Phasing

- 53.1 Mrs Butler provided an update on the new National Treatment Centre and plans in place for recruitment when the centre is due to open by 2027. It was noted that by 2027 there will be 10 National Treatment centres equating to 1,500 WTE and this is the last centre to be up and running and the largest with 400 WTE staff.
- 53.2 Mrs Butler advised the programme board started in December 2021 and the workforce group commenced in January, there are significant risks and challenges raised, including demographics and these are highlighted within the work plan under appendix 1.
- 53.3 Mrs Butler highlighted that retirees and returns will be key for the consultant workforce due to the significant challenge for demographics in this area. International recruitment has already started with links to Yeovil NHS Trust and this will need to be scaled up to focus on theatre nursing. Training for PAs has also been highlighted as a challenge as training is only available in Birmingham, which NES have acknowledged, with 25 PAs currently in place.
- 53.4 Mrs Butler advised of significant risks and challenges around this work and a need to start this work early with recruitment of nurses in April 2022. We are also in discussion with the Scottish Government for early release of money and funding through capacity for the post of NTC manager.
- 53.5 Mr McQueen acknowledged that it was a very comprehensive paper. Ms Hirst also advised early conversations about why people aren't working at SJH and transport and accommodation may need to be considered. Mr McQueen confirmed he would raise with Chief Officers for IJB, West Lothian. **BMcQ**
- 53.6 The committee noted the progress but highlighted funding as a significant issue.

54 For Information and Noting

- 54.1 Staff Governance Work Plan 2021-22
- 54.1.1 Mrs Kelly advised that we are approaching the end of the year and working on the plan for next year.
- 54.2 Staff Governance Assurance Statement 2021-22

- 54.2.1 Mrs Kelly confirmed the staff governance assurance statement is ongoing and this would be ready for the next meeting on 1st June and this would bring assurance to a close for this year.

55 Reflections on the Meeting

- 55.1 Mr McQueen thanked everyone for attending today's meeting and for their contribution.

56 Date of Next Meeting

- 56.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 01 June 2022