

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 15 December 2021 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 (until 11.30am);
Miss F. Ireland, Interim Executive Director, Nursing, Midwifery & AHPs (until 11.30am);
Ms J. Campbell, Chief Officer, Acute Services (until 11.30am);
Mr S. Chandran, Non-Executive Board Member (until 11.30am);
Ms K. Kasper, Non-Executive Board Member;
Ms M. Connor, Non-Executive Board Member;
Ms J. Clark, Partnership Representative;
and Ms H. Fitzgerald, Partnership Representative.

In Attendance:

Mr J. Crombie, Deputy Chief Executive (until 11.30am);
Mr T. Logan, Head of Operations, Hard FM (Item 35.4);
Ms R. Kelly, Deputy Director of Human Resources;
Ms A. Langsley, Associate Director of OD & Learning;
Ms Lindsay Brassington, Management Team, Clinical Psychology (item 31);
Ms C. McDowall, Speak Up Ambassador, NHS Lothian (Item 34.3);
Ms L. Barclay, Business Manager, Human Resources;
Dr S. Edgar, Director of Medical Education, NHS Lothian (Item 35.1);
Ms T. McKigen, Services Director, Royal Edinburgh & Associated Services (observing);
and Ms B. Pillath, Committee Administrator (minutes).

Apologies:

Ms C. Hirst, Non-Executive Board Member;

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.

31. Staff Wellbeing Presentation

31. Ms Langsley and Ms Brassington gave a presentation. Committee members commended the outstanding work in supporting staff summarised. Ms Brassington advised that the team consisted of a total of 4.3 WTE clinical psychologists plus support with a budget of £400,000. The funding was partly from the Scottish Government and partly from the Health Foundation and was short term until the end of 2022. Ms Butler advised that requests have been made to the Scottish Government to continue funding beyond this date, and that the executive leadership

team were committed to continuing the service. A report back to the Health Foundation on the work done was also suggested.

32. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 20 October 2021

32.1 The minutes from the meeting held on 20 October 2021 were approved as a correct record.

32.2 Members noted the previously circulated updated cumulative action note.

33. Matters Arising

33.1 There were no matters arising.

34. Staff Experience

34.1 Advancing Equalities Staff Network Action Plans – Update

34.1.1 Ms Kelly presented the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34.2 Whistleblowing Report

34.2.1 Ms Kelly presented the previously circulated paper. Ms McDowall advised NHS Lothian had been responding to requests for help from other Boards in setting up their whistleblowing processes and that a Scottish network was being set up to help ensure consistency of approach between Boards and to facilitate shared learning.

34.2.2 Ms Kelly advised that if a concern was raised to a contractor of NHS Lothian's it would be addressed via the procurement link for each contractor rather than through the whistleblowing process.

34.2.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34.3 Speak Up Report

34.3.1 Ms McDowall presented the previously circulated paper. She advised that a network of Speak Up Ambassadors was being developed across Scotland which aimed to help with shared learning. Within Lothian information and skills workshop sessions as well as facilitated peer support were hosted by Ms McDowall and Ms Monaghan. The aim was to replicate this time of development across the Scottish network.

34.3.2 Although it was challenging getting formal feedback from those who had used the Speak Up Ambassador process, feedback at the time of use was positive. Staff were reluctant to fill in the feedback forms and a different approach was needed. Ms Fitzgerald suggested using a questionnaire that focussed more on the staff member's own experience than the working of the service with questions on whether their

experience had made them more confident in speaking up in the future, or whether it gave reassurance, etc.

- 34.3.3 Members commended the excellent work in implementing new ideas and developing the Scottish network. They accepted the recommendations laid out in the paper.

35. Assurance and Scrutiny

35.1 Director of Medical Education Report 2021

- 35.1.1 The chair welcomed Dr Edgar to the meeting and he presented the previously circulated paper. It was noted that doctors in training had returned a lower score in the iMatter survey for the statement 'I feel my organisation cares about my wellbeing' than the organisation as a whole. Work was being done to understand this using the 'Trickle' app and focus groups on site to ensure that doctors in training were aware of the support available to them. Ms Butler also noted the limitations of this part of the survey which referenced the executive and non-executive teams which the majority of staff did not interact with.
- 35.1.2 Dr Edgar advised that the team was working with NHS Education Scotland to ensure that trainee doctors had access to the opportunities they needed to move on to the next stage of their training – for instance having access to a certain operation.
- 35.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance that as a local education provider (LEP), processes were in place to understand, share and act upon intelligence linked to high quality medical education, training, and support.

35.2 Corporate Risk Register

Updated Board Risk Reporting Paperwork for Noting

- 35.2.1 Members noted the updated reporting paperwork.

Management of Violence and Aggression Risk 3455

- 35.2.2 Ms Ireland presented the previously circulated paper. Following the audit report, recent work on a matrix of incidents against harm recorded should give a better idea of what areas of concern should be addressed. Previous processes identified four main themes where focus had been, but the audit suggested some categories of high numbers of incidents where risk assessments had not been done. The work ongoing would help to understand where there were large numbers of incidents with low level of harm or low numbers of incidents with a high level of harm to allow appropriate focus on improvement action.
- 35.2.3 It was suggested that the opportunity should be used to consider the design of the whole reporting programme and not only the weaknesses highlighted by the audit report.

- 35.2.4 Mr Connor advised that the concern was raised at the Audit and Risk Committee that issues like this were not identified until an audit report was carried out. An assurance framework should be in place which identified problems at an early stage so that improvement action could be taken. There was evidence that problems had been ongoing since 2013 but appropriate improvement action had not been made.
- 35.2.5 Ms Gillies noted that the assurance framework used in the NHS in England, the CQC had advantages and disadvantages: Boards were required to provide detailed information on current status and there was a danger that the focus was on this rather than on bringing forward improvements. A risk based quality management approach was needed that both identified standards not being met and addressed this.
- 35.2.6 The possibility of bringing forward the timescale for action which was currently planned to be completed by August 2022 was discussed, but it was noted that actions should be prioritised and at an appropriate pace so that a sustainable solution could be applied.
- 35.2.7 Members accepted the recommendations laid out in the paper and agreed to downgrade the assurance level achieved to limited assurance in line with the results of the recent audit report. An update would be given at each meeting until satisfactory progress had been made. **FI**

Nursing Workforce Risk 3828

- 35.2.8 Ms Ireland presented the previously circulated paper. Regarding the retention of student nurses in employment in NHS Lothian following completion students at St John's Hospital had been offered to become employed in their last student post. Students placed at St Johns came from Stirling as well as from Edinburgh universities and of the 17 Stirling students at the last output 7 opted to move away from St John's and accept a post in NHS Forth Valley.
- 35.2.9 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

Water Safety Risk 5020

- 35.2.10 Ms Gillies gave a verbal update. No new concerns had been identified since the last report. The water safety risk was mainly on the legionella risk due to the lower turnover in primary care sites. Some progress was being made on implementing processes to address this through the Health and Safety Committee. No change in risk level was suggested.

Traffic Management Risk 3328

- 35.2.11 Mr Crombie gave a verbal update. The engagement process for the introduction of parking permits at the Royal Infirmary of Edinburgh had begun in October 2021 along with a communications campaign. There was specific engagement with junior doctors. The team were now open to applications and these were being considered with the planned start date of 17 January 2022. A dedicated shuttle bus from the

Sherrifhall Park and Ride would also begin on the same date and the new car park should be completed. The parking support team would remain in place to ensure efficient use of the car parks and significant communications work had been done to ensure staff were aware of the expectation that they interact appropriately with this team.

- 35.2.12 It was acknowledged that the reintroduction of the permit system would add complexity for staff but that this was required to mitigate the health and safety risks on the site due to the volume of traffic which also affected access for Lothian buses and for the ambulance service. Partnership had been engaged and supportive of the staff engagement process.

35.3 Health and Safety Assurance

- 35.3.1 Ms Gillies presented the previously circulated paper. She noted that the service review would be undertaken by Alastair Leckie as director of the Occupational Health Service, with external advice from the Health and Safety Team at NHS Greater Glasgow and Clyde who used a different team structure. The report was expected in three to four months' time.
- 35.3.2 Members accepted the recommendations laid out in the paper and accepted the assurance levels laid out.

35.4 Overview of Fire Safety

- 35.4.1 The chair welcomed Mr Logan to the meeting and he presented the previously circulated paper. Members were impressed with the efficient identification and analysis of problems and putting in place of a programme of action.
- 35.4.2 It was noted that the timescale for completing compartment work was 18 months; this was due to the difficulty in planning access in inpatient ward areas due the dust disruption caused by the work.
- 35.4.3 Ms Gillies noted the difficulty for local Health and Safety chairs and general site managers in navigating a number of risks all requiring detailed technical knowledge. They were reliant on the advice of the expert teams. Mr Crombie noted that investment was being made in the fire safety team to ensure the resources were available to meet this need on all sites.
- 35.4.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

35.5 Healthcare Science Service – Accredited Registers

- 35.5.1 This paper had been withdrawn from the agenda and deferred to the meeting in March 2022 so that more work could be done following the outcomes of the paediatric audiology report.

35.6 Mental Health (Care and Treatment) Scotland Act 2003 – Approval and Management of AMP Lists

35.6.1 Ms Gillies presented the previously circulated paper. The Scottish Government had requested a quarterly report on mandatory training in this topic. The Committee agreed that this would be added to the section of the agenda 'for information' in future meetings and would be raised to the main agenda if Ms Gillies or Ms Butler notified the chair of any concerns which required discussion.

35.6.2 Members accepted the recommendations laid out in the paper.

36. Sustainable Workforce

36.1 Workforce Report

36.1.1 Ms Kelly presented the previously circulated paper, noting that the data included in the paper went to the end of October due to the 6 week time lag in reporting which meant higher staff absences experienced in December would not yet be reflected. Ms Butler reported that until recently there had been low levels of covid related absences but that these had risen in the last week. General sickness absence was also on an upward trend and now over 5%. This was a problem for all Scottish boards. The most reported reason for absence had moved from MSK to anxiety and psychological stress although it was not possible to distinguish between work and other reasons for stress.

36.1.2 It was noted the absence rate among facilities staff was double that of the overall rate. Ms Butler advised that specific work was being done in engaging with and supporting this staff group who were among the lowest paid of NHS Lothian's staff and were most likely to be affected by socio-economic factors outwith work.

36.1.3 Ms Kelly advised that the Scottish Government requirement for members of the public who are a household contact of a covid case to isolate even with a negative PCR test was subject to exemptions to frontline healthcare staff who could return to work provided they returned a negative test.

36.1.4 Ms Fitzgerald noted complaints from staff about the time taken to go through the recruitment process to employ new staff. Ms Butler advised that throughout for the past two years fast track recruitment had been carried out in priority areas and agency staff were being employed in the recruitment team to help with this. This was reviewed weekly by the Silver Command group. This may mean that some non priority recruitment took longer. It was noted that there was a huge increase in activity and record numbers of staff were being recruited for services such as vaccination and testing.

36.1.5 Members accepted the recommendations laid out in the paper.

37. For Information and Noting

Members noted the following previously circulated papers for information:

37.1 Staff Governance Work Plan 2021/22;

37.2 Staff Governance Assurance Statement 2021/22;

37.3 Minutes of the Workforce Planning and Development Programme Board – 17 August and 28 September 2021.

38. Reflections on the Meeting

38.1 It was agreed that Mr McQueen along with Mr Connor as chair of the Audit and Risk Committee would update the Board on the progress following the internal audit report on the violence and aggression risk which had been raised at the previous Board meeting. **BMcQ**

38.2 It was agreed that the positive support being provided to staff as part of the wellbeing programme and the need for continued funding for this service would be highlighted to the Board.

39. Date of Next Meeting

39.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 02 March 2021.

40. 2022 Meeting Dates

40.1 Meetings would take place on the following dates in 2022:

- 02 March 2022
- 01 June 2022
- 27 July 2022
- 12 October 2022
- 14 December 2022