

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 14 December 2022 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Ms K. Kasper**, Non-Executive Board Member; **Ms T. Miller**, Employee Director; **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Miss T. Gillies**, Medical Director; **Ms N. Akta**, Non-Executive Board Member; **Mr A. Fleming**, Non-Executive Board Member.

In Attendance:

Mr J. Crombie, Deputy Chief Executive; **Ms R. Kelly**, Deputy HR Director; **Ms A. Langsley**, Associate Director of OD & Learning; **Ms F. Ireland** (Deputy Director Nursing); **Ms L. Barclay**, Business Manager Human Resources; **Mr S. Haddow**, Head of Medical Workforce Planning, Human Resources (item 5.3); **Ms M. Campbell**, Director of Facilities; **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7); **Ms C. McDowell**, Speak Up Ambassador/Work Well Specialist Lead (Item 2); **Mr S. Edgar**, Director of Medical Education (Item 6.4); **Mr D. Low**, Clinical Nurse Manager, Mental Health; **Ms. L. Buchanan**, Clinical Nurse Manager, Community Health Visitors and **Mr G. Ormerod**, Committee Administrator (minutes).

Apologies:

Mr C. Campbell, Chief Executive; **Ms H. Fitzgerald**, Partnership Representative; **Ms T. McKigen**, Service Director, Psychiatry REH; **Mr D. Thompson**, Board Secretary; **Mrs Alison MacDonald**, Executive Nurse Director

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. The Chair also welcomed as observers some of the participants in the Talent Management and Succession Planning programme.

37.0 Declaration of Conflicts of Interest

37.1 No interests were declared.

38.0 Presentation – Feedback on Speak Up Week

38.1 The Speak Up Ambassador provided an update on the events that had taken place during Speak-Up week which was held in early October 2022. She advised that the Speak Up Service supports staff to be able to raise concerns through traditional methods was launched in 2019. Over the last three years there have been an average of 20 staff each quarter making contact with the service.

38.2 The Whistleblowing Standards came into being from 1 April 2021. A confidential network has been set up to promote speaking up and to provide strong links with the whistleblowing network with the aim to encourage speaking up and raising awareness and encourage business as usual approaches.

- 38.3 Overall there was a positive system response across Scotland with sharing processes and the opportunity to generate new ideas but we were conscious to deliver this in person and electronically to reach our staff through engagement partnership, education, operational lines and staff networks.
- 38.4 Since the event in October there has been an increase in contacts with the Speak Up Service and as a result of this we are now looking to recruit a third ambassador into this work to recognise the need for succession planning and different demographics and to be more representative of the organisation. The Speak Up Ambassador highlighted that from discussions with a number of staff across different Boards that NHS Lothian is leading the way for Speak Up.
- 38.5 The Chair asked if we had dates set for 2023 Speak Up week. The Speak Up Ambassador confirmed that it will likely be the same time as this year but it's led by the National Programme but they will try to influence the timing and hopefully get the date set soon to assist with early planning.
- 38.6 The Committee congratulated the team on a great first Speak Up week with such a short space of time to get things in place and this shows the importance of the confidential network with good recognition on the role that the team plays.
- 39.0 Minutes and Action Note of the Previous Meeting held on 2 October 2022**
- 39.1 The minutes of the previous meeting were approved as an accurate record. All actions are up to date.
- 40.0 Matters Arising**
- 40.1 Cost Of Living Crisis - update
- 40.1.1 The Associate Director of OD & Learning provided an update on the cost of living and advised that significant work is ongoing raising awareness of the topic through the manager networks. This has been extremely useful for staff who don't have access to digital content as we have been able to reach out to these people and to provide them with information and managers are able to 'sign post' their staff to content.
- 40.1.2 Financial wellbeing roadshows and webinars have been taking place with support from Home Energy Scotland. Some of the information that was presented at the roadshows wasn't suitable and it has been acknowledged that this will need to be tested for future shows. The Associate Director of OD & Learning advised that we have been working with Public Health and NHS Charities to increase scope of this work to investigate whether all options for benefits and other assistance have been pursued to assist colleagues in difficult financial situations.
- 40.1.3 The team are also progressing with food pantries from January to March with support from partnership and staff are volunteering to support other staff in need. The Employee Director confirmed this is a Unison initiative and we have negotiated rooms across seven main sites with the Health Foundation funding food banks for the next three months. We are looking to operate these outside normal food bank hours due to staff working hours; food parcels will be depending on family size

40.1.4 A Non-Executive Board Member confirmed the Health Foundation are really keen to help in any way they can to support this work, but we need to be mindful of the barrier between the board and the charity.

41.0 Staff Experience

41.1 Advancing Equalities Action Plan 2022/23

41.1.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan that has been agreed with the staff networks and confirmed that progress has been made on some objectives with a number of actions taken forward.

41.1.2 There are six networks meeting at present, including the new women's network who will present an update at a future Staff Governance Committee. Some of the actions taken include the following:

- Progress has been made with revalidating Disability Confident Employer Level 2 but further work is required with external sponsorship to reach Level 3 status.
- A draft status of intent will go through the partnership meeting for approval that will be used in publicity material for recruitment, this will detail what NHS Lothian believes and how we act as an employer.
- Equality and Human Rights Presentation from Laura Hutchinson will be arranged for the next meeting of the Staff Governance Committee, Laura is due to present at Partnership meeting and February Board.

41.1.3 The Chair noted good progress with some areas of the actions and some areas are slightly behind, but work is progressing.

41.2 Whistleblowing Report

41.2.1 The Deputy HR Director provided a high level summary of the Whistleblowing report from March 2022 to date. She confirmed that an additional column has been added into the report to show action plans and business as usual that has been progressed by the services.

41.2.2 In the last quarter four stage 2 concerns have been raised but no stage 1 concerns. As advised at the last meeting of the Committee, a case has been raised with the INWO. We have provided them with all the necessary information but at this stage there no formal response from the INWO in relation to this case. There have been a further four anonymous concerns raised which makes seven raised to date; we are continuing to work with Speak Up advocates to build the culture so that people can feel confident to be identified when raising a concern so feedback can be provided to the person raising concerns.

41.2.3 An SBAR providing assurance around independence in the Whistleblowing Process was approved at the Executive Leadership Team in October after the INWO had observed themes and found that one of the themes which had come through in the first year was the importance of NHS organisations to have an independence in the whistleblowing process. A further update will be provided at the next meeting in March.

41.2.4 The Chair asked if we are seeing an increase in anonymous concerns compared to other boards. She advised that as anonymous concerns aren't published it is not easy to know where we sit in relation to other Boards.

- 41.2.5 A Non-Executive Board Member asked about how the organisation assists people who are worried that they may be victimised as a result of raising a concern. The Director of HR and OD advised this is likely to come under Bullying and Harassment policy if an individual felt that they were being victimised as a result of raising a concern. If a member of staff is part of a trade union, they would support staff or peer support to speak up through one of the available networks for staff.
- 41.2.6 A Non-Executive Board Member asked if there is something that needs to be done about raising an issue under Whistleblowing and Speak Up less of a concern? The Director of HR and OD said that people raise anonymous concerns as they do not feel safe and don't want to be named. If you are the named whistle-blower, this won't be shared, but it's more around the messaging through formal and informal communications and building a culture for staff to raise concerns without triggering an investigation and formal process.
- 41.3 National Health and Social Care Staff Experience Survey Report
- 41.3.1 The Head of Medical Workforce Planning provided an update on the staff experience report for 2022. He confirmed that this year there has been an increase in action plan completion rates and sub-directorate reporting and this may be as a result of reintroducing the line manager training.
- 41.3.2 The action plan return rate has gone from 15% to 42% in 2022, with estate and facilities from 2%% to 63%. There have also been action plan improvements in Finance, AHPs, DATCC and HR compared to previous years.
- 41.3.3 The Head of Medical Workforce Planning confirmed that some Health and Social Care Partnership manager training is required but KPI response rates have increased slightly, but still 1% below the National average, 85% of reports have been published and 42% of team action plans have been completed.
- 41.3.4 A breakdown of the responses were shown for emails, text messages and paper copies; overall there was an increase in text messages but a poor return for paper copies that are predominately used by areas such as estate and facilities as work is less computer-based. As a result of the increase in text messages return, we will look to move away from paper copies, but the option still needs to remain for staff.
- 41.3.5 Teams with less than four members do not receive a report as this is to protect their identity and their results. Overall there are 2/3 of teams that have high level of engagement and this information is shown under strive and celebrate at 72%.
- 41.3.6 Overall comparison to previous years between 2021 and 2022 showed similar scorings and show that results haven't really changed from year to year. The overall thermometer question matched the 2021 result of 6.8.
- 41.3.7 Next steps will be to run iMatter awareness training and to target cohorts and groups in 2023 and to review the issuing of paper copies as we move more towards electronic copies.
- 41.3.8 The Chair highlighted that we should be positive about the results given the pressures on staffing during Covid and said it's great to have an increase in

responses for action plans, especially within Facilities. The Head of Medical Workforce Planning said we are aware of the pressures that teams and departments are facing and business as usual, but we are working hard to get back on track.

- 41.3.9 A Non-Executive Board Member asked if we know anything about the areas who haven't responded or struggled to engage based on the 54% response rate. The Head of Medical Workforce Planning said we are able to look at the data and can see trends where teams haven't done this and we can target these areas for support in further year to get a better understanding of why they haven't engaged.
- 41.3.10 The Chair asked if we are able to get an idea of the issues raised within the action plans which might have broader organisational relevance. The Head of Medical Workforce Planning said that the action plans belong to the team but these are shared for improvements and we are hoping to invite further teams to attend this Committee to provide update on action plans next year and the types of actions they are taking to improve the experience for staff.
- 41.3.11 The Committee approved the report and the findings from the iMatter 2022 survey.
- 41.4 Staff Wellbeing Strategy update
- 41.4.1 The Associate Director of OD & Learning highlighted work that has been ongoing over the last few months, working in collaboration with Public Health to focus on lifestyle and the opportunity for staff to lose weight and to prevent diabetes. This was a great success with 200 places taken up by staff on the programme.
- 41.4.2 Between now and the end of the financial year we plan to commission a development programme for leaders titled: Leading Well for Staff Health and Wellbeing which has been created by the Kings Fund in collaboration with Future Learn. The programme is a MOOC (Massive Open Online Course) that runs for 3 hours a week over 3 weeks with participants able to work through content asynchronously in their own time. We hope to test this with over the coming year within the region of 400 managers.
- 41.4.3 Flask campaign will go live in January with 4000 flasks distributed locally to help support the cost-of-living crisis response, access to hot food 24/7 on shift and good hydration and nutrition.
- 41.4.4 The Associate Director of OD & Learning highlighted a key risk with the project and the ability to deliver, maintain roadshows and conversations with staff as a result of only 1WTE staff leading on the work. The proposal is to approach the NHS Lothian's charity with a proposal to fund a Band 7 to help support operational delivery.
- 41.4.5 The Committee were asked to take moderate level of assurance that NHS Lothian are committed to supporting staff wellbeing through the Work Well strategy.
- 41.5 Staff Engagement and Experience Framework progress update
- 41.5.1 The Associate Director of OD & Learning confirmed work on local delivery plans and 22 business units is progressing with work under the four enablers.
- Work has meaning and purpose

- Work is a healthy place to be
- We are all able to show leadership
- Staff feel listened to and heard

- 41.5.2 Midlothian have developed a wellbeing app that provides community staff with sign posting for toilets, period products and kettles or microwaves where they can access wellbeing spaces.
- 41.5.3 The WGH have provided strong communication through communication huddles, team of the month aware and have led on Behaviour, Banter and Consequences (BBC)
- 41.5.4 The Associate Director of OD & Learning highlighted success with the Corporate enablers hybrid event that took place on 26th October with 132 people attending the event and 400+ people able to watch the event through a stream. This success has already expanded the peer support service and benefited from model of practice for NES and National Coordination and the sharing of ideas.
- 41.5.5 The Chair asked if other sites and services would be aware of WGH plan and mechanism of sharing across the sites. The Associate Director of OD and Learning explained that this will be shared through the Staff Engagement and Experience Programme Board so we get consistency in approach.
- 41.5.6 A Non-Executive Board member asked if we have an evaluation plan for business units and an approach for evaluating this work. The Associate Director of OD & Learning advised we don't have a plan at present but would be interested in discussing this offline.
- 41.5.7 The Committee approved the moderate level of assurance with framework actions on track for corporate enablers and SEE plans.

42.0 Assurance and Scrutiny

42.1 Corporate Risk Register

42.1.1 3455 –Management of Violence and Aggression

42.1.1.1 The Deputy Director of Nursing confirmed that work is progressing with the six workstreams and a workshop to bring this work together will take place in January.

42.1.1.2 An independent review of training and conversations with external reviewers is taking place to support training strategy and digesting observations, with feedback to be reported through the Audit and Risk Committee.

42.2.1 3828 – Nurse Workforce – Safe Staffing Levels

42.2.1.1 The Deputy Nurse Director provided an update on safe staffing levels and highlighted the current position is pressured despite the most recent recruitment. She explained that usually November is the recovery month as new nurses come on board and this helps reduce the establishment gap. The establishment gap is 7.89% with 550 new qualified nurses and Band 4 students, but leavers over the last few months have been around 410 that we are managing on a day-by-day basis.

42.2.1.2 The Chair asked if we were doing better with retire and return but just not closing the gap due to the outflow.

- 42.2.1.3 A Non-Executive Board member asked if we have a projection for the establishment gap for the next 5 years. Additional training needs to be put in place for longer term analysis and where we will be. The Deputy Nurse Director confirmed the Head of Workforce Planning has been working on student nurse numbers and we can look at this through the programme board.
- 42.2.1.4 The Director of HR and OD confirmed the Scottish Government are aware of the problem but it's not easy to resolve as this is linked back to finances. We are doing a lot of local work to deploy and recruit including extending and expanding nursing Band 4 recruitment. However we will require approval from the Scottish Government to go over the commissioned numbers as these are set by the Government.
- 42.2.1.5 The Head of Workforce planning highlighted that following discussions with Napier University for next year in terms of student nurse intake numbers, there is an output gap of between 250-300 in comparison to what is required. Due to the increasing gap we may need to consider having two intakes per year but we are waiting for the Scottish Government's response to this proposal.
- 42.3.1 5020 – Water Safety
- 42.3.1.1 The Director of Facilities provided an update on water safety and highlighted challenges reported to the Committee on compliance documentation from third party premises but confirmed that water risk assessment and plans are in place.
- 42.3.1.2 She explained that we have sent letters to all responsible people at properties under a maintenance lease to ensure that NHS Lothian can meet their duty of care for our staff working in those buildings. The letters detail what we would expect to see and that this work has to be undertaken by the premises and is not the responsibility of NHS Lothian.
- 42.3.1.3 The next steps will involve reviewing returns over the next 28 days in line with the deadline set, and this information will go through the Executive Leadership Team (ELT). Any gaps will be picked up so this can be robust as possible. Once documents have been received there will be further discussion around remedial actions and who will pay for the works.
- 42.3.1.4 The Chair said that he was grateful for the full explanation provided to him in this discussion and in the email exchange between himself and the Head of Facilities. It was a complex issue and it seemed that after a slow start progress was beginning to be made.
- 42.4.1 3328 – Traffic Management
- 42.4.1.1 The Director of Facilities provided an update on the approach and issues for traffic management and an updated paper highlights the update against the corporate risks and six red rated risks. She explained that we are now in a position where we need to spend money to remove the risks or the risk is accepted:
- Whitburn Health Centre – not been able to identify who owns the land to allow commercial vehicles to make deliveries required for the site.
 - RIE – a number of traffic management changes required with costings to go through LCIG.

- REA – Inappropriate parking on site that's causing issues and potential risk identified by Fire and Rescue of not being able to access the building, installation of car park barrier to be installed.
- WGH – Ongoing work on site with capital projects, unlikely to see a reduction in traffic until works are completed.

42.4.1.2 The Chair asked if we are making progress on safe travel for staff and parking for staff who start early. The Director of Facilities said we are discussing this with Consort but there is a difference of opinion, we have raised the issues, and it's whether Consort can provide practical solutions to the site and getting works costed. In terms of the parking, we won't be able to satisfy everyone but we are monitoring car parks and we have opened up an additional plot in the last month to ease pressure; there will always be people who want to park on site but don't meet the criteria.

42.4.1.3 The Committee approved the recommendations and supported the work ongoing to reduce the risks.

42.5.0 Health and Safety Assurance

42.5.1 The Medical Director provided a Health and Safety update paper and confirmed the assurance levels received from each of the local Health and Safety Committess have been included as a separate appendix.

42.5.2 The paper details the specifics and is supported by the minutes from the various meetings.

42.5.3 The Chair asked if there were any concerns in respect of RIDDORs. The Medical Director confirmed there were a number of cases but advice is sought and RIDDOR is a reportable incident; some relate to slips, trips and falls but no concern.

42.5.4 A Non-Executive Board member asked if there is a reason why the RIE Local H&S Committee Assurance Levels are low. The Medical Director confirmed this reflects the pressure on the site and a lot of issues for RIE. We are trying to be clearer in the type of things that we see for low, moderate or significant but it's more about the complexity of the site and its size.

42.5.5 The Committee noted the assurance levels for key risks outline in the annual report and noted the updates for the other risks for Q2 period.

42.6.0 Remuneration Committee Report

42.6.1.1 The Director of HR and OD confirmed this is the first time the Remuneration Committee report has come to this meeting.

42.6.1.2 The work of the Remuneration Committee is confidential and relates to three areas: requirement to sign off executive objectives and that clear due process has been followed; approval of new directors' salaries and updates provided on employment tribunals including any history and financial settlement.

42.7.0 Medical Education Annual Report

42.7.1.1 The Director of Medical Education attended the meeting to provide an update on the Medical Education Annual Report. He explained that we have more than 1000

undergraduates doctors in training that rotate through the health boards that demonstrates how we support a learning environment through the General Medical Council (GMC) and NES.

- 42.7.1.2 NHS Lothian has 25 specialties and training locations compared to 22 in 2021 and in the top 2% in Scotland for quality. This is the third year this report has come to this meeting and even during Covid we continued to maintain high levels of learning. We have also hosted more medical students than before and continue to be viewed as a high-quality medical education and training location.
- 42.7.1.3 The Director of Medical Education confirmed from January that we are extending the undergraduate and external providers for active bystanders and will offer packages of training for doctors and undergraduates. The focus has also been on experience of undergraduates and medical graduates with the intake also risen with positive feedback from the International Medical Graduates.
- 42.7.1.4 Feedback from the acute setting has been challenging within Obs and Gynae but we are responding to this feedback and have action plans in place to progress with this work. There have also been challenges at CAHMS service at SJH and inpatient team but both teams were recognised for their work at the celebrating success this year.
- 42.7.1.5 The Director of Medical Education highlighted three areas of concern:
- Clinical workload and number of short and medium term cover, but working with NES to balance workload.
 - Undergraduate student numbers are increasing across Scotland and have a major impact on quality experience but we are working with universities to mitigate.
 - Overall satisfaction on iMatter for doctors in training is 10 points lower than overall organisation; this will be worked on for the coming year by using data available.
- 42.7.1.6 The Chair highlighted that we should celebrate that we are in the top 2% within Scotland for training but raised concern that there are physical limitations at the RHCYP for trainee doctors to sit and eat and questioned how this could be possible with a new building.
- 42.7.1.7 The Chair asked about the role of the Deanery as an external validation. The Director of Medical Education said that the Deanery use intelligence from the GMC survey once a year and they will run their own data; the Deanery have a large infrastructure and Lothian needs more of this infrastructure for local quality control. We do the general housekeeping and we respond as quickly as possible to areas to try and fix issues and to have a balance across the sites.
- 42.7.1.8 The Committee noted the recommendations in the report and took moderate assurance that the local education provider (LEP) have processes in place to support high quality medical education and training.

43.0 Sustainable Workforce

43.1 Workforce Report

- 43.1.1 The Head of Workforce Planning highlighted that retirements in the year to date up to October 2022 have increased by 29% on average compared to the 2 years pre-covid and increased by 3.9% on the same period in 2021/22. As a result of this increase there is more focus to maintain staff and this is reflected through the retire and return policy.
- 43.1.2 Overall, 28% of staff have decided to remain with NHS Lothian but are working at the same level, with staff returning to the same area of work they had previously worked and on the same banding.
- 43.1.3 The Chair asked if there is anything else that we can do to boost mandatory training numbers as these are still low. The Director of Human Resources and Organisational Development said that we are trying all options but the system pressures are getting worse.
- 43.1.4 The Committee were asked to note the reports update and action being taken to address some issues.
- 43.2 Year Workforce Plan – Year 1 Actions update
- 43.2.1 The Director of Human Resources and Organisational Development confirmed the workforce plan had been finalised and published on the website at the end of October. We will now move to implement the 12 month action plan for professional and service areas.
- 43.2.2 The plans will be monitored through the Workforce and Organisational Development Programme Board and signed-off by the CMT. An update would come back to this Committee to note progress and any areas of risk or change in the next six months.
- 43.3 Talent Management update
- 43.3.1 The Associate Director of OD & Learning confirmed the first talent management cohort was launched with a four month programme in March 2022 in partnership with the University of Edinburgh Business School. There were 12 candidates put forward for the programme and four of these have already moved into promoted posts.
- 43.3.2 Cohort 2 started in September and will run to December with the focus switching away from General Manager posts to Senior Leadership posts. Cohort 3 is planned to be delivered into 2023 and we have made contact with the university to deliver cohort 4 as a result of 27 applications to join the programme.
- 43.3.3 The Committee were asked to approve a moderate level of assurance to promote and support talent identification, development, and progression into promoted posts.
- 43.3.4 The Chair acknowledged that this is a good addition to the organisation leadership and to further develop skills of staff. The Director of HR and OD confirmed we hope to build on this success but there will be a limit to this specific programme and we will need to move into other areas such as nursing and other services and roles with different content delivery and an intense programme.
- 43.4 Industrial Action update

- 43.4.1 The Director of HR and OD provided an update and confirmed two trade unions Unison (57%) and Unite (64%) have accepted the pay offer.
- 43.4.2 RCN results are expected next week when ballots close on 19th December. She confirmed that all industrial action was paused pending a consultative ballot and with no strike action.
- 44.0 For Information and Noting**
 - 44.1 Staff Governance Work Plan 2022-23
 - 44.1.1 The Committee noted its work plan for the current financial year.
 - 44.2 Staff Governance Assurance Statement 2022-23
 - 44.2.1 The Committee accepted the updated Statement of Assurance for 2022/23.
 - 44.3 Staff Governance Monitoring Framework Return 2021-22
 - 44.3.1** The Committee accepted the monitoring framework return for 2021-22.
- 45.0 Reflections on the meeting**
 - 45.1 Matters to be highlighted at the next Board meeting
 - 45.1.1 There were no further matters arising.
 - 45.2 Matters to be highlighted to another Board Committee
 - 45.2.1 There were no further matters arising.
- 46.0 Date of Next Meeting**
 - 46.1 Wednesday 1 March 2023 at 9.30am