

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 31 May 2023 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; **Ms K. Kasper**, Non-Executive Board Member; **Dr S. Chandran**, Non-Executive Board Member; **Ms T Miller**, Employee Director.

In Attendance:

Mr C. Campbell, Chief Executive; **Mr J. Crombie**, Deputy Chief Executive; **Mrs R. Kelly**, Deputy HR Director; **Mrs A. MacDonald**, Executive Nurse Director; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mr D. Thompson**, Board Secretary; **Ms J. Clark**, Partnership Representative; **Ms H. Fitzgerald**, Partnership Representative; **Mr A. MacKay**, SJH Site Director; **Ms C. McDowall**, Work Well Specialist Lead / Speak Up Ambassador; **Mrs L. Barclay**, Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe**, Consultant, Occupational Health; **Ms T. McBurnie**, Chair, Carers' Staff Network; **Ms A. Paton**, Head of HR Management Info Systems and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms D. Marklow, Clinical Vaccination Manager; **Ms C. McIntyre**, Head of Medical Physics; **Mr C. Miller**, Primary Care and Community Pharmacy Coordinator; **Mr C. Munro**, Head of Service, Manual Handling; **Mr G. Ball**, Business Manager, REAS; **Mr G. McGuire**, Assistant Finance Manager; **Ms H. Charles**, Head of Research Governance; **Ms J. Browning**, Associate Director of Pharmacy; **Ms K. Hood**, Strategic Lead for Practice Learning, Nursing and Midwifery; **Ms L. Swadel**, Programme Manager, Midlothian Community Health Partnership; **Ms L. Watson**, Associate Head of Health Records; **Ms M. Reid**, Programme Manager, Outpatient And Associated Services

Apologies:

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

58 Declaration of Conflicts of Interest

58.1 No interests were declared.

59 Presentation – Carers' Staff Network

59.1 The Chair of the Carers' Staff Network, provided an update on the Network. The Network had been established for several years and was now shifting its focus towards providing direct guidance and assistance for staff with caring responsibilities, supporting them to work while simultaneously exercising their carer responsibilities.

- 59.2 The Carers' Network met bi-monthly and provided a forum for distributing and sharing key information with staff. Recent successes had included lunch and learn sessions for carers and the direct involvement of carers in "coffee roulette" sessions to ensure that their concerns were heard by leaders in the organisation. In the coming year, it was expected that members of the Network would contribute to the development of the NHS Lothian Carer's Passport.
- 59.3 The Network encouraged staff to come along and ask for support and provided a safe space to discuss any issues they may have at home and within the workplace. General issues and themes identified via the Network were shared with the Deputy HR Director, where appropriate.
- 59.4 The Network was growing, with 120 members and a confidential mailing list for staff with a range of caring responsibilities. It was felt that this growth reflected a wider societal shift towards individuals increasingly requiring and receiving care from immediate family members as opposed to professional care staff. As such, there was an increased need for employers to support staff with caring responsibilities and to adjust their policies in response. The Carers' Network had identified that NHS Lothian policies required clarification around the availability of carer leave and that some staff were utilising annual leave to support their caring responsibilities. It was felt that this would lead to an increased likelihood of stress and burnout.
- 59.5 The Committee welcomed the presentation, noting the growth and success of the Network. Members discussed the significant potential for the Network to provide insight on the perceptions and experiences of staff with caring responsibilities and to inform the development of organisational policies and approaches that better supported them. In response to a question about the volume of staff with caring responsibilities, the Director of HR and OD said this was estimated to be around 1 in 7, although some staff were unlikely to disclose this or even recognise that they were carers.
- 59.6 It was acknowledged that the work on developing a Carer's Passport would likely improve the number of staff recognising or disclosing their caring responsibilities. It was also noted that national work on formalising NHS Scotland's approach to agile and hybrid working should provide greater clarity and support to those with caring duties.
- 59.7 It was agreed that a further update should be provided to the Committee in 15-18 months' time.

TMc/RK

60. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 1 March 2023

- 60.1 The Minutes of the previous meeting were approved as an accurate record. All actions were up to date.

61. Matters Arising

- 61.1 There were no matters arising.

STAFF EXPERIENCE

62 Advancing Equalities Action Plan 2022/23 – Update and Action plan 2023/24

- 62.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2022/23. She confirmed that some actions were not completed due to staff pressures but these actions had been rolled forward into the plan for the current year.
- 62.2 A range of key achievements were highlighted, including coffee roulette sessions, development of the workforce dashboard on equality and diversity, the creation of the Women's Network, ensuring protected working time for staff to take part in meetings, and agreement on the Equality and Diversity Recruitment Plan. Guidance on Reasonable Adjustments had also been approved and a range of Staff Networks continued to be promoted.
- 62.3 The action plan for 2023/24 set out concisely the key actions to be achieved in the current year. Particular areas of focus would include: improving and increasing the collection of staff equality & diversity data, the rollout of new communication methods and the practical implementation of the Reasonable Adjustments Guidance. The establishment of the Carer's Passport would be accompanied by the introduction of disability passports. A key benefit of the passport model was that staff retained their information and any adjustments when they changed roles within the organisation.
- 62.4 The Chair welcomed the progress made in meeting the plan's objectives and enquired as to the underlying principles of the disability/carers passport. The Deputy HR Director advised that a number of organisations had such passport models in place, allowing employees to move around the organisation, in different roles, without being required to discuss their personal circumstances with each new manager. This was a best practice approach that NHS Lothian was adopting.
- 62.5 The Chair asked what more could be done to encourage staff to update their eESS record. A dashboard had been developed to show the 'gaps' in the criteria and it was noted that staff sometimes exercised a personal choice not to provide data. However, there were ongoing efforts to encourage staff to update their personal information by explaining the wider benefits of better understanding the diversity of the organisation.
- 62.6 The Committee agreed to take moderate assurance on the delivery of actions for 2022/23 and 2023/24.

63 Whistleblowing Report

- 63.1 The Director of HR and OD introduced the Whistleblowing Report and a summary of activity from the Independent National Whistleblowing Officer (INWO). She noted that one case from between August 2022 and May 2023 remained open with the INWO, and that an update had been requested from the INWO.
- 63.2 It was reported that two new questions were included in the iMatter survey for the current year that would help to assess how employees felt about reporting concerns within the organisation and how confident they were that matters raised would be addressed.
- 63.3 A report on the performance indicators set by INWO would be provided to the June Board meeting as part of the Annual Report for 2022/23.
- 63.4 The Non-Executive Whistleblowing Champion took the opportunity to acknowledge the extensive efforts undertaken within NHS Lothian to ensure effective and compliant

- 63.5 Whistleblowing policies and procedures, noting also that this had been reflected in the results of a recent report by the Internal Audit Service. The Chair echoed this view and offered his thanks for detailed report provided.
During discussions, the Committee sought to understand the influencing factors in cases where the timescales for completion had stretched beyond the expected maximum. Members also sought reassurance on how staff might be more confident that any concerns raised would be addressed.
- 63.6 Adherence to the tight timescales set by the INWO was acknowledged as an ongoing challenge. The Director of HR and OD explained that the often complex nature of Stage Two complaints, in particular, and the need to undertake detailed enquiries, with multiple parties or witnesses, did not always allow for a swift resolution. These issues were sometimes compounded by annual leave as well as the impact of ongoing service pressures.
- 63.7 The Director of HR and OD also advised that significant efforts were made to keep whistleblowers updated on progress throughout each case, from initial acknowledgement through to completion.
- 63.8 It was asked whether a Whistleblowing investigation would ever be carried out simultaneously with an Employee Relations (ER) investigation process. The Director of HR and OD acknowledged that, often, the two areas could become intertwined. However, it was important to ensure that the Whistleblowing process did not become used as means to raise issues that should be addressed through other routes, such as ER issues or grievances.
- 63.9 The Committee agreed to take moderate assurance, based on the information contained in the Report, that systems and processes are in place to help to create a culture in NHS Lothian which ensures staff have confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured those concerns raised will be acted upon.
- 63.10 The Committee approved the NHS Lothian Annual Whistleblowing Performance Report 2022/23, prior to its presentation to the Board on 21 June.

64 Speak Up Report

- 64.1 The Workwell Specialist Lead provided an update on the six-monthly Speak Up Report. She advised that staff continued to be supported in raising concerns via the Whistleblowing process.
- 64.2 The Committee heard that the Speak Up service had received a steady number of contacts of around 20 per quarter, with an increase in Q3 compared to previous years. However, this coincided with the first national Speak Up campaign and a similar trend had occurred elsewhere. In response to recent feedback from staff about uncertainty in the process, efforts had been made to improve signposting to ensure that the correct route was being used in each case.
- 64.3 The Speak Up Ambassadors were responding to feedback, indicating that some staff were not raising issues via normal line management routes in cases where this was the most appropriate first step. This was an effective route of resolution that needed to be used more frequently.

64.4 There were plans to recruit an additional Speak Up Ambassador in due course, to better support the volume of activity. Ambassadors continued to help address staff expectations on timescales by communicating the complexity of cases and the resources required to investigate and allow a thorough conclusion to be reached.

64.5 The Committee noted the paper and the ongoing delivery of the Speak Up Service.

65 Real Time Staff Experience Feedback

65.1 The Associate Director for OD & Learning provided an update to the Committee on the ongoing efforts to develop a real time staff experience measurement tool.

65.2 A proposal for funding of this project had been presented to the Corporate Management Team (CMT) in February, including an overview of work undertaken so far. Following discussion, the CMT had commended the work but agreed not to support further investment at this time due to current financial pressures and other service delivery priorities.

65.3 The Committee noted the progress made to date and CMT's decision not to prioritise financial investment for this work. It was also noted that the Organisational Development Team would continue to use existing diagnostic tools when working with specific teams.

66 Cost of Living Work Programme Update

66.1 The Associate Director of OD & Learning provided an update on the cost of living programme, explain that the paper circulated outlined work completed over the last year with support from HR, Public Health and Staff Side to respond to the cost of living crisis.

66.2 The Associate Director of OD & Learning confirmed a key element of this work was to curate and signpost to trusted resources on finance and wellbeing, making these accessible to staff in both digital and print formats.

66.3 There was a comprehensive communication plan rolled out and a number of in-person road shows undertaken at NHS Lothian sites, targeted at staff that did not have access to digital resources. This included partnering with companies including Home Energy Scotland and support with education with support from NHS Lothian Charity. Activities had particularly been designed to destigmatise financial hardship and better equip and support staff to deal with potential financial difficulty.

66.4 The Short Life Working Group, convened in September 2022 to inform and guide the response, had been paused, but would reconvene in the Autumn.

66.5 The Committee noted the work undertaken to respond to the cost-of-living crisis and took a moderate level of assurance that NHS Lothian, as a responsible employer, was supporting its staff appropriately.

ASSURANCE AND SCRUTINY

67 Corporate Risk Register

67.1 *Corporate Risk 3455 – Management of Violence and Aggression*

- 67.1.1 The Executive Nurse Director provided a verbal update on the Corporate Risk relating to the Management of Violence and Aggression. She reminded the Committee that, at its previous meeting, moderate assurance had been accorded to all aspects of the work, with the exception of the development of the Training Pack, where only limited assurance had been taken.
- 67.1.2 Although this remained a high risk, a range of ongoing work served to provide effective mitigation. This included the expectation that the Purple Pack risk assessment would be concluded in the summer and that the appropriate training would be rolled out to staff.
- 67.1.3 It was noted that there had been improvement in compliance levels and that the use of devices by lone workers was business as usual.
- 67.1.4 The Chair asked if the Audit and Risk Committee had reviewed the position. The Executive Nurse Director confirmed this risk had not been to Audit and Risk explicitly, although the the Committee did review the Corporate Risk Register and its contents in full on a regular basis.
- 67.1.5 The Committee noted the update provided and welcomed the improvements achieved in compliance.

67.2 *Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels*

- 67.2.1 The Executive Nurse Director provided an update on nurse workforce staffing levels and confirmed that national work in relation to off-contract agency was set to commence on 1 June. Significant work had been undertaken around the implementation plan, overseen by the supplementary staff group. She confirmed that triggers for accessing contract and agency staff will be more robust with a 'break glass' criteria for off-site contracts.
- 67.2.2 There had been significant planning on safe delivery and this work would go live on 1 June. Nurse staffing for the next period was positive but challenging with a reduction in off-site contracts, but the correct process is in place at a national level.
- 67.2.3 The Executive Nurse Director confirmed the reinstatement of face to face interviews for Band 2-5 staff and that site open days had taken place at St John's Hospital with 80 new recruits and a number of nurses registered outwith Lothian being appointed. The recruitment in prisons had been successful, with almost all the vacant posts to be filled by September.
- 67.2.4 A review of the recruitment and control procedures for bands 2 to 5 had been requested by Internal Audit.
- 67.2.5 The Chair asked if recruitment would be repeated during the summer, and whether other Boards were doing something similar. The Nurse Director confirmed that there was a recruitment plan for acute sites and HSCP's, but it was important to capitalise on recruitment of students completing University courses. Work was planned with the Scottish Government on alternative routes of training, building on the Board's recent success with Open University students.
- 67.2.6 The Executive Nurse Director confirmed difficult areas of recruitment were being

prioritised. There was competition for staff from other Boards, but NHS Lothian was promoting itself effectively in this space.

- 67.2.7 The Committee agreed that a verbal update should be provided to the Board meeting on 21 June around the off-contract agency work.

67.3 Corporate Risk 5020 – Water Safety

- 67.3.1 The Medical Director provided the Committee with an update on the water safety risk, describing the current level of assurance available on compliance with legislation and technical guidance relating to the provision of water delivery and quality on all NHS Lothian sites and within those of third-party providers.
- 67.3.2 It was noted that a Water Safety Group (WSG) had been established to assess increased instances where Legionella had been detected, arising due to the reduced use and access of buildings during Covid. She confirmed ongoing work to ensure the identification of base documentation about statutorily required checks. This would ensure that NHS Lothian was able to evidence and demonstrate that the required actions were in place.
- 67.3.3 The Committee noted that:
- several incidents of Legionella detected at community sites were currently being managed;
 - that a Standard Operating Procedure (SOP) for the maintenance and handover of water issues for new build projects and refurbishments requiring closure of an area had been approved by the WSG; and
 - an updated Water Safety Management Policy had been approved by the WSG and submitted to the NHS Lothian Policy Approval Group
- 67.3.4 The paper outlined a number of outstanding actions and the steps in place to deliver them.
- 67.3.5 The Committee accepted a limited level of assurance on water safety, primarily due to the currently incomplete work on water safety plans and written schemes of control at third party and PFI sites (including GP surgeries and community premises).
- 67.3.6 The Committee requested further assurances on the timeline for the completion of all outstanding documentation checks and asked whether contractual obligations may be relied upon to ensure swifter action from third parties. The Medical Director explained that differing attitudes and levels of understanding amongst independent GPs about the water safety risks were contributing to the problem.
- 67.3.7 The Chair asked whether there is any financial risk to the board. The Medical Director advised that there had been some discussion and agreements on this, but she would make further enquiries.

67.4 Corporate Risk 3328 – Traffic Management

- 67.4.1 The Deputy Chief Executive provided an update on the Traffic Management risk. He explained that the position remained similar format to previous reports with six red rated areas across four sites. However, each red risk area now had a proposed action plan,

with financial approvals being sought through LCIG. These plans would reduce and minimise risks in all red rated areas.

- 67.4.2 Adverse events had continued and had increased in the last quarter, reflecting the poor behaviour of some individuals accessing NHS Lothian sites. Significant efforts were in place to ensure that these behaviours did not become normalised and to communicate NHS Lothian's zero tolerance policy for such behaviour.
- 67.4.3 The Committee accepted the recommendations in the paper and agreed to accept limited assurance on this risk, based on the information provided.

68 Health and Safety Assurance

- 68.1 The Medical Director provided an update on Health and Safety Assurance and confirmed that the format is the same as previous updates with individual items discussed by local management committees set out in Appendix 1.
- 68.2 The 12 health and safety key risks had remained unchanged for a number of years and were currently being reviewed to determine their continued relevance and to identify any new or emerging risks. It was intended that, in future, individual management committees should focus in particular on those areas of risk most appropriate to them.
- 68.3 Positive progress had been made in the area of Violence and Aggression (V&A), and this had been welcomed by the Chair of the Committee. There had also been positive discussions on fire safety training.
- 68.4 It was noted that work to improve fire detection and protection measures at the RIE building was the responsibility of the building service provider and discussions in this area were ongoing. NHSL have a responsibility for fire safety and training of staff, as well as updated plans in all NHSL buildings where patients are treated.
- 68.5 The Chair acknowledged that a review of the 12 key risks was timely and appropriate.
- 68.6 The Committee noted the assurance levels identified in the annual plan for Q4 and noted the updates provided on other risks.

69 Staff Governance Committee Annual Report

- 69.1 The Deputy HR Director presented the Staff Governance Committee Annual Report for 2022/23. This followed the format established by the Board for annual reporting and included the statement of assurance required by the Audit & Risk Committee to inform its scrutiny of the annual Governance Statement and the required disclosures within it.
- 69.2 The Committee was invited to consider those areas within its Annual Report and its Statement of Assurance where limited assurance had been taken during 2022/23 and to consider whether any significant issues required to be disclosed within the Board's Governance Statement. The Committee agreed that no significant issues required to be disclosed.
- 69.3 The Committee undertook some further discussion on fire safety, acknowledging that these specific risks are monitored via other governance committees. Staff uptake of fire

safety training was felt to be a concern for the Committee but it was recognised that there had been improvements due to enhanced communications on this.

- 69.4 The Committee approved its Annual Report for 2022/23, agreeing that no significant issues within its remit required disclosure via the Board's Governance Statement.

70 Staff Governance Workplan 2023/24

- 70.1 An update of the Staff Governance Workplan was presented by Director of HR and OD, This covered both corporate and local priorities .
- 70.2 The Board had updated its approach to the setting of Corporate Objectives for 2023/24, reducing the overall number significantly and improving their relevance and alignment with the Lothian Strategic Development Framework.
- 70.3 The Director of HR and OD confirmed an intention to optimise workforce capacity and capability by delivering the actions set out in the plan. Particular areas of focus would be the 2023-26 Staff Engagement Framework, the Work Well Strategy and Staff Engagement and Experience Framework as part of this work, linking particularly to the E&D work that the Head of Equality, Diversity and Human Rights is leading on.
- 70.4 The Director of HR and OD advised that the leadership event in October is being developed, and further information on this would be shared at the next meeting in July.
- 70.5 The Committee noted the new Staff Governance Work Plan for 2023/24.

SUSTAINABLE WORKFORCE

71 Workforce Report

- 71.1 The Deputy HR Director introduced the report, highlighting information on the levels of absence, sickness and recruitment in addition to the workforce reports concerning specific issues and the equality and diversity dashboard for managers.
- 71.2 An overview of the NHSL workforce and equality dashboard was presented by the Head of HR Information Systems. The Committee heard that the dashboard provided a wide range of data on staff groups, allowing users to focus on a particular site or individual service and to filter data by areas such as age group, job band and ethnicity.
- 71.3 The Chair asked if that information was updated on a daily basis. It was confirmed that information was updated monthly alongside other dashboards.
- 71.4 The Committee congratulated the team on the development of the dashboard and the work that had gone into producing it. Members enquired about the duration of use and any feedback received from users. The Deputy HR Director confirmed this had only been live for one month, so no feedback had yet been received. Further communications were planned around this.
- 71.5 The Chair asked if we would be able to use any experience in Acute Services with retire and return to be more successful in this area. The Director of HR and OD advised that there were active discussions promote use and increase uptake in this area.

- 71.6 The Committee noted the Workforce Report and the ongoing actions being taken to address some of the issues raised within it.

72 Equality and Diversity Monitoring Report

- 72.1 The Deputy HR Director presented the Equality and Diversity Monitoring Report, which was required to be submitted at the end of the financial year. The report described the full composition of the NHS Lothian workforce, providing data according to the protected characteristics under the UK Equality Act (2010). The report also provided updates in the areas of staff training, education, promotions, and departures.
- 72.2 The Deputy HR Director confirmed that trends and information had been reviewed and analysed to inform wider aims and objectives. As in previous years, the Network Chairs would have a workshop to look at the report in more detail.
- 72.3 The Chair noted a recommendation seeking assurance that information was being used in a meaningful way and asked how this could be demonstrated. In particular, he sought assurance that the data would support better discussions and improve equality and diversity efforts. The Deputy HR Director explained that the HR & Equality and Diversity Group, which all Network Chairs attend, would consider improvements based on the information provided.
- 72.4 The Committee noted the Report and accepted moderate assurance that:
- systems and processes are in place to ensure that information about staff is captured that the information would be used meaningfully; and
 - information is currently being used in a meaningful way to improve the experience for all staff regardless of ethnic background, gender, disability and age

73 Gender Pay Gap Report

- 73.1 The Deputy HR Director provided information on the Gender Pay Gap Report, which was published on 30 April and is published bi-annually.
- 73.2 The data and analysis presented demonstrated an overall positive position, including a reduction in the overall gender pay gap in NHS Lothian. There had also been a reduction in the gender pay gap in respect of executive and senior managers and, to a lesser extent, the medical and dental groups.
- 73.3 The Director of HR and OD reminded the Committee that the pay scales were set nationally and that Boards did not have a great deal of discretion around pay, terms and conditions. Length of service had a significant impact.
- 73.4 There were plans to hold a meeting with the Women's Network to discuss the results in more detail.
- 73.5 The Committee noted the Report and accepted a significant level of assurance that NHS Lothian was complying with the requirements of the Equality Act 2010 in respect of gender pay gap reporting.

FOR INFORMATION AND NOTING

74 Staff Governance Monitoring Framework Return 21/22 – Scottish Government Feedback letter

74.1 The Committee noted the Scottish Government's feedback on the monitoring framework.

75 Staff Governance Monitoring Framework Return 22/23 – Scottish Government letter advising of the process

75.1 The Committee noted the Scottish Government's 2023 Framework Statement and the deadline of 4 December. It was agreed to bring a draft to the October meeting.

76 Staff Governance Assurance Statement

76.1 The Committee agreed that a new Statement of Assurance be added for the next meeting for the statements received to date.

76.2 It was agreed that the report on the survey of members and the functioning of this committee should be recirculated.

REFLECTIONS ON THE MEETING

77 Matters to be highlighted at the next Board meeting

77.1 The Committee agreed to highlight its discussion of the nursing off-contract agency work at the August Board meeting.

78 Matters to be highlighted to another Board Committee

78.1 There were no matters to be highlighted to other Board Committees.

79 Any Other Competent Business

79.1 There were no further matters arising

80 Date of Next Meeting: Wednesday 26 July 2023 at 9.30am