

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 26 July 2023 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mr C. Campbell**, Chief Executive; **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Miss T. Gillies**, Executive Medical Director; **Mrs A. MacDonald**, Executive Nurse Director; **Mr J. Crombie**, Deputy Chief Executive; **Ms K. Kasper**, Non-Executive Board Member and **Mr M. Connor**, Non-Executive Board Member (attending as a substitute), **Ms H. Fitzgerald**, Partnership Representative;

In Attendance:

Mrs R. Kelly, Deputy Director of HR; **Mrs M. Carr**, Chief Officer, Acute Services; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mr D. Thompson**, Board Secretary; **Ms C. McDowall**, Work Well Specialist Lead / Speak Up Ambassador; **Ms M. Campbell**, Director of Estates & Facilities; **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Mrs N. Clancy**, Head of Employee Relations (Item 7.1); **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7.3) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms K. Crowe, Renal Consultant

Apologies:

Ms N. Akta, Non-Executive Board Member; **Ms T. Miller**, Employee Director; **Ms J. Clark**, Partnership Representative and **Mr S. Chandran**, 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.

12 Declaration of Conflicts of Interest

12.1 No interests were declared.

13 Presentation – Staff Wellbeing

13.1 The Work Well Specialist Lead presented an update on the Staff Wellbeing two-year delivery plan, focusing particularly on the implementation of Work Well Champions.

13.2 The Work Well Champion role had been rolled out on a trial basis within West Lothian HSCP over the last year, with appropriate support and resources in place, including:

- 13.2.1 a documented role description to ensure that those undertaking the position had clear expectations about their local and regional responsibilities;
 - 13.2.2 the deployment of a part-time Facilitator post to help coordinate the work required;
 - 13.2.3 a dedicated Microsoft Teams channel to support communication and engagement with staff; and
 - 13.2.4 regular meetings between the delivery team.
- 13.3 Podiatry and Oral Health were highlighted as areas where Work Well Champions had been particularly welcomed due to the range and geographical spread of the services. Over the course of the trial period, Oral Health had increased the number of its appointed Champions to meet the specific needs of staff in this area.
- 13.4 Feedback gathered from those undertaking the Champion role had indicated that they felt valued and that they had the time necessary to undertake the role effectively, which was felt to be key to achieving the objectives of the initiative.
- 13.5 The Champions had been instrumental in supporting a number of other initiatives delivered under the Work Well Strategy, all aimed at improving and encouraging staff wellbeing.
- 13.6 The Work Well Specialist Lead explained that, based on lessons learned from this trial initiative, there were plans to roll out the Work Well Champions within other areas, including REAS, Facilities and within the Western General Hospital site.
- 13.7 The Committee welcomed the update provided and the evidence of a successful trial exercise. Members commented that they would like to see similar resource being deployed across the other HSCPs. It was noted that priority was being allocated to areas that had actively approached the Work Well Team, on the basis that these would be the services most receptive and committed to delivery.
- 13.8 During further discussions, members asked if additional resources had been sought from NHS Lothian Charity to support the roll out of the Champion role. It was explained that the Charity had been very supportive of wellbeing initiatives but that financial resource was less of a barrier than staff capacity. Both the Work Well Champions and the wider staff had to have the time, alongside their substantive roles, to engage in the activity.
- 13.9 Members asked if staff were comfortable in approaching Work Well Champions and discussing issues. It was noted that the Champions offered an opportunity to improve signposting and access to other, more formal employee support services, without needing to become too involved in specific and potentially sensitive issues.
- 13.10 The Committee expressed its appreciation to the Work Well Specialist Lead for the presentation and welcomed the positive developments described. It was confirmed that further progress updates would come through the existing quarterly reports.

14 Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 31 May 2023

14.1 The Minutes of the previous meeting were approved as an accurate record. The Chair confirmed that he had provided feedback on some minor amendments and the Committee was content for the Chair to finalise these.

14.2 It was noted that all actions were up to date.

15 Matters Arising

15.1 In response to a question from the Chair, the Director of HR and OD advised that an update on the East Region Recruitment Service would come to the next meeting of the Committee.

15.2 The Chair asked that more non-executive board members be offered the opportunity to attend “Coffee Roulette” sessions. The Director of HR and OD agreed to take this forward.

JB

STAFF EXPERIENCE

16 Advancing Equalities Action Plan 2023/24

16.1 The Deputy Director of HR provided an update on the 2023/24 Advancing Equalities Action Plan, which had been considered and endorsed by the Committee at its previous meeting in May. Whilst the Plan was in its early stages of implementation, progress had been achieved in several areas.

16.2 In particular, the creation and introduction of a Carer’s Passport had been advanced following discussions with the Carers’ Network and a first draft had been produced. It was expected that this would be discussed with the Lothian Partnership Forum in August and then launched in October. A similar passport scheme for disabled staff was being explored, with a range of options to be considered by the Disabled Employees’ Network.

16.3 Further work on disability included the gathering and preparation of evidence to support a submission seeking Disability Confident Employer Level 3 status. This work had been discussed at a recent meeting with Disability Confident Scotland (DCS). A submission was planned for September and a further update would be provided to the Committee in October.

16.4 The Committee sought clarity on whether the responsibilities for delivery of the various aspects of the Plan were clearly understood. The Deputy Director of HR confirmed that actions and responsibilities were well understood. She explained the significance of green, amber and red ratings within the update, noting that “red” did not necessarily indicate a delay in action but simply that it had not yet commenced.

16.5 Members asked how successful delivery of the plan would be measured and specifically whether there were any key performance metrics that would enable progress to be tracked and understood more readily. They also wished to understand how the

Advancing Equalities Action Plan related to the Board's wider and recently approved Equalities and Human Rights Strategy.

- 16.6 In response, it was explained that much of the work was qualitative and not always easy to measure directly with specific metrics. However, improvements in the collection of staff equality and diversity data were a useful means by which to measure general success and positive impact. Recent data had shown a welcome improvement in disclosures by staff. Further improvements were expected as initiatives, such as the passport schemes, were rolled out.
- 16.7 Other ways of measuring success and positive impact included changes in the workforce KPIs included as part of Board performance reporting and the qualitative evidence gathered through staff networks. The Director of HR and OD acknowledged the need to consider how these potential measures of success could be collated and presented to the Committee in future and to demonstrate linkages with the overarching Strategy.
- 16.8 The Committee welcomed the updated provided and accepted moderate assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2023/24.

17 Whistleblowing Report

- 17.1 The Director of HR and OD presented the Whistleblowing Report, which included the quarterly Whistleblowing Performance report, the associated monitoring data for Whistleblowing concerns, and a summary of recent learning and improvement activity related to Whistleblowing investigations.
- 17.2 It was noted that concerns had been discussed amongst the Scottish HR Directors about the significant amount of time and resource required to implement the Independent National Whistleblowing Office (INWO) standards, as well as the response times from the INWO which impacted upon the reported performance within boards. Follow-up conversations would be held with the Scottish Government in this area and the Committee would be updated on any developments.
- 17.3 The Director of HR and OD reported on staff feedback in relation to Whistleblowing. Recently added iMatter questions had provided some early and indicative results (covering only Corporate Services and REAS at this stage) suggesting that 70% of staff were confident in the ability to safely raise concerns and 56% were confident that their concerns would be followed up and responded to. A fuller analysis was awaited, and a separate, local survey had been developed to support follow up in the wake of each Whistleblowing case.
- 17.4 The Non-Executive Whistleblowing Champion welcomed the generally positive position set out in the Report. She reported that she had seen improvements in the processing of Whistleblowing concerns and in the reporting of details to her. She welcomed improvements in the communications to staff and in the levels of transparency around cases reported.
- 17.5 The Committee asked how the levels of performance reported, including response timescales, compared to other boards. It was reported that all boards were contending with similar complexities in the cases presented to them, which brought challenges when

trying to adhere to set timescales. It was acknowledged that the 20-work day timescale was particularly challenging but that those raising concerns are kept informed throughout the process, including when standard timescales are unlikely to be achieved.

- 17.6 The Committee sought to understand how issues or concerns might be addressed at an earlier stage, in order to prevent the need for the use of formal Whistleblowing processes. The Director of HR and OD confirmed that this was a clear aim of the Speak Up service but that, sometimes, a concern was not fully addressed locally and that this might lead to an escalation via the Whistleblowing process.
- 17.7 The Chair welcomed the report, noting that the level of reporting allowed the Committee to develop a strong and detailed appreciation for this important area. The Committee agreed to accept the recommendations in the paper, including:
 - 17.7.1 Approving the Q1 Whistleblowing to be presented at the Board meeting on 23 August;
 - 17.7.2 Accepting moderate assurance that systems and processes are in place 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.

18 Work Well Strategy Delivery Plan – Evaluation of Year 2 and Delivery of Year 3

- 18.1 The Work Well Specialist Lead provided an update on the Work Well Strategy Delivery Plan. Within the second year, the key deliverables had been established and there was a focus on new staff support services, wellbeing coaching and peer support. The prioritisation of providing cost of living support for staff had led to increased timescales for elements of the Plan. Despite this, there had been significant development of key workstreams including “Energise You”, the Weight Management Programme and the Work Well campaign.
- 18.2 Those elements of the Delivery Plan which had been delayed due to re-prioritisation would be rolled forward into the 2023/24 delivery year. The third year of delivery would focus on women’s health and on upskilling leaders and services to support sustainable local delivery.
- 18.3 The Committee welcomed the encouraging levels of engagement from staff and the public health focus of the work. Members also acknowledged that current efforts were supported by non-recurring funding and this therefore limited what might be delivered in future years.
- 18.4 Members discussed potential options for alternative funding sources, including the NHS Lothian Charity. It was noted that the Charity had already provided significant support, alongside the Scottish Government funding.
- 18.5 The Committee approved the recommendation in the paper, accepting moderate assurance that NHS Lothian (with the support of NHS Lothian Charity) are committed to and progressing a strong focus on supporting staff wellbeing via our Work Well Strategy and that evaluation indicates a positive impact and focus on staff wellbeing.

ASSURANCE AND SCRUTINY

19 Corporate Risk Register

19.1 Corporate Risk 3455 – Management of Violence and Aggression

- 19.1.1 The Executive Nurse Director provided an update on the risk mitigation plan to manage the Management of Violence and Aggression risk. She explained that, although the overall level of assurance was currently limited, this was only due to the pending completion of the training strategy. All other aspects of the mitigation plan had been delivered and each was considered to provide a moderate level of assurance.
- 19.1.2 It was now intended that the training element of the plan would be in place by the end of August, including the required risk assessments. Pending this development, the training team had continued to deliver training in those areas deemed to represent a higher risk, thereby managing the risk effectively.
- 19.1.3 In response to specific assurances sought by the Committee, the Executive Nurse Director confirmed that there was appropriate staffing resource and capacity in place to provide the required training and that training needs had been appropriately prioritised based on risk.
- 19.1.4 The Committee welcomed the update and noted the progress achieved, also noting that effective scrutiny had been provided by the Audit & Risk Committee via internal audit reports and follow-up.
- 19.1.5 The Committee accepted the recommendations in the paper including the following assurance levels for each aspect:
 - 19.1.5.1 Policy – moderate assurance
 - 19.1.5.2 Purple Pack – moderate assurance
 - 19.1.5.3 Training – limited assurance
 - 19.1.5.4 Lone Working – moderate assurance
 - 19.1.5.5 Roles and Responsibilities – moderate assurance
 - 19.1.5.6 Data & Assurance – moderate assurance

19.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

- 19.2.1 The Executive Nurse Director provided an update on the risk mitigation plan to manage the nursing and midwifery staffing risk on the Corporate Risk Register.
- 19.2.2 This work was overseen by the Nursing & Midwifery programme Board and aligned with the overall Workforce Programme. Efforts were impacted by challenges in workforce supply and the continued existence of a significant vacancy gap. Nonetheless, the Executive Nurse Director described a significant range and volume of activity aimed at mitigating ongoing challenges. This included:
 - 19.2.2.1 Effective processes in place for international recruitment, although this had a limited overall impact;

- 19.2.2.2 Successful “grip and control” efforts to reduce and more effectively manage the use of off-contract agency staff, which was having a significantly positive impact;
 - 19.2.2.3 Increasing access to nursing training on an “earn as you learn” basis and developing a distinctive NHS Lothian approach;
 - 19.2.2.4 Efforts to attract final year nursing students, including offering weekly shifts to those still in training; and
 - 19.2.2.5 Rolling recruitment drives to address specific vacancy challenges at St John’s Hospital.
- 19.2.3 The Executive Nurse Director pointed to specific assurances offered within the paper on the level of preparation for the anticipated implementation of the Health and Care (Staffing) (Scotland) Act 2019. A letter from the Scottish Government was provided that confirmed the existence of robust systems and processes to support compliance.
- 19.2.4 During discussion, it was confirmed that the results of ongoing internal audit work around nursing workforce recruitment would be shared with the Committee. Similarly, the final “break glass” criteria for off-contract agency use would be shared, once finalised. It was also suggested that the development and deployment of ancillary staff might be the subject of a future development session for the Committee. It was confirmed that this issue would be addressed as part of the “Model Ward” work being undertaken currently.
- 19.2.5 The Committee noted that the level of risk remains very high. It also noted the work on the cessation of the use of off-contract agency staff and supported the actions and timelines as detailed within the paper.
- 19.2.6 Based on the information provided, the Committee accepted moderate assurance concerning the mitigation of Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels.

19.3 Corporate Risk 5020 – Water Safety

- 19.3.1 The Medical Director provided the Committee with a verbal update on the water safety risk. She noted that the risk arose due to a limited ability to demonstrate compliance with relevant legislation. This was linked to challenges in ensuring water quality at third-party sites and sites that had been underused during Covid.
- 19.3.2 It was noted that the Water Safety Policy was being updated to reflect more strongly the need for mitigation of risks at both NHS Lothian and third-party provider sites. Executive ownership of this area, including the relevant risks, was currently being transferred to the Deputy Chief Executive.
- 19.3.3 The Medical Director informed the Committee that high counts of Legionella had been detected in two LINAC machines in Radiotherapy in the old building at the Western General Hospital site. She confirmed that patients who were receiving care had been moved and rebooked onto another LINAC machine supplied from a different water system and tank. Resultant remedial work is expected to take three months to complete.
- 19.3.4 The Water Safety risk was being updated to reflect the emerging issues and no updated level of assurance was being sought at this time.

19.4 Corporate Risk 3328 – Traffic Management

- 19.4.1 The Director of Facilities provided a verbal update on the Traffic Management Risk. She explained that a quote for the new car park barrier at the Royal Edinburgh Hospital (REH) is still outstanding due to delays on the part of the PFI provider. Depending on the outcome, a proposal will either go through the Lothian Capital Investment Group (LCIG) for financial approval or, if no funding is available. The risk will require to be accepted and mitigated. The risk assessment will be updated to reflect this decision.

20 Junior Doctor Industrial Action – update

- 20.1 The Director of HR and OD provided an update on the Junior Doctor Industrial Action. Following a revised offer being made to the British Medical Association (BMA) and its members, the outcome of a ballot was awaited. The deadline for responding was 17 August.

SUSTAINABLE WORKFORCE

21 Workforce Report

- 21.1 The Deputy Director of HR introduced the Workforce Report for June 2023, which provided performance data on a range of areas, including the current establishment gap, numbers of staff leavers and retirements, in addition to Whistleblowing and Speak Up numbers. The June 2023 Report had a particular focus on sickness absence. Although absence levels had increased slightly compared to the previous reporting period, NHS Lothian continued to have the second lowest level of sickness absence, relative to other Scottish territorial boards.
- 21.2 The Committee discussed the Report's content. Members sought to understand the reasons for higher short- and long-term absence rates within Facilities. It was considered that this pattern was consistent with previously reported data and might be influenced by both the physical nature of the role and by the relatively lower levels of flexible working opportunities. However, it was also noted that a high number of absences are linked to mental health issues, for which some staff may be less likely than others to seek assistance and which can be brought on by both personal and work-related stresses.
- 21.3 Both the Head of Employee Relations and the Director of Estates and Facilities confirmed that sickness absence in Facilities was being effectively and closely managed.
- 21.4 Committee members commented upon the relatively low proportion of staff, overall, that had completed an annual appraisal (48% against a target of 80%).
- 21.5 The Committee noted the updated Workforce Report for June 2023 and the actions being taken to address the issues raised within it.

22 Leadership and Management Development Plan

- 22.1 The Director of HR and OD explained the genesis of this item, reminding members of an action from the last Committee meeting that a draft plan should be brought in advance of the launch event in October. The Associate Director of OD & Learning presented an update on a range of activity to support leadership and management development.
- 22.2 Following the success of the Talent Management and Succession Programme for senior leaders at Band 8a, work was underway to ensure similar provision for staff below this level. It was anticipated that provision would focus more on functional management and leadership.
- 22.3 On this basis, a “Passport to Leading and Managing in NHS Lothian” covering several development and progression pathways was planned for a pilot launch in October.
- 22.4 The Committee discussed the potential to make greater use of multi-source feedback mechanisms. Whilst the relative merits of this tool were understood, the Associate Director of OD & Learning explained that delivery was resource intensive, particularly for large cohorts. It remained an available tool for those who requested it.
- 22.5 It was confirmed that participation in the new programme would initially be through self-selection and line manager referral. In time, it was expected that there would sign-posting for staff to useful resources, enabling greater coverage and communication of best practice approaches.
- 22.6 It was agreed that a further update should be provided to the Committee agreed that a further update should be provided to the Committee in 12-18 months’ time.

23 Nursing and Medical Training Pipelines

- 23.1 The Head of Workforce Planning presented a paper detailing the current challenges and inequities in nationally controlled medical and nursing training pipelines and the range of activities underway to influence decision-making in this area. This was presented within the context of Lothian, which was projected to have the highest growth in population of any region in Scotland over the next decade. The paper set out in detail some of the capacity and workforce challenges this was likely to create, along with some proposed responses.
- 23.2 Committee members asked if the future staff numbers projected were linked to workforce supply factors and whether NHS Education for Scotland (NES) had accepted that numbers entering nursing training during the preceding period were likely to be inadequate for the needs of the population. In response, it was explained that there needed to be further shifts and developments in this area to ensure a sustainable local pipeline.
- 23.3 Members reflected that, on current projections, the local university output of nurses in 2026 was forecast to be lower than in 2024, indicating that numbers were going in the wrong direction.
- 23.4 It was noted that the content of the paper and the activity described within it were likely to be helpful in supporting current local efforts to identify alternative pipelines. For

example, university applications for registered nursing were down by 30% whilst demand for an apprenticeship model of nursing appeared to be significant, with people preferring the “earn as you learn” option.

- 23.5 It was confirmed that the next stage for this paper would be submission to the Scottish Government for further discussion of the proposals, which would include colleagues across South East Scotland.
- 23.6 The Committee agreed to accept the recommendations within the paper and to support the actions set out there.

FOR INFORMATION AND NOTING

24 Staff Governance Work Plan 2023/24

- 24.1 The Committee noted the Staff Governance Work Plan for 2023/24

25 Staff Governance Assurance Statement – 2023/24

- 25.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24.

26 Any other Competent Business

- 26.1 There was no other business.

REFLECTIONS ON THE MEETING

27 Matters to be highlighted at the next Board meeting

- 27.1 The Committee agreed to highlight to the Board: the successful work on cessation of the use of off-contact agency, the anticipated internal audit on nursing recruitment and the Committee’s discussions of current challenges with the Nursing and Medical Training Pipelines.

28 Matters to be highlighted to another Board Committee

- 28.1 There were no matters to be highlighted to other Board Committees.

29 Date of Next Meeting

- 29.1 The next Committee meeting would be held on Wednesday 11 October 2023 at 9.30am