

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 11 October 2023 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Mr C. Campbell**, Chief Executive; **Miss T. Gillies**, Executive Medical Director (Until 12.00); **Mrs A. MacDonald**, Executive Nurse Director; **Ms K. Kasper**, Non-Executive Board Member; **Ms N. Akta**, Non-Executive Board Member (Until 11.30); **Ms. L Cunningham**, Partnership Representative; **Ms H. Fitzgerald**, Partnership Representative and **Mr A. Cogan** Non-Executive Director (observing);

In Attendance:

Mrs R. Kelly, Deputy Director of HR; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mr C. Stirling** (WGH, Site Director – on behalf of Chief Officer, Acute Services); **Mr D. Thompson**, Board Secretary; **Mr C. Graham**, Secretariat Manager, Corporate Governance Team; **Ms M. Campbell**, Director of Estates & Facilities (Until 11.30); **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe**, Occupational Health Consultant; **Mr S. Haddow**, Head of Medical Workforce Planning (Item 2); **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7.2); **Mrs J. Duncan**, Head of Recruitment, Human Resources (Item 6.6) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms F. Tynan, Programme Manager, Nursing; **Mr D. Boyd**, Programme Manager, Corporate Nursing; **Mr G. Garvie**, Network Team Leader, eHealth; **Ms J. Greenacre**, Head of Programmes, Voluntary Services; **Ms L. Inglis**, Head of Nursing, Quality Improvement and Standards, Quality Improvement Support Team; **Ms L. Walker**, Head Occupational Therapist, Occupational Therapy; **Ms S. Preston**, Senior HR Manager, Human Resources; **Mr S. Donaldson**, Strategic Programme Manager, Strategic Planning; **Ms T. Burrow**, Clinical Services Manager, Royal Edinburgh & Associated Services; **Ms K. Tinkler**, Clinical Nurse Manager, General Surgery; **Mr D. Low**, Clinical Nurse Manager, Forensic Mental Health; and **Ms L. Lynskey** (Graduate Management Trainee)

Apologies:

Mr S. Chandran, Non-Executive Board Member; **Mr J. Crombie**, Deputy Chief Executive; **Mrs T. Miller**, Non-Executive Board Member and **Mrs M. Carr**, Chief Officer, Acute Services;

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.

30. Declaration of Conflicts of Interest

30.1 No interests were declared.

31. Presentation - iMatter Results 2023

- 31.1 The iMatter Lead presented the Board's iMatter results for 2023, providing data on the overall position and by each service area. The key messages conveyed were:
- Participation rates had increased compared to the previous year;
 - Improved results had been demonstrated against four of the five Staff Governance Standards;
 - The proportion of Actions Plans completed within eight weeks had increased;
 - The overall Employee Engagement Index (EEI) had increased slightly in 2023,
 - Results against two new questions round raising concerns indicated that 88% of respondents were confident that they could safely raise concerns at work and that 80% were confident that their concerns would be followed up and responded to; and
 - In preparation for the 2024 iMatter survey, manager awareness and action plan refresher training would be delivered, alongside newly developed digital resources.
- 31.2 In discussion, members sought to understand how iMatters results were used by senior management to inform improvement actions and whether the data could be combined with other information sources to highlight areas of potential concern.
- 31.3 At the invitation of the Chair, the WGH Site Director provided a perspective from an acute hospital. He indicated that current staffing pressures were a significant inhibitor to increasing staff engagement and response in relation to iMatter. However, discussions with senior management in Acute Services had helped to bring a more regular focus to iMatter results, avoiding seeing it as a once-a-year activity.
- 31.4 It was confirmed that managers were able to identify trends or highlight particular issues by making comparisons with previous years' survey results. They were also supported in considering other sources of data such as sickness absence trends, where appropriate.
- 31.5 It was suggested and agreed that as previously done, a short "iMatter Story" report should be included at every second meeting of the Committee, focusing on a specific team or department and their Action Plan and its implementation. This would provide additional evidence of how iMatter results were used to deliver improvement actions. **JB**
- 31.6 It was agreed that, once the national iMatter survey results were available, a follow-up report would be provided to the Committee to demonstrate the Board's benchmarked position in NHS Scotland. **SH**

32. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 26 July 2023

- 32.1 The Minutes of the previous meeting were approved as an accurate record.
- 32.2 The Director of HR and OD confirmed that Coffee Roulette sessions were ongoing for Acute Services. Non-executive board members would be provided the opportunity to engage in future sessions.
- 32.3 It was noted that all actions were up to date.

33. Matters Arising

- 33.1 No matters arising

STAFF EXPERIENCE

34. Advancing Equalities Action Plan 2023/24

- 34.1 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 earlier in the year. This work was progressing and the actions were being delivered through the HR and OD Equality and Diversity group.
- 34.2 Work was progressing on the Annual Equality and Diversity Conference following support from the Corporate Management Team (CMT). An in-person conference would focus on the Equality and Human Rights Strategy 2023-2028 and also provide the opportunity to communicate the recommendations of the Transatlantic Slavery Research Work and other equality and diversity topics.
- 34.3 Proposals for both the Carer's and Disability Passports would be presented to the Lothian Partnership Forum on 26 October for agreement, with the Carer's Passport being launched in November to coincide with "Carers Rights Day" on 23 November. The Disability Passport was expected to launch in December.
- 34.4 The Deputy Director of HR reported that a decision had been made to delay the Board's submission for *Disability Confident Employer – Level 3 (Leader)* status until April 2024 to allow the Board to include further evidence such as the outputs from the Equality and Diversity Conference and allow for the implementation of the Disability and Carer's Passports. It was expected that having these in place prior to submission would better support the application.
- 34.5 The Chair asked for a brief report on the Carer's and Disability passports to be presented at the December Committee. **RK**
- 34.6 The Committee accepted Moderate Assurance in relation to the progress made with the actions detailed in the Advancing Equalities Action Plan 2023/24.

35 Whistleblowing Report

- 35.1 The Director of HR and OD presented the Whistleblowing Report, which included the quarterly performance and monitoring data, and a summary of recent learning and improvement activity related to whistleblowing investigations.
- 35.2 The Director of HR and OD reported that one case from August 2022 was still ongoing and was currently with the Independent National Whistleblowing Officer (INWO). A meeting was scheduled with the INWO to understand likely timescales so that the Whistleblower could be provided with an update, as required by the Standards.
- 35.3 The Committee noted that Speak Up Week had taken place in the previous week with a focus on 'Learning from Concerns'. A range of activities were organised across the sites and HSCPs that included a focus on learning from whistleblowing concerns, feedback from investigation commissioners and investigators, plus examples of investigation reports. Further feedback would be presented at the December Committee.
- 35.4 The Chair sought to understand the routes by which a case might reach the INWO. The Director of HR and OD explained that this was the final stage when a Whistleblower was not content with the outcome at the Board level or with the way in which the case had been handled. Although individuals could contact the INWO at any stage in the process they were likely to be directed back to the Board until its investigations had concluded. In such cases, the INWO was likely to monitor developments more closely.

- 35.5 The Committee noted that the number of staff trained and available to undertake complex investigations within the Board was limited but that lessons continued to be learned and applied. An example of this included the generation and sharing of suitably anonymised case reports.
- 35.6 The Committee noted the paper and accepted Moderate Assurance that systems and processes were 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.

36 Staff Engagement and Experience Framework 2023-2026 – Progress Report

- 36.1 The Associate Director of OD & Learning provided an update on the progress achieved in developing the third NHS Lothian Staff Engagement and Experience (SEE) Framework 2023-2026. The current iteration of the Framework (2021-2023) had been circulated for information.
- 36.2 The SEE Programme Board had reviewed the current framework extensively and concluded that it remained effective and provided management with a helpful structure with which to guide local SEE work. The recent iMatter results also offered evidence as to the effectiveness of the current SEE Framework, indicating improvement in staff feeling listened to and heard within the organisation.
- 36.3 It had been hoped that the revised Framework for 2023-2026 might be ready to be considered at the Board's Leadership Conference on 25 October but this was not likely to be possible. Instead, information events would be scheduled for each of the identified business units with presentations shared locally to ensure awareness.
- 36.4 The Committee welcomed the progress made in developing the third version of the NHS Lothian SEE Framework 2023-2026 and noted that the final version would be shared with the Committee in December. A final evaluation of the 2021-2023 Framework would be presented to the Committee in early 2024.

ASSURANCE AND SCRUTINY

37 Corporate Risk Register

37.1 3455 – Management of Violence and Aggression

- 37.1.1 The Executive Nurse Director provided a verbal update on the programme of work intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed a number of risk assessments had been received and would inform the new training strategy.
- 37.1.2 Supplementary questions on the V&A risk had been raised during recent Audit & Risk Committee (ARC) meetings. A paper would be provided to ARC on 20 November to offer further assurance.
- 37.1.3 The V&A Programme Board would meet on 12 November to approve all elements, including risk assessments and the training plan and strategy. A final report was expected to return to the Committee in December.

37.2 3828 – Nurse Workforce – Safe Staffing Levels

- 37.2.1 The Executive Nurse Director provided a verbal update on the risk mitigation plan to manage the nursing and midwifery staffing risk on the Corporate Risk Register. She explained that nursing was currently in a transition period with a number of staff coming into post and an uptake of newly qualified, business as usual registered and non-registered nursing staff.
- 37.2.2 There were currently large numbers of nursing staff entering the system, including 300 Band 4 final year students. These posts would go into acute services and be mapped against vacancies. However, some new staff had subsequently been deployed elsewhere in NHS Scotland, thereby lessening the expected benefit for acute services.
- 37.2.3 The Committee noted the lower establishment and challenges in recruiting at St John's Hospital (SJH). In response, the Executive Nurse Director said the service was considering a spotlight on these areas where there are challenges for future planning. SJH and Edinburgh Napier University were working together on a satellite delivery service and retention work was ongoing. Supplementary information would be provided on safe staffing levels across the sites at the December Committee meeting.
- 37.2.4 Committee members asked if there was an impact on resources when there was a lower intake of students, and how the risk was managed with larger intakes. In response, it was explained that some areas had managed this well, including REAS, which had used funding for clinical education coordinators, providing additional support with a higher success rate.
- 37.2.5 The Deputy Director of HR confirmed that international nurse recruitment efforts were continuing with SJH an acknowledged priority and area of focus for the coming year.

37.3 5020 – Water Safety

- 37.3.1 The Director of Estates and Facilities provided an update on the Water Safety risk and confirmed the executive lead responsible for the risk had changed from the Medical Director to the Deputy Chief Executive. There was no change to any of the categories or challenges around third party sites, safety plans, Legionella plans and FHTM water structure.
- 37.3.2 It was acknowledged that the status of this risk had been static for some time, largely due to the low response rates from the third-party lease holders from whom cooperation and action was required to address the remedial issues. Revitalised efforts were now underway through the Quality Assurance Team to engage more actively and collaboratively with the lease holders, including via local GP Cluster meetings, and to explain the compliance needs clearly. Ongoing non-compliance with the Board's requirements would be escalated through the Pan-Lothian Water Safety Group and upwards thereafter.
- 37.3.3 The Committee sought to understand the extent of the Board's leverage in mandating action from third-party lease holders to comply with their duties. It was explained that taking an approach that was too forceful may be counterproductive. It was hoped that a more active, collaborative approach would yield more positive results.
- 37.3.4 The Chair thanked the Director of Estates and Facilities for the update. He requested that, for future reports, data should be included on the number and proportion of premises complying with the Board's requirements. **JC/ MCam**
- 37.3.5 The Committee accepted Limited Assurance and acknowledged progress to date against the red risk ratings.

37.4 3328 – Traffic Management

- 37.4.1 The Director of Estates and Facilities provided an update on the Traffic Management Risk. She explained that the number red risks had increased from six to eight with the two new risks arising at East Calder and Armadale Health Centre, respectively.
- 37.4.2 The Committee noted that there was no change to the overall risk for road traffic and pedestrian infrastructure in the four acute sites and three health centres. However, facilities continued to receive notices from the Scottish Fire and Rescue Service (SFRS) due to cars obstructing traffic by continuing to park on the turning circle at the Royal Edinburgh Hospital (REH). Barriers and traffic enforcement orders had been considered but securing the planning permission required to install barriers would be challenging. Traffic officers are now being considered and costed as a potential solution.
- 37.4.3 The Director of Estates and Facilities confirmed there was a solution in place for Whitburn Health Centre and an agreement between West Lothian Council and NHS Lothian to split the costs of this work. This would reduce the level of current red risk.
- 37.4.4 The proposed resolutions to both REH and Whitburn Health Centre would go to the Lothian Capital Investment Group (LCIG) for financial approval to minimise the red rated areas.
- 37.4.5 The Committee accepted a limited level of assurance and noted the increase in red risks from six to eight with risk mitigation and controls in place.
- 37.4.6 Ms N. Akta, Non-Executive Board Member left the meeting at 11.30am. The Chair requested for Mr Cogan to act in her place as a Non-Executive member of the Committee, as permitted by the Board's Standing Orders.

38 Health and Safety Assurance Report

- 38.1 The Medical Director presented an update on the Health and Safety Assurance Report. She explained that work was progressing at a local level to support the achievement of Health and Safety actions across all sites and to deliver safe care for staff and patients.
- 38.2 The report provided an overview of the 13 local reports and the 12 risks discussed by each local Health & Safety Committee, including the reasons for discussing and their relevance. The report focused on staff training, local knowledge and whether buildings were in line with best practice. The report also provided detail on the fire safety risk presented at the last Health and Safety Committee.
- 38.3 The Medical Director confirmed that the Board's responsibility was to focus on the buildings and the adequate level of training in the event of an incident and the implications for staff. It was confirmed the Director of Estates & Facilities was responsible for building infrastructure and reported routinely to the Finance and Resources Committee (F&R).
- 38.4 The Committee acknowledged the progress evident from the minutes from the local Health and Safety meetings and the level of detailed discussions held. The Committee also noted the assurance provided against each of the health and safety key risks during Q1 of 2023/24.
- 38.5 It was agreed that the format of future reports should be reviewed to provide clarity on the aspects of health and safety that the Committee is being asked to consider and take assurance on and to provide appropriate separation between health & safety management reporting and the Committee's corporate governance assurance needs. **TG**

39 Annual Review of the Staff Governance Terms of Reference

- 39.1 The Committee received and considered its current Terms of Reference and agreed that no changes were required at this time. It was acknowledged that the Terms of Reference of Board committees were required to be reviewed annually.

40. Staff Governance Framework Monitoring Return 2022/23

- 40.1 The Deputy Director of HR introduced the proposed Staff Governance Framework Monitoring Return for 2022/23, seeking any comments or feedback from the Committee prior to the Return being submitted to the Scottish Government.
- 40.2 The Committee was reminded that this required submission was part of the monitoring process put in place by NHS Scotland to provide assurance locally and nationally that the Staff Governance Standard was being fully and properly applied within all NHS Boards and that good practice was identified and shared.
- 40.3 The Committee discussed the content of the Report and briefly considered the potential to learn from other boards through the sharing of good practice. Members wished to know if any such learning had taken place within NHS Lothian. It was reported that, whilst there had not been any recent examples, it was felt that NHS Lothian was well placed to share its own good practice with other boards in some key areas.
- 40.4 The Committee expressed its support for the proposed return, noting that members had the opportunity to provide any final comments by 27 October.
- 40.5 The Committee were also supportive that a covering letter should be sent to the Scottish Government along with the Framework Return questioning the rationale for the process in its current format and querying the value add and whether it was time to review the process and indeed the Staff Governance Standard. The Committee will be advised of any response received.

41 Occupational Health and Safety Annual Report 2022/23

- 41.1 The Occupational Health Physician presented the NHS Lothian Occupational Health and Safety Annual Report 2022/23, which incorporated:
- The Occupational Health Nursing & Medicine Report 2022/23
 - The Occupational Health Staff Counselling Service Report 2022/23
 - The Occupational Health Physiotherapy Annual Report 2022/23
 - The Occupational Health Manual Handling Service Annual Report 2022/23
- 41.2 A range of activities and service improvements across the Board's Occupational Health Services were highlighted during the presentation of the Report. In addition, some key challenges were noted, such as ongoing financial pressures and the difficulties in attracting and retaining experienced occupational health nurses.
- 41.3 The Director of HR and OD explained that Occupational Health and Safety activity was managed and overseen at a corporate level by the Workforce Planning and Development Programme Board. The information presented reflected the review of actions at a service level, in order to allow the Committee to see the detail of activity.
- 41.4 The Chair queried the seemingly high proportion of staff who did not attend (DNAs) scheduled occupational health appointments during the year. He wished to understand what measures, such as SMS reminders, were in place to encourage higher attendance rates. It was explained that staff were informed of appointments by letter but also received SMS reminders three days in advance of appointments.

- 41.5 In discussion, the Committee highlighted the desire to see data in future that would allow it to understand the relative position against other boards in key areas, such as in the number of manual handling staff.
- 41.6 The Committee accepted the Report as evidence of assurance that the Board's Occupational Health Service was progressing the objectives agreed in 2022, which were:
- Prevent harm to, protect and improve the health of the NHS Lothian workforce
 - Improve the quality and safety of LOHSS healthcare
 - Secure value and financial sustainability for LOHSS
 - Deliver actions to enable change

42 East Region Recruitment Service update

- 42.1 The Director of HR and OD presented a report detailing the expected benefits of establishing the East Region Recruitment Service (ERRS) and the progress achieved in implementation. The Committee was reminded that NHS Lothian, as the host board for this shared service, had responsibility for the governance and corporate support arrangements.
- 42.2 Key points from the report were highlighted, including some of the initial challenges faced in establishing the service, such as staff turnover, high levels of demand, and the transition from operating locally to regionally. Despite this, the service was now making good progress on the standardisation of process and practice, in collaboration with the five teams, which were expected to help realise the intended performance and efficiency benefits.
- 42.3 In discussion, the Committee sought to understand the experiences of partner boards on the quality and speed of performance. In response, it was reported that feedback had indicated reduced responsiveness, compared to previously. However, this was considered to be due to the specific challenges experienced initially and a Transformation and Improvement Plan was being developed to reduce variation in service and increase performance. This was expected to be approved by the ERRS Performance Oversight Group in December 2023.
- 42.4 The Committee agreed to accept the report's recommendations. Noting the changed operating environment, it accepted Moderate Assurance that appropriate progress was being made in realising the expected benefits of the ERRS. It was agreed that a report on progress against the ERRS Transformation and Improvement Plan would be provided to the Committee in 12 months' time.

SUSTAINABLE WORKFORCE

43 Workforce Report (and Q1 Exit Questionnaire Report)

- 43.1 The Deputy Director of HR introduced the Workforce Report for September 2023, which provided performance data on a range of areas, including sickness absence, staff leavers and retirements, bank staff and HR and ER enquiries.
- 43.2 It was reported that a working group of the Staff Engagement and Experience Programme Board had developed an improved approach to capturing exit survey data from staff leaving the organisation. The first report generated through this new system had been included in the Workforce Report. Whilst initial response rates were low, they were higher relative to the previous process and steps were underway to ensure greater response rates in subsequent quarters.

- 43.3 In future, service areas and directorates would have access to fuller and more detailed data via the Workforce Dashboard, with the ability to analyse trends and better understand the factors influencing staff retention.
- 43.4 The Committee welcomed the creation of the improved data collection process for leavers and hoped that this would help to drive an increase in response rates. However, members noted that individuals may be reluctant to complete questionnaires if they think they might be identified.
- 43.5 It was agreed that a future Workforce Report would again spotlight future Exit Survey data and if possible show a comparison against other industries for best practice. The quarterly report will routinely go through the Staff Engagement Programme Board and Lothian Partnership Forum.
- 43.6 The Committee noted the updated Workforce Report for September 2023 and the actions being taken to address the issues raised within it.

44. Workforce Plan – Development of Year 2 Plan

- 44.1 The Director of HR and OD presented a report detailing the actions developed by services and professions to underpin the delivery of the second year of the Board's three-year Workforce Plan.
- 44.2 The actions had been developed following significant discussion and consultative work with services, professional leads and relevant programme boards. The actions had subsequently been discussed and approved by the Corporate Management Team (CMT) on 26 September.
- 44.3 She explained that the delivery years for the Workforce Plan ran from November to October, with progress and outcomes reported to the Staff Governance Committee in December. As such, a report against delivery of the first year's actions would come to the Committee's next meeting in December 2023.
- 44.4 In discussions, the Committee sought to understand the monitoring arrangements for delivery of the Workforce Plan and its actions, prior to sight at the Committee. It was explained that the Workforce Planning and Development Programme Board met monthly to review action plans, with reporting via LSDF structures.
- 44.5 It was noted that the Workforce Plan and its actions closely informed the Board's reporting and engagement activity with the Scottish Government. A meeting was scheduled with the Scottish Government to discuss population growth and training needs. However, it was expected that any developments would be impacted significantly by public finance constraints.
- 44.6 The Committee noted the actions developed to deliver the second year of the Workforce Plan and that progress would be discussed and reviewed in detail at the Workforce Planning and Development Programme Board.

45 Employability and Education Governance Programme Board update

- 45.1 The Associate Director of OD & Learning provided an update on:
- changes to the Education Governance Board's scope and Terms of Reference, including a change of name to the Education and Employability Programme Board (EPPB); and
 - Progress in developing the EPPB's strategy and delivery plan.

- 45.2 The Committee noted the revised Terms of Reference and accepted Moderate Assurance that, despite initial delays, a strategy and delivery plan for the EEPB would be produced by the end 2023.

FOR INFORMATION AND NOTING

46 Staff Governance Work Plan 2023/24

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

47 Staff Governance Assurance Statement – 2023/24

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

48. Any Other Competent Business

- 48.1 There was no other business.

REFLECTIONS ON THE MEETING

49 Matters to be highlighted at the next Board meeting

- 49.1 The Committee agreed to highlight to the Board the positive work underway for workforce planning, including the current programme of work, structure and governance in place.

50 Matters to be highlighted to another Board Committee

- 50.1 There were no matters that required to be highlighted to another Board Committee.

51 Date of Next Meeting: Wednesday 13 December 2023

- 51.1 The next Committee meeting would be held on Wednesday 13 December 2023 at 9.30am