

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 13 December 2023 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Ms K. Kasper**, Non-Executive Board Member; **Ms N. Akta**, Non-Executive Board Member and **Ms H. Fitzgerald**, Partnership Representative

In Attendance:

Mr J. Crombie, Deputy Chief Executive; **Mrs R. Kelly**, Deputy HR Director; **Mrs A. MacDonald**, Executive Nurse Director; **Mr D. Thompson**, Board Secretary; **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe**, Consultant, Occupational Health; **Mrs N. Clancy**, Head of Employee Relations (Item 2); **Ms H. Monaghan**, Speak Up Ambassador (Item 5.4); **Mr S. Haddow**, Head of Medical Workforce Planning (Item 5.5); **Ms F. Ireland**, Deputy Director Nursing Item 6.1.1 and 6.1.2); **Mr D. Collins**, Head of Health and Safety (Item 6.2); **Mr S. Edgar**, Director of Medical Education (Item 6.3) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms J. Mundy, Advanced Practitioner, Clinical Education Critical Care; **Mr G. Garvie**, Network Team Leader, eHealth; **Mr J. Macdonald-Liddell**, Clinical Nurse Manager, REAS Management Office; **Ms S. Bagnall**, Programme Manager, Midlothian MCHP; **Ms T. Burrows**, Clinical Services Manager, Royal Edinburgh & Associated Services.

Apologies:

Ms L. Cunningham, Partnership Representative; **Ms T. Miller**, Employee Director; **Mr C. Campbell**, Chief Executive; **Miss T. Gillies**, Executive Medical Director; **Mrs M. Carr**, Chief Officer, Acute Services 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.

52. Declaration of Conflicts of Interest

52.1 No interests were declared.

53. Implementation of Once for Scotland Workforce Policies Presentation

53.1 The Head of Employee Relations presented the workforce policy programme, Once for Scotland. She highlighted that the work started before Covid but was halted during the pandemic; the first phase was published alongside the foundation policies in March 2020. The second phase will cover areas including work-life balance, flexible work schedules, and retirement and return.

- 53.2 The aim of the programme was to promote greater consistency amongst boards in meeting staff governance standards by developing standard, person-centred policies that could be easily adopted. Employees could access the policies digitally and from a single online location.
- 53.3 The Committee noted that NHS Lothian was closely engaged and active in this Programme, alongside other boards. As a result of this engagement, Lothian's innovative approach to providing adoption leave for kinship carers has influenced a joint Scotland approach.
- 53.4 The next phase of the work was underway focusing on equality and human rights, facilities and labour agreements, personal development, fixed-term contracts, secondment, and redeployment. The public consultation will begin on 8 February 2024 and end on 8 March 2024.
- 53.5 The Committee commended the Head of Employee Relations for her leadership of the policy work and emphasised the importance that the Board places on this work to improve people management and ensure effective and person-centred policies.
- 54. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 26 July 2023**
- 54.1 The Minutes of the previous meeting were approved as an accurate record.
- 54.2 It was noted that all actions were up to date.

55. Matters Arising

- 55.1 No matters arising

STAFF EXPERIENCE

56. Advancing Equalities Action Plan 2023/24

- 56.1 The Deputy Director of HR provided an update on the 2023/24 Advancing Equalities Action Plan, confirming that the majority of the objectives had been met this year.
- 56.2 The Deputy Director of HR confirmed that the Carer's Passport was launched in November to coincide with Carer's Rights Day, and the Disability Passport was launched in December. A small working group has been set up to begin planning the Annual Equality and Diversity Conference, which was scheduled for 28 February, with save the dates to be announced soon. Members noted that the leaflets on sexuality and gender identity were behind schedule, but they hoped to have them ready for the conference with all network members participating.
- 56.3 The survey for career progression for BME staff had been completed, and discussions with staff would follow. A session was planned for the Nurse Directors' Forum on 9 February, with implementation to be included in the 2024/25 action plan.
- 56.4 It was confirmed that the development of the 2024/25 action plan was underway, with a focus on the key actions that can be delivered within the year; this would be shared in with the Committee at their meeting in May 2024.

- 56.5 The Chair requested that the Committee be kept up to date on the Conference's schedule, as this developed. The Deputy Director of HR confirmed that more information on the program would follow in January.

57 Disability and Carers Passports

- 57.1 The Deputy Director of HR provided an update on the Disability and Carer's Passports, confirming that both had been launched as part of the actions through the Advancing Equalities Action Plan.
- 57.2 Participation by staff in both schemes was voluntary, with the Carer's Passport intended to assist staff with caring responsibilities in managing their work and caring responsibilities. The Disability Passport was intended to support better conversations between staff and line managers, to help reduce barriers and enable employees to thrive in their roles. The passports were regularly documented, saved, and reviewed, and could be discussed with a new manager and in a new role, if necessary.
- 57.3 Members noted that both passports would be highlighted in recruitment packs and be made available via HR Online. Managers update sessions will take place for both passports and a roadshow will take place for the Carers Passport with a regular programme of promotion linked to equalities work. Developments in this area would help strengthen the Board's application for Disability Confident Leader Status in 2024.
- 57.4 The Chair inquired as to the current level of interest in the passports. The Deputy Director of HR confirmed that it was too early to predict how many people will sign up, but there would be a better sense of this through the networks.
- 57.5 The Committee noted the update on the Disability and Carer's Passports, as well as the steps being taken to put this work into action as part of the Advancing Equality Action Plans.

58 Whistleblowing Report

- 58.1 The Committee received the Whistleblowing Report, which included the quarterly performance and monitoring data as well as a summary of recent learning and improvement activity related to whistleblowing investigations. The Director of HR and OD set out some highlights from the Report, including:
- One new Stage Two case had been received since the last report.
 - Decisions on two cases currently sitting with the INWO were expected in December and January, respectively.
 - Meeting the required investigation and decision timelines remained challenging due to a lack of dedicated investigators.
 - A dedicated investigator's network was being launched the following day, covering investigations required for a range of processes, including whistleblowing. Around 300 staff had indicated an interest in being involved.
 - A successful programme of events had been held during Speak Up Week in October.

- 58.2 The Committee discussed the challenges in meeting the 20-day deadline for closing cases. The Director of HR and OD explained that 20 days was not a realistic expectation, given the complex nature of many of the issues raised. The challenges appeared to be understood and accepted by the INWO. Where deadlines were not expected to be met, the whistle-blower was kept up to date regularly. In the next 12 months, the standards would be reviewed and the issue of timescales will be raised again through the INWO.
- 58.3 Committee members sought to understand whether a business case for a full-time investigator post could be developed to reduce timeframes. In response the Director of HR and OD advised that, given the current financial situation, this would not be feasible.
- 58.4 It was noted that employees who raise whistleblowing concerns generally prioritise the thoroughness of the investigation over compliance with the 20-day timescale. The investigation steps were documented in a way that helped to set expectations around timescales. As a result, whistle-blowers now have a better understanding of the process from the outset, which has relieved stress and reduced anxiety.
- 58.5 The Committee accepted Moderate Assurance that appropriate systems and processes were in place to ensure that staff had confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised would be acted upon.
- 58.6 The Committee approved the draft Q2 2023/24 Whistleblowing Performance Report, prior to its intended presentation to the Board on 7 February 2024.

59 Speak Up Report

- 59.1 The Committee received a paper providing an update on the activity of the Speak Up Initiative during Q1 and Q2 of 2023/24. A number of highlights were brought to the attention of the Committee, including:
- A decrease in the number of appointed Speak Up Advocates due to retirements, staff changes and the general pressures of core roles.
 - Contacts received were broadly consistent in both volume and type with the same period in the previous year.
 - Face-to-face training had resumed, bringing benefits for team building.
 - The escalation of one concern to Stage 2 of the Whistleblowing Policy.
- 59.2 The Committee noted the indication in the Report that Speak Up and Whistleblowing routes, in some cases, still appear to be preferred by staff over raising the concerns via the original service route. To try and improve levels of confidence in this route, a list of frequently asked questions (FAQs) has been added to the intranet page. Ongoing work would seek to drive a greater collective commitment to addressing concerns at source whilst reducing the perceived stigma of whistleblowing.
- 59.3 The Speak Up Ambassador remarked on the positive turnout at the recent National Speak Up Conference, which took place at the end of September, with territorial boards, the Scottish Government, and independent agencies attending in person and online.
- 59.4 The Chair thanked the Speak Up Ambassador for providing such a thorough update. He highlighted the difficulty in learning from the concerns expressed in the feedback. The Speak Up Ambassador emphasised the opportunity next year with the high level of interest in the investigator network training.

- 59.5 The Director of HR and OD also commended the work of the Speak Up Ambassadors, highlighting their support in ensuring that those raising concerns are kept regularly updated on progress and outcomes.
- 59.6 The Committee noted the ongoing delivery and promotion of the Speak Up Service and its work to identify and address barriers to individuals raising concerns.

60 National Health and Social Care Staff Experience Survey Report

- 60.1 The Head of Medical Workforce Planning provided a detailed breakdown of the national report, which is part of the wider National Health and Social Care Staff Experience Survey Report.
- 60.2 The Lothian response rate of 58% was compared to the national average of 59%. Lothian's EEI score was 77%, which was the same as the national average, and the completion rate average was 50% for Lothian and 55% nationally. Overall, more work was needed to ensure the completion of action plans, but the Board's position was good, relative to the national picture .
- 60.3 The Head of Medical Workforce Planning confirmed that incremental progression had been consistent, and this work was continuing, with a proposed timetable for 2024. Based on feedback from HSCPs and Facilities, their cohort surveys would be separated over the summer, rather than a combined cohort.
- 60.4 The Committee questioned the 50% completion rate for Action Plans and asked what the Board needed to do to achieve a higher completion rate. . In response, the Head of Medical Workforce Planning highlighted the ongoing efforts to encourage line managers to receive training on action plans and to understand their role in completing these plans.
- 60.5 Members queried whether the completion of iMatter action plans should be more explicitly referenced as a line management responsibility. The Director of HR and OD explained that this was a leadership responsibility and it was necessary to do more to create the right conditions for action plans to be completed. She commented that people management expectations were clearly referenced in managers' job descriptions and highlighted that there had been an improvement in performance from last year, with an increase from 42% to 50%.
- 60.6 Members noted that training events for business managers would be held next year to address performance in each directorate, and that more meaningful discussions between general managers and direct reports would be encouraged.
- 60.7 The Director of HR and OD reaffirmed that the iMatter work was progressing with support from partnerships, highlighting improvements in the five areas across the Staff Governance Standards.
- 60.8 The Chair proposed that the iMatter data be shared with non-executive board members in order for them to understand the organisation's position. The Director of HR and OD and the Head of Medical Workforce Planning agreed to share this information and would include a covering paper.

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ASSURANCE AND SCRUTINY

61 Corporate Risk Register

61.1 3455 – Management of Violence and Aggression

- 61.1.2 The Deputy Director of Nursing provided an 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 the report provided an update on the internal audit report and work undertaken for the last two years.
- 61.1.3 The Deputy Director of Nursing confirmed the main issue was the training strategy, which was approved on 14 November. She explained that actions to mitigate the identified risks had taken longer than expected. The risk would be rephrased so that it focused on all areas of training rather than just the high-risk areas that had been the focus for the last two years.
- 61.1.4 Members noted that the risk had been reported through the Audit and Risk Committee, and that all actions had been completed, but the Programme Board would continue with the Audit and Risk Committee's intention to conduct a follow-up audit of the V&A issue in 2024/25.
- 61.1.5 The Committee sought to understand whether there had been an increase in V&A incidents reported. In response, the Deputy Nurse Director confirmed there was an increase of five points above the mean for moderate harm and a focus on training in three high-risk areas. There had been an increase in specific patients with multiple incidents, but the Violence and Aggression team was assisting areas in managing local strategies. The expansion of training to all areas should deliver a positive impact.
- 61.1.6 The Committee commended the extensive work that had been undertaken during the last two years to address significant vulnerabilities. Members considered that this work should continue to be an area of focus as new processes and changes are implemented.
- 61.1.7 The Committee accepted moderate assurance in relation to the progress achieved against the six workstreams. It was noted that the overall risk rating remained High and would likely do so until the changes were fully embedded.

61.2 3828 – Nurse Workforce – Safe Staffing Levels

- 61.2.1 The Deputy Director of Nursing provided an update on the risk mitigation plan for managing the nursing and midwifery staffing risk on the Corporate Risk Register. She explained that the risk remained high and actions were being taken to achieve a net increase in staffing numbers, with the number of leavers decreasing from 2022.
- 61.2.2 Additional support and mechanisms were currently in place for newly qualified nurses with a positive outcome from the universities, with a campaign underway for next year. Nurses in their final year of university had been offered a one-day-a-week contract, and progress had been made towards meeting the national directive to eliminate off-contract nurses with a consistent supply from the Staff Bank.
- 61.2.3 The Chair asked if closing down the contract provided an opportunity for Lothian to employ more nurses. In response, the Deputy Director of Nursing stated that she did not believe the work had progressed that far at this time, but the off-and-on contracts require a Scotland-

wide approach. Staff had transitioned from off-contract to the staff bank, but she wasn't sure if there was a desire to move to substantive positions.

61.2.4 The Committee noted that the particular challenges in neonatal, St. John's Hospital (SJH), and mental health. Whilst staff could be moved to make things safer at SJH, there were not enough staff coming through mental health training, and neonatal was a niche area and an area of concern. There would be closer working with international recruitment in this area.

61.2.5 The Committee approved the paper and associated Risk Mitigation Plan with a moderate level of assurance.

61.3 5020 – Water Safety

61.3.1 The Deputy Chief Executive confirmed that, as reported previously, lead responsibility for the water safety risk had transferred to him from the Medical Director.

61.3.2 The Committee noted that the Deputy Chief Executive would chair the Water Safety Group beginning in January, with membership changes and a revised report and area of focus to be presented to this Committee.

61.3.3 Members noted that there were no IMT or PAGS related to water safety at the moment, and there were no service impacts.

61.4 3328 – Traffic Management

61.4.1 The Deputy Chief Executive provided an update on the traffic management risk and confirmed that the problems with congestion and traffic control at Royal Edinburgh Hospital (REH) had improved as a result of Edinburgh City Council implementing traffic control restrictions. The Scottish Fire and Rescue Service (SFRS), which had previously raised concerns about access had not expressed any concerns in the last year, but the additional parking at REH had helped move this risk from a red to an orange grade.

61.4.2 Whitburn Health Centre would begin turning circle work this month, changing the risk from red to orange. East Lothian Community Hospital traffic management was currently considering options for parking and traffic, resulting in traffic bottlenecks.

61.5 New Risk for Staff Governance Committee - RIE Fire Safety

61.5.1 The Deputy Chief Executive briefed members on the RIE fire safety risk, reminding them that the risk had been accepted on to the Corporate Risk Register by the Board and this would therefore be escalated from the critical systems risk register.

61.5.2 To ensure appropriate governance arrangements, different Board committees would receive assurance information in future on different aspects of the risk.

61.5.3 The Staff Governance Committee would receive assurance on the implementation of agreed mitigation plans relating to NHS Lothian's responsibilities as building occupiers, following oversight from the relevant Health & Safety committee. Any associated clinical risks would also be considered through the appropriate governance routes.

61.5.4 The Finance and Resources Committee would receive assurance separately on the key measures relating to the building owner and infrastructure mitigation plans.

61.5.5 The Director of HR & OD explained that the new fire safety risk would be added to the Committee's work plan in due course.

62 Health and Safety Assurance Report

- 62.1 The Head of Health and Safety provided an update on behalf of the Medical Director. He requested that the Committee concentrate on the associated assurance for quarterly risk and the key risks listed in Appendix 3.
- 62.2 The Head of Health and Safety confirmed that as part of the existing assurance approach, 12 key risks had been identified; the overall areas of identified risk had remained unchanged for over ten years. A paper was provided alongside the Assurance Report, setting out the intended approach to reviewing current key risks in order to ensure that they remain the rights areas of focus within NHS Lothian and across each service and local committee.
- 62.5 The Chair inquired as to who would sign off on the outcome of this work and any revised approach. The Head of Health and Safety confirmed that the procedure would be scrutinised and recommended by the Health & Safety Committee, for approval by Staff Governance Committee.
- 62.6 The Committee accepted the current key risks and acknowledged the progress to date with reviewing the key health and safety risks.

63 Medical Education Annual Report

- 63.1 The Director of Medical Education provided an update on the Medical Education Annual Report. The report included an annual summary from the GMC of all Local Education Providers (LEPs) in the UK, the educational quality control activities currently taking place within NHS Lothian, and responses to surveys and actions taken by the DME team and clinical team as part of the education governance process.
- 63.2 The Director of Medical Education highlighted and confirmed the contents of each of the appendices. Appendix 1 covered the workplace experience, key themes from doctors, and a comparison against other boards across the UK. Appendices 2 and 3 contained the postgraduate and undergraduate DME reports for 2023.
- 63.3 It was noted that Appendix 1 indicated concerns about skill building. However, NHS Lothian had robust processes and was leading on this area with learning and training centres for the international medical cohort. These individuals were trained outside of the UK and came to Scotland for their first place of work and were well embedded.
- 63.4 Members noted that GPST experience and data had improved over the previous year, but the report also highlighted dissatisfaction amongst postgraduates and challenges with work demand, capacity to do the work, and prioritising of patient workflow.
- 63.5 The Director of Medical Education commented that the information within the report is not surprising but had highlighted three areas of focus: being good or better at work, being more innovative with work, and including sustainability and value (S&V). This would lead to people doing the right work and a greater sense of belonging for doctors moving between boards.
- 63.6 The Chair inquired whether the influx of doctors coming into the organisation was manageable, and whether the service was detecting a shift in that position that differs from other boards. In response, the Director of Medical Education stated this is concerning, but it's

not different from other boards. Work-related stress and burnout were prevalent in all workplaces and linked to both long- and short-term absence. He confirmed that training numbers had returned to pre-Covid levels and assured the Committee that staff would revisit training when required.

- 63.7 The Director of HD and OD was supportive of the systems in place for capacity, but emphasised a UK-wide resource issue. She highlighted the agreement for junior doctors, including contract terms that had been in place for 20 years. This would be reviewed next year and needs to be linked to wellbeing work.
- 63.8 The Chair inquired about the availability of hot food and whether the NHS Charity is able to assist during out-of-hours. The Director of HD and OD confirmed that hot food vending was trialled during the pandemic at RIE, but there wasn't sufficient footfall, it wasn't financially viable, and it wouldn't meet the criteria for support from the NHS Lothian Charity.
- 63.9 The Chair highlighted the lower-than-expected numbers of undergraduates and postgraduates and asked whether there were any concerns about training delivery. The Director of Medical Education confirmed there were some concerns, but also plans in place and a Scottish Government policy for 500 additional medical students and 300 in the six medical schools.
- 63.10 The Director of Medical Education highlighted the challenges, but the service was assisting colleagues, setting expectations, and focusing on building capacity in Midlothian, East Lothian, and at the Astley Ainslie Hospital (AAH) for consultant time. Each trainee had one hour of development time and the ability to train staff as part of their job plans, which included a rigorous training plan. Although the numbers of trainees would not increase, the numbers of foundation doctors would.
- 63.11 The Committee accepted the recommendations detailed in the 2023 Director of Medical Education Report, as well as moderate assurance about future areas of focus.

64 Remuneration Committee Annual Report

- 64.1 The Committee noted the Remuneration Committee Annual Report.
- 64.2 Members noted that the Staff Governance Annual Performance Report would be presented at the meeting in May.

SUSTAINABLE WORKFORCE

65 Workforce Report

- 65.1 The Deputy Director of HR presented the Workforce Report for November 2023, which included data on sickness absence and bullying and harassment across the organisation.
- 65.2 It was reported that sickness absence had increased since the last Committee update but bullying and harassment incidents had decreased. She explained that there were issues with gathering data on incidents bullying and harassment and recording this information, and more work was needed to improve how this information was presented.
- 65.3 The Chair highlighted the challenges in reducing sick leave in a post-Covid world. In response, the Director of HR and OD stated that the system was under pressure with an ageing workforce and establishment gaps. She explained that the board needed to provide

assurance that managers were consistently applying the policy for sickness absence, but highlighted that in comparison to other boards, the board was doing well.

- 65.4 The Committee noted the workforce update and agreed that a spotlight update on sickness absence would be provided at a future Committee.

66 Workforce Plan – update on Year 1 Actions

- 66.1 The Director of HR and OD provided an update on the Scottish Government's three-year workforce plan that started last year. She explained that the two-year action plan was approved at the last Committee but the progress against the Year 1 action plan had not been finalised at the time, but the Corporate Management Team (CMT) had now approved this progress.
- 66.2 The Committee noted the work completed in the action plan across the organisation, particularly in nursing and midwifery, as well as the high-risk and unstable workforce supply position. Members also commented that NHS Scotland lacked an investment strategy, in contrast to NHS England, which was recently published.
- 66.3 The Chair inquired as to whether the Workforce Plan included details on the corporate disciplines and the personnel in HR and finance. In response, the Director of HR and OD stated that while Lothian was in a competitive position and that the Board values hybrid working, it has had difficulties with recruiting to Band 2 and 3 administrative posts. To assist in placing people in employment, a recruiting facilitator for estates and facilities was recruited in the past year. The 'Project Search' and the employability policy would be integrated into the work anchors to elevate the recruitment process.
- 66.4 The Committee noted the Workforce Plan update and the progress reported against year-one actions.

FOR INFORMATION AND NOTING

67 Staff Engagement and Experience Framework 2023-26

- 67.1 The Committee noted the Staff Engagement and Experience Framework 2023-26

68 Staff Governance Work Plan 2023/24

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

69 Staff Governance Assurance Statement – 2023/24

- 69.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24 and agreed that the fire safety risk would be added to the Staff Governance Assurance Statement.

70. Any Other Competent Business

- 70.1 The Director of HR and OD highlighted that this would be the Chair's last meeting, prior to his departure from the NHS Lothian Board at the end of January 2024. She thanked him for the significant leadership he had provided to the Staff Governance Committee and the Board's

priorities in this area. She reflected in particular on the clear guidance, constructive challenge, and positive support he had offered, which had helped drive forward key strategy and policy developments.

70.2 The Chair thanked everyone and wished everyone the best going forward.

REFLECTIONS ON THE MEETING

71 Matters to be highlighted at the next Board meeting

71.1 There were no matters that required to be highlighted to the Board

72 Matters to be highlighted to another Board Committee

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

73 Date of Next Meeting: Wednesday 13 December 2023

73.1 The next Committee meeting would be held on Wednesday 6 March 2024 at 9.30am