

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 31 July 2024 via Microsoft Teams.

Present: Ms V. de Souza, Non-Executive Board Member (Chair); Ms E. Gordon (Non-Executive Board Member); Mr J. Innes (Non-Executive Board Member).

In Attendance: Mr J. Crombie (Deputy Chief Executive) Mrs A. MacDonald (Executive Nurse Director) Miss T. Gillies (Executive Medical Director), Ms H. Fitzgerald (Partnership Representative) Mrs R. Kelly (Deputy HR Director), Ms M. Campbell (Director of Facilities), Ms L. Cunningham (Partnership Representative), Mrs L. Barclay (The Whistleblowing Programme and Liaison Manager), Ms L. Canale (Clinical Services Manager REAS, Child & Adolescent Mental Health – Item 2), Ms C. McDowall (Work Well Specialist Lead / Speak Up Ambassador – Item 5.3), Ms F. Tynan (Associate Nurse Director, Corporate Nursing – Item 6.1.2), N. Clancy (Head of Employee Relations – Item 7.3), Mr N. McAlister (Head of Workforce Planning – Item 7.3) and Mr G. Ormerod (Corporate Governance Team -Minute).

Apologies for absence was received from: Mrs J. Butler, Director of Human Resources and Organisational Development; Ms K. Kasper, Non-Executive Board Member; and Ms T. Miller, Employee Director.

Chair's Welcome and Introductions

The Chair welcomed Mr. Innes, Non-Executive Board Member to the Committee.

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.

14. Declaration of Conflicts of Interest

14.1 No interests were declared.

15. Presentation – iMatter Story

- 15.1 The Clinical Services Manager REAS, Child & Adolescent Mental Health team shared an iMatter story. She confirmed that Children and Adolescent Mental Health service (CAMHS) senior management team has responsibility for the CAHMs services across Lothian. iMatter has played an important role in the service since 2015 and has helped the service develop and engage with staff through conversations for improvement and support action plans at a team level.
- 15.2 The Clinical Services Manager confirmed the EEI score of 89 has increased in 2024 to 91, and iMatter has highlighted the importance of communication around teams, the iMatter cycle, and reporting. She confirmed that iMatter has given the service a sense of ownership and leadership and that their feedback makes the difference. She also highlighted the importance of action planning in the team, as teams that engage less have a lower EEI score.

- 15.3 Clinical Services Manager confirmed the CAHMs SMT was set up in 2023 to discuss feedback from iMatter with the following points identified:
- How the team was working together as a new team and what went well.
 - Working collaboratively, being open and honest, holding staff in mind and the importance of experience in the team.
 - Recognised growth in the group and that problems were shared.
 - Looking at solutions, including board leadership, visibility and realigning CAHMs against the board objectives.
 - Setting objectives for the next year and developing a work plan.
 - Four weekly meetings are maintained to keep the direction of what was collectively agreed.
 - CAHMs celebrate achievements and collective scores in these domains.
- 15.4 The Chair congratulated the team on their success and highlighted that it is very encouraging to see the energy and information presented in the presentation. She agreed to write to the service to acknowledge this success story. **VdS**
- 15.5 A Non-Executive Board Member asked if there were any lessons learnt or experiences that could be shared. The Clinical Services Manager highlighted that she was passionate about direct conversations with staff and the importance of actively hearing from staff in a pan-Lothian service. She highlighted that iMatter is also used as a toolkit, rather than completing the survey on a yearly basis.
- 15.6 The Deputy Director of HR confirmed that this success story would likely be shared at a national level with other Boards. The Head of Medical Workforce Planning/iMatter Lead is always looking for iMatter stories that can be shared with other Boards on the national platform.
- 16.1. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 29 May 2024**
- 16.2 The minutes of the previous meeting were approved as an accurate record.
- 16.3 Actions:
- 5020 Water Safety Risk: The water safety characteristics will be included in the October report.
 - Presentation Carers Network: It was agreed that this action would be updated to reflect the current vacant Chair position of the network due to a change in their caring responsibilities. Once a new chair has been agreed, the network will be invited back to the committee.
- 17. Matters Arising**
- 17.1 No matters arising

STAFF EXPERIENCE

18. Advancing Equalities Action Plan 2024/26 update

- 18.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2024/26. She confirmed the action plan was signed off at the Committee in May, and it was agreed to move to a two-year RAG action plan, as some actions will take longer to implement.
- 18.2 The Deputy HR Director advised of the following updates since the last committee:
- The application has been completed to apply for a Disability Confident Level 3 Status Disability Leader. An update would be provided in October as to the progress with our application for Level 3
 - The 2023/24 Equality & Diversity Monitoring Report has been completed and published on our website. A meeting is scheduled with the diversity group in August to look at actions.
 - Work is progressing for career progression for BME staff.
 - The Equally Safe at Work Employer Accreditation Programme has been discussed. The Women's Network is interested in being involved and is speaking to boards that are already accredited as Equally Safe at Work employers. A paper outlining the benefits will go to the Staff Engagement and Experience Programme Board in August and then CMT for approval. A further update would be provided to the Committee in October.
- 18.3 A Non-Executive Board Member enquired how the Networks measure their impact on staff. The Deputy HR Director confirmed that the final action in the Advancing Equalities Action Plan was to consider the ways the work is measured and the difference it makes and further information on this will be provided to the Committee at a future meeting.
- 18.4 A Non-Executive Board Member asked about the training and education and whether staff are self-referred or identified for the Women's Mentoring Programme. She highlighted the progress and stated that 'work is ongoing until the lead goes on maternity leave'. The Deputy HR Director confirmed that she would check and provide an update on this question. **RK**
- 18.5 The Committee accepted moderate assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2024-26.

19 Whistleblowing Report

- 19.1 The Committee received the Whistleblowing Report, which included an update on the case that has been with the INWO since August 2022. The full report was received in May 2024, with actions and recommendations outlined in the report.
- 19.2 The Deputy Director of HR confirmed that NHS Lothian has written to the INWO about the recommendations under Appendix 3 for 6–9. The INWO has since responded and accepted the recommendations suggested for 6–9 and agreed to an extension to recommendation 5. An update would be provided at the meeting in October for recommendation 5.
- 19.3 The Deputy Director of HR confirmed Appendix 2 provides an update on the ongoing cases and cases closed since May. Since the last update, NHS Lothian has received one new stage 2 whistleblowing case, and this is being worked through in line with the standards. She confirmed the second INWO report in relation to a concern raised in 2023 is still outstanding, and is expected by the end of August.

- 19.4 Members noted the Q1 2024/25 performance report that will be presented at the August Board meeting. The report provides an update on the ongoing cases, timescales for these cases, and learning from whistleblowing cases to date to try and prevent further cases from being raised, including changes and processes put in place since the standards were implemented in 2021.
- 19.5 Members highlighted the delays in the INWO undertaking investigations but highlighted the positive news that they have responded to the recommendation letter.
- 19.6 A Non-Executive Board Member asked how the board can build confidence and if there is a supportive environment where a complaint is seen as valuable and positive. The Deputy Director of HR confirmed that since the standards came out, the organisation has promoted our Speak Up service to encourage staff to raise concerns locally or be pointed in the right direction to support without formalising the process.
- 19.7 The Chair highlighted the need for momentum to continue, as whistleblowing issues can be disruptive. It was agreed that the Whistleblowing action plan would be updated when the report is received to reflect the current position. **JB/RK**
- 19.8 The Committee approved the recommendations set out in the report.

20 Work Well Strategy – update

- 20.1 The Work Well Specialist Lead provided an update on the Work Well Strategy Delivery Plan and confirmed the strategy has just reached the end of the third year with a huge amount of work achieved against the three key objectives: work well programme, wellbeing support, and support for leadership for work well roles.
- 20.2 The delivery plan has a number of workstream's, and there has been significant investment in staff webinars, reading sessions, menopause cafes, and support for education, reducing stigma and peer support. The delivery plan has also supported staff through the cost of living crisis with roadshows taking place at sites throughout the year and campaign issues around the importance of staff taking lunch breaks with 'Let's do lunch sessions'. Resources are available in a number of accessible formats that can be accessed through any device.
- 20.3 The Work Well Specialist Lead confirmed a significant amount of work has been done in collaboration with NHS Charity, who have funded a two-year Band 4 post to support the Work Well Strategy.
- 20.4 The Work Well Specialist Lead confirmed that work is progressing with investment in 200 staff for leading wellness courses and evaluations, and this is expected to be completed in September as part of the strategic alignment. This was behind target, but the RAG format provides reassurance that when actions are not completed, they will still be progressed against the actions.
- 20.5 Members noted that the delivery plan for 2024/25 would move to an in-house model due to the financial context, with some elements moving from online to in-person sessions with new content and existing content such as webinars.
- 20.6 The Work Well Specialist Lead confirmed there will be a focus on wider promotion of all services as the strategy matures with work around sickness absence and an alignment with health and safety and employee relations. Feedback from staff has shown the importance of treating staff well, and a campaign is underway about kindness and gratitude as part of the wellness work.

- 20.7 Members congratulated the Work Well Specialist Lead on their leadership with this work and how much has been achieved. The Deputy Chief Executive highlighted the importance of talking about this work as part of our values and commitments.
- 20.8 The Chair suggested that some Non-Executive Board Member should meet with the Work Well Specialist Lead to discuss this work further. It was agreed that the Director of HR and OD would be involved as the lead for this work, and it was agreed that a further update would come back to the Committee in 6 months. **VdS**
- 20.9 The Committee approved the recommendations in the report.

21 Agenda for Change Non Pay Reform – update

- 21.1 The Deputy HR Director provided an update on the Agenda for Change Reforms as part of the 2023/24 pay deal. She confirmed there are three separate elements to this reform, including: protected learning time; reducing the working week by 1 hour and 30 minutes for agenda for change staff, but with the first 30 minute reduction to be effective from the 1 April 2024; and the Band 5 nursing review. It was noted that reducing the working week and the nursing review are taking up most of the time, but protected learning is easier to implement as many staff already have this built into their time.
- 21.2 The reduced working week is progressing with an implementation group set up. Non-rostered staff have to move to the new working hours by the end of August and Rostered staff by the end of November. To date approx. 4500 non-rostered staff in admin and business services have moved across to the new working hours, but there are challenges in some service areas such as telecommunications that will lead to difficulties in managing the service, with additional staff being appointed.
- 21.3 The Deputy HR Director confirmed there are challenges in reducing the working hours for nurses who are rostered and on shift patterns. She highlighted that good progress has been made for the first 30 minutes, but there is a risk to some service delivery that may need to be escalated.
- 21.4 The Deputy Chief Executive highlighted the complexities of calculating the revised reduction in minutes for part-time staff, confirming a series of discussions had taken place at national level to try to resolve this. The changes required will place a burden on leadership teams and a directive from ministers that is not as elegant as it could be. He confirmed this work would progress through Finance and Resource and Audit and Risk as a financial risk.
- 21.5 The Deputy HR Director provided an update on the B5 nursing review, confirming that staff have the opportunity to request a review if they feel they are working higher than a Band 5. She confirmed that much of the work to date is putting in the infrastructure to work alongside the current job evaluation team, with a project manager and admin support in place and good numbers of both management and staff side matchers identified.
- 21.6 The Deputy HR Director confirmed that training will begin for matchers in August and hopes to start the process for matching applications in the middle of September. Nurses have been advised not to submit applications until the infrastructure is in place. There are 4500 staff members at B5, but it is currently unclear how many will submit an application.
- 21.7 The Deputy HR Director confirmed protected learning was included in the SpeedRead in June. This part is slower than the other two areas, but further work will be done on this in the organisation, with initial advice and guidance sent out to staff.

- 21.8 Members noted that any additional costs are being monitored in case additional funding is received. Any updates on this work will be published through SpeedRead.
- 21.9 A Non-Executive Board Member asked if there was an additional resource for bringing in retirees. The Deputy HR Director confirmed the matching panel can be done from any background, but it helps to have a nursing profession. Some retirees will likely be coming back to assist with this work but this is currently being finalised.
- 21.10 The Partnership Representative highlighted the greater impact on admin staff and acknowledged the support they are providing to managers and leaders to take this work forward.
- 21.11 The Committee approved the recommendations.

ASSURANCE AND SCRUTINY

22 Corporate Risk Register

22.1 3455 – Management of Violence and Aggression

- 22.1.1 The Deputy Director of Nursing provided an update on the work plan intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed that the risk has been to CMT and has been reworded to cover all violent and aggressive behaviour across the organisation in particular mental health, learning disability services, and emergency departments.
- 22.1.2 The Deputy Director of Nursing confirmed the Q1 health and safety report on Violence and Aggression (V&A) would be presented at the next health and safety committee because it is covered this quarter.
- 22.1.3 The Deputy Director of Nursing confirmed that double-running training programmes have been implemented and additional training is underway for targeted areas of greater risk, including the potential risk of inadequate staff training. Work is also progressing through audit and risk scrutiny, with a full report to come to the October committee.

22.2 3828 – Nurse Workforce – Safe Staffing Levels

- 22.2.1 The Associate Nurse Director provided an update on the first Health and Care Staffing Scotland Quarterly Board Compliance Report that went live on 1 April 2024. She confirmed that this report is a legal requirement for healthcare legislation set out by the Scottish Government.
- 22.2.2 The Associate Nurse Director confirmed the report uses a RAG status to monitor compliance for professions and sets out each area of success that is shared by staff. The report helps to identify gaps, mitigate actions, and consider staff views.
- 22.2.3 The Chair asked if the Staff Governance Committee would have primary oversight of this report. The Associate Nurse Director confirmed the report will go to the health and care staffing programme, but will come to this committee quarterly in advance of each board meeting.
- 22.2.4 The Chair highlighted the low feedback response from midwifery and asked if there were any limitations. The Executive Nurse Director confirmed that systems are in place, but there are

challenges with the levels across the organisation. She confirmed that midwifery does not have the same escalation processes in place as other professions.

22.2.5 A Non-Executive Board Member asked how the legislation ties in with the board and keeps operations on track. The Executive Nurse Director confirmed there are sufficient tools and legislation for workforce planning and efficiency, and this will report on nursing and safe staffing numbers.

22.2.6 The Committee accepted moderate assurance to meet the obligations as part of the legal requirement to the Scottish Government.

22.3 5020 – Water Safety

22.3.1 The Director of Facilities provided an update on the water safety risk, confirming that the risk has progressed with improvements in records and satisfactory risk monitoring and compliance.

22.3.2 Members noted that compliance for engagement with third-party premises around water safety is at 93%, with four areas outstanding. The Director of Facilities confirmed that three areas are engaging, but further escalation is required to HMP Addiewell, and a letter will be sent to progress this work.

22.3.3 The Director of Facilities confirmed the original risk description does not reflect the current risk status, as this was previously related to the Covid pandemic. She confirmed that the risk will be updated, and the water safety group will consider whether this risk can now be measured through that group.

22.3.4 The Chair highlighted the excellent progress that has been made in the last six months, especially with third parties and compliance.

22.3.5 The Deputy Chief Executive confirmed that the water safety risk is ahead of schedule. He confirmed the water safety group will undertake a proposal for this risk, and a decision on the risk will come back to the October committee.

22.3.6 The Committee approved the recommendations in the report.

22.4 3328 – Traffic Management

22.4.1 The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance. She confirmed that discussions have taken place with senior management on whether anything could be done to mitigate and reduce the risk further with limited capital funding.

22.4.2 The Deputy Chief Executive confirmed that he has asked the corporate health and safety team to undertake an independent review of documents with the recommendation to remove this risk from the corporate risk register and onto the estates and facilities risk register, given that there has been a steady period with no reported incidents.

22.4.3 The Committee approved the recommendations and agreed to the risk being reviewed.

22.5 RIE Fire Safety

- 22.5.1 The Deputy Chief Executive provided an update on the RIE fire safety risk, confirming that there have been no changes to the grading or controls for the associated risks.
- 22.5.2 The Deputy Chief Executive provided an update on the enforcement notice issued to NHS Lothian, Consort, and Equans. He confirmed notice of the enforcement was sent to the Chief Executive, Deputy Chief Executive, and the Board. Discussions have taken place between Equans and the Scottish Fire and Rescue Service (SFRS), with the notice standing down for Equans and only focussing on NHS Lothian and Consort.
- 22.5.3 The Deputy Chief Executive confirmed he also wrote to the Scottish Fire and Rescue Service (SFRS) due to the Chief Executive's imminent retirement and confirmed that the notice has been rescinded for the Chief Executive and that the notice would sit with the Deputy Chief Executive and the Board.
- 22.5.4 The Deputy Chief Executive provided an update on the risk and fire safety team at the RIE. He confirmed the key mitigation factor was to bring in a response team responsible for monitoring the site. The Deputy Chief Executive provided reassurance that safety on the site has improved by confirming he recently met members of the team who displayed exceptional enthusiasm and ambition for their roles, as well as producing clear documentation and each member being able to provide examples of their systematic roles.
- 22.5.5 A Non-Executive Board Member asked if we have a clear view and plan for the RIE site. The Deputy Chief Executive confirmed there is a large amount of work and infrastructure improvements ongoing, but the current infrastructure compromises the work with limited decant space and is a risk for the next 5 years. Various briefings and oversight groups are taking place, and plans can be shared. **MC**
- 22.5.6 The Partnership Representative asked if there was any learning from the external fire team that could be shared to provide further reassurance. The Deputy Chief Executive confirmed that there is commitment from the facilities leadership, but there is still additional learning. The Director of Facilities confirmed that the communication team would interview the RIE fire safety team to raise their profile and provide learning for the other sites.
- 22.5.7 A Non-Executive Board Member highlighted the 79% of staff at the RIE who have completed fire safety training. She asked if those who have not completed training would be hard to reach. The Director of Facilities confirmed this is an ongoing project due to sickness and annual leave, but the fire safety team is working hard to train staff. The Deputy Chief Executive confirmed training continues to be managed and good progress has been made.
- 22.5.8 The Committee approved the report's recommendations.

SUSTAINABLE WORKFORCE

23 Workforce Report

- 23.1 The Deputy Director of HR presented the Workforce Report for June 2024, which included data on short- and long-term absences, retirees and returns, and mandatory training across the organisation.
- 23.2 The Deputy Director of HR confirmed the report provides data for absence levels, which are down 0.4% across the organisation in May 2024 but up from the same period last year. She confirmed that levels of absence are provided within the workforce report under Appendix 1.

- 23.3 Members noted that mandatory training across the organisation is at 72% compliance, and Agenda for Change staff appraisals are at 55% up from the previous report. The Deputy Director of HR confirmed that a communication had been issued by the CMT about appraisal reporting and the expectation of the levels to be achieved particularly in Corporate areas.
- 23.4 Members welcomed the CMT appraisal communication to increase the appraisal figure (55%) and improve compliance.
- 23.5 A Non-Executive Board Member asked what options are available to staff if appraisals do not take place. The Deputy Director of HR confirmed that if a staff member were unhappy, they would need to escalate to the next level of management.
- 23.6 The Committee noted the workforce update for June 2024.

24 Workforce Efficiencies Programme Board Update

- 24.1 The Head of Employee Relations provided an update on the workforce efficiency programme. She confirmed that a programme board has been established and that work is progressing with the workforce trajectory; however, there are a number of challenges and cross-cutting themes to delivering services safely, such as safe staffing and reducing the working week, that make meeting the target difficult.
- 24.2 The Head of Employee Relations confirmed that the one-year target is to reduce the workforce by 100 WTE per month; however, because of the current challenges, the service is currently behind schedule. She confirmed that there would be long-term changes in service delivery as well as supportive changes to services.
- 24.3 The Head of Employee Relations confirmed that tools and a new dashboard would be developed to help managers move this work forward. The dashboards are more interactive and will include data on absence levels and mandatory training that will allow managers to focus on specific services and staffing.

Mr Innes, Non-Executive Board Member left the meeting. The meeting was no longer quorate.

- 24.4 Members noted that sickness absences for the first quarter were 5.93%, with work underway to reduce sickness absences through good housekeeping and sessions taking place with managers that have been positive.
- 24.5 The Chair highlighted the complex and significant challenge of the agenda for change work and commended the work that has been undertaken to date.
- 24.6 The Head of Workforce Planning confirmed in the latest update that the workforce has made the most significant reduction to date.
- 24.7 The Committee noted the information in the report and ongoing work with sickness absence and reducing workforce numbers.

FOR INFORMATION AND NOTING

25 Staff Governance Statement of Assurance Need

25.1 The Committee noted the Staff Governance Statement of Assurance Need

26 Staff Governance Work Plan

26.1 The Committee noted the Staff Governance Work Plan

27. Any Other Competent Business

27.1 The Deputy HR Director confirmed a new report template for the Committee has been agreed, this will be used for all papers going forward.

27.2 The Chair confirmed a leadership event will take place on 25 September and highlighted this as a good opportunity for the executive team to show positive governance and leadership to staff across the organisation.

27.3 The Chair confirmed that Speak Up week would take place from 30 September to 4 October.

REFLECTIONS ON THE MEETING

28 Matters to be highlighted at the next Board meeting

28.1 The Deputy Chief Executive confirmed there were good conversations at the meeting with sufficient evidence and helpful scrutiny from members.

28.2 The Partnership Representative echoed these comments and confirmed it was a positive meeting with a good balance of discussion.

29 Matters to be highlighted to another Board Committee

29.1 The Executive Nurse Director confirmed the Health and Care (Staffing) (Scotland) Act 2019 Quarterly Board Compliance Report would go to the next Board meeting.

30 Date of Next Meeting:

30.1 The next Committee meeting would be held on Wednesday 30 October 2024 at 9.30am