

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 11 December 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) and **Ms K. Kasper** (Non-Executive Board Member).

In Attendance:

Mrs J. Butler, Director of Human Resources and Organisational Development; **Miss T. Gillies** (Executive Medical Director), **Mrs R. Kelly** (Deputy HR Director), **Ms M. Campbell** (Director of Facilities); **Ms A. Langsley** (Associate Director of OD & Learning); **Ms C. Affleck** (Head of Employee Relations); **Mr S. Haddow** (Head of Medical Workforce Planning – Item 2); **Ms L. Hutchison** (Equality, Diversity, Inclusion and Human Rights Lead- Item 5.2); **Mr N. McAlister** (Head of Workforce Planning – Item 6.2); **Ms F. Tynan** (Associate Nurse Director, Corporate Nursing – Item 7.1); **Mr D. Collins** (Head of Health & Safety- Item 7.2) **Dr S. Edgar** (Director of Medical Education & Associate Medical Director- Item 7.4) and **Mr G. Ormerod** (Corporate Governance Team- Minute).

Guests:

Ms T. Mckigen (Services Director, REAS); **Ms K. Morris** (Specialist Education Lead – item 2)

Apologies:

Ms T. Miller (Employee Director) and **Ms L. Cunningham** (Partnership Representative)

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.

42. Declaration of Conflicts of Interest

42.1 No interests were declared.

43. Presentation - iMatter Results 2024

43.1 The iMatter Lead presented the Board's iMatter results for 2024, providing data on the overall position and by each service area. The key messages conveyed were:

- Participation rates had slightly decreased compared to the previous year;
- Mixed results had been demonstrated against the five Staff Governance Standards; two standards are up, two are down, and one remained the same as the previous year.
- The proportion of action plans completed within eight weeks had increased by 4% from last year. Facilities recorded a 100% completion rate.
- The overall Employee Engagement Index (EEI) stayed the same as in 2023.
- Results against two new questions raised concerns that there was no change from the previous year. These questions were separate from the Board's KPIs. A decision will be made if they will be included in the iMatter for next year.

- In preparation for the 2025 iMatter survey, manager awareness and action plan refresher training would be delivered, alongside newly developed digital resources and a review of paper copies that often has a lower engagement compared to digital.
- iMatter stories will continue to be shared through Committees.

43.2 The iMatter Lead confirmed that Health and Social Care Partnerships (HSCP) did not participate in iMatter this year due to a parallel council survey, which affected the overall iMatter result. Edinburgh HSCP likewise saw a significant organisational change; teams completed iMatter, but their iMatter action plans were unfinished because several teams disbanded.

43.3 A Non-Executive Board Member enquired whether there was an understanding of what the action plans achieved. The iMatter lead stated that action plans are not disclosed without the permission of the teams. The program invites teams to share stories, which are then shared through a national system to demonstrate excellent work and to promote iMatter's success.

43.4 A Non-Executive Board Member stated that iMatter demonstrates value to the organisation. She enquired whether there would be integration for 2025 to minimise conflicts with other surveys. The iMatter lead indicated that survey dates are still to be issued by the Scottish Government, after which the board will cascade the iMatter deadlines.

43.5 The Chair stated that the action plan was positive and that she would write to the Facilities Director to congratulate the team on achieving 100% of their action plan target. **VdS**

43.6 Members discussed the significance of board confidence results. The Director of HR & OD acknowledged that the results for these two questions are problematic, as is the way the questions are structured, and that the results are consistent with other boards. She proposed that the survey be delayed to review the questionnaires, given prior years' responses were similar

43.7 The Chair confirmed that she would discuss the board's action plan with the Non-Executive Directors and the Chairman. **VdS**

43.8 The Chair thanked the iMatter lead for their work and help throughout the iMatter journey and wished him luck in his retirement.

44. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 30 October 2024

44.1 The minutes of the meeting held on 30 October were approved as an accurate record.

45. Matters Arising

45.1 No matters arising

STAFF EXPERIENCE

46. Advancing Equalities Action Plan 2024/26 (including an update on Coffee Roulette)

46.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2024/26.

46.1.1 The Deputy HR Director provided the following updates since the last committee:

- A discovery session with the disability confident board assessor, Microlinkpc, has taken place with a report and several recommendations to be considered.
- The Equally Safe at Work Accreditation programme was launched in November. Work is progressing on the actions, and the employee experience survey will be issued in January 2025
- The existing work on sexual misconduct in the workplace has now been included within a one-day EDI workshop that will run six times a year to share this work more widely.
- Career progression for BME nurses and midwives is ongoing with nursing and midwifery interview packs with sample questions for recruiting managers.
- A report will follow on education and training programmes led by Laura Hutchinson and Lesley Dicker.
- A wider communication strategy update will be presented at the March meeting to support communication of the work and associated resources.

46.1.2 Members were asked to support the reintroduction of Coffee Roulette for Non-Executive Directors and members of the staff networks as part of the Advancing Equalities Action Plan.

46.1.3 Members were supportive of reintroducing Coffee Roulette and were happy to be involved.

46.1.4 The Chair enquired as to whether there had been any further updates about sexual misconduct. The Deputy HR & OD indicated that this work is led by the medical profession and will be incorporated into NHS Lothian workshops. This work is a one-for-Scotland strategy that has advanced through EDI and is coming together in response to the publication of national reports.

46.2 Embedding Equality and Human Rights in Education Programmes – update on progress

46.2.1 The Equality, Diversity, Inclusion, and Human Rights Lead provided an update on the progress of the Embedding Equality and Human Rights in Education Programme. She confirmed that work is underway to implement the 5-year equality and human rights strategy agreed in April 2023.

46.2.2 The HR & OD team is developing and implementing a new approach to equality and human rights education and training that is accessible to staff, ensuring that they have the right skills to do their job. The OD team has adopted a different strategy than prior projects, and a steering group has been formed to determine what will be achieved through the project groups beginning in January 2025.

46.2.3 The projects cover:

- Equality and human rights capability framework (knowledge, skills and behaviours)

- Equality and human rights education and training standards and self-assessment tool
- Equality and human rights resources and support.

46.2.4 The Director of HR & OD commended the work to date, commenting that the equalities work had not been structured because of the small expert resource available, but the plan will provide strength in this area.

46.2.5 A Non-Executive Board Member enquired as to what personnel were being trained on. Who is behind the content, and how will its impact be measured? The Equality, Diversity, Inclusion, and Human Rights Lead indicated that this would include discussions about the law, legal requirements, and how the law applies to their job. This will also include culture, conduct, discrimination, human behaviours, human rights principles, and person-centred care as they relate to their job. She confirmed that the steering groups will provide expertise, and the impact will be monitored in relation to each project and the group's standards.

46.2.6 Members accepted the recommendations and the information detailed within the report.

46.3 Whistleblowing Report

46.3.1 The Committee received the Whistleblowing report, which contained an update on the case that has been with the INWO since August 2022, culminating in a published report in May 2024. Other parallel processes have not resulted in any substantial changes, and an update for Q1 2025 will be provided in March.

46.3.2 The Director of HR & OD provided an update on the second investigation with the INWO, which opened in June 2023. This report was published on the INWO website in October. She confirmed that appendix 3 shows the progress made against the INWO recommendations.

46.3.3 Members noted that there are two new stage 2 concerns from the INWO. The Director of HR & OD confirmed that Non-Executive Board Member Mr Andrew Cogan has been appointed as an investigator commissioner for the whistleblowing case 314 at East Lothian HCSP Chalmers Centre, as agreed by the Chief Executive and Chairman.

46.3.4 The Director of HR & OD provided an update on the Stage 2 whistleblowing report from the BBC news, as well as a link to an SAE maternal death. She confirmed that the focus has been on communication strategy and engaging with workers at maternity services. She confirmed NHS Lothian has contacted the family regarding the maternal death, and there is no connection between the two incidents, which is causing distress for the family, whistleblower, and staff.

46.3.5 The Director of HR & OD confirmed that there are a number of live actions and that there was a constructive discussion with the whistleblower yesterday, as well as a follow-up meeting this morning and the board also provided a very high briefing last night. She confirmed that staff are receiving support from the Director of Acute Services and the Women and Children's team and that contact has been made with shift workers.

46.4 Agenda for Change Reform – update

- 46.4.1 The Deputy HR Director provided an update on the Agenda for Change Reforms, which are part of the 2023/24 pay agreement. She indicated that work is progressing in all areas; reducing the working week for the first 30 minutes went into effect on 1 April 2024, with the majority of staff on e-rostering and not rostered completed by the end of November. Staff on the new roster would be moved across up to the period of 9 December. She indicated that for some services, a reduction in the working week is not possible without the approval of additional staffing resources to mitigate the risk to service delivery. The Corporate Management Team (CMT) approved business cases from a number of services where additional resources are required.
- 46.4.2 The Deputy Director of HR confirmed good progress has been made in the areas, and a progress update for the first 30 minutes would be presented at the March meeting; where there is a risk to service delivery, this is being reviewed.
- 46.4.3 Members noted that the Band 5 review is progressing, with panels being set up and applications progressing. There are c450 applications in progress, and 51 have been submitted and are in the matching panel stage. The job matching panels met in October, with 12 panels reviewing 19 applications, with some of the results coming within the next week. The project team is updating guidance and asking staff to review their applications before submitting, as there has been a lack of quality in previous submissions.
- 46.4.4 The Deputy Director of HR & OD indicated that there has been little progress since the last committee on protected learning time.
- 46.4.5 A Non-Executive Board Member enquired whether further effort was required to remove a full hour or two thirty-minutes. The Deputy Director of HR indicated that the organisation is awaiting further updates on this. A further 30 minutes would result in a significant number of business cases and a loss of service delivery time.
- 46.4.6 The Director of HR & OD confirmed that a one-hour reduction in nursing time would require the addition of 300 nurses. She noted that the Scottish Government has given £200m in non-recurring funding to NHS Scotland for the first 30-minute reduction and the Band 5 review. The recurring budget for 2025/26 is £150m, with £22m going to NHS Lothian. The additional staffing for the first 30 minutes cost £5m.
- 46.4.7 The Committee approved the recommendations in the report.

47. SUSTAINABLE WORKFORCE

47.1 Workforce Report

- 47.1.1 The Deputy Director of HR presented the Workforce Report for October 2024, which included data on short- and long-term absences, recruitment, Speak Up, and mandatory training across the organisation.
- 47.1.2 Absence levels increased slightly from September to 6.31%. The most common reasons for staff member absences were colds, flu, and coughs.
- 47.1.3 Mandatory training has decreased by 1%, to 71%, from the previous report. Manager appraisals have risen by 1%, reaching 63%.

- 47.1.4 Information on the Change Agenda Band 8/9 Overtime usage is now included in the report for the first time. This will be included following a recent internal audit that recommended routine reporting at this level.
- 47.1.5 The Deputy HR Director confirmed that there has been an increase in the number of employees completing staff exit questionnaires. This information will be provided quarterly, with data from July to September 2024 published in the next report in March.
- 47.1.6 The Chair highlighted that manager appraisal was increasing, which was a good sign, and that long-term absences were decreasing. She reported on the significant increase in bullying and harassment data in February; however, members stated that this was not unusual and was similar to the previous year, with no issues identified. The Chair noted that the increase in bullying and harassment figures is positive as this shows that Speak Up and Whistleblowing, as well as other systems in place are working.
- 47.1.7 The Director of HR & OD confirmed the organisation is not seeing large growth in the number of staff recruited, and this has to be more measured, but she welcomed discussing this at a future meeting.
- 47.1.8 A Non-Executive Board Member highlighted the need to understand how the organisation's culture is improving areas and how the impact is measured. The Director of HR & OD confirmed there will be movement on culture and the key issues from the Chief Executive and confirmed a report from the staff engagement programme board will be presented at the March meeting to demonstrate the challenges. **JB**

47.2 Workforce Plan 2022-2025: Evaluation of Year 2 Action Plans

- 47.2.1 The Head of Workforce Planning provided an update on the Workforce Plan 2022-2025: Evaluation of Year 2 Action Plans. Key highlights included:
- Nursing has recruited 620 WTE and measures are in place for supplementary staffing and recruiting final Band 4 students to one shift per week.
 - NHS Lothian has recruited from out with Lothian, which is a challenge for the next 2-3 years.
 - Staff turnover is down by 17% on pre-pandemic levels and 25% on the next year; retirements have also decreased over the last year.
 - National challenges with the medical workforce and a focus on doctors in training on how to influence decision-making nationally.
 - Public Health is looking at their workforce profile and focusing on protected characteristics, with learning to be shared in 2025.
 - Job planning is of significant interest, and a number of pilots, including AHPs, pharmacy, and healthcare services, are identifying the most effective means of moving forward for the short and medium term.
 - The Scottish Government's move to freeze all capital spending not already committed has impacted national treatment centres and cancer provisions.
 - As in previous years, plans are supported by the Work Well Strategy, the Employability and Careers Framework, the Advancing Workforce Equalities Plan, and the Leadership Framework.
 - Awaiting the outcome from the Scottish Government 3-year plan, but a lot of uncertainty around major capital programmes.

- 47.2.2 The Chair highlighted a comprehensive report and action plan that covers everything.

47.2.3 A Non-Executive Board Member enquired as to whether the progress in recruiting nurses and the reduction in recruitment time would be repeated next year and extended to other specialities. The Head of Workforce Planning confirmed that the programme has begun for next year and continues to progress against the KPIs; the emphasis on recruitment has contributed to this success. The Director of HR & OD confirmed recruitment for nursing staff does not easily translate to other areas.

47.2.4 The Committee approved the recommendations in the report.

48. ASSURANCE AND SCRUTINY

48.1 Corporate Risk Register

48.1.1 Corporate Risk 3455 – Management of Violence and Aggression

48.1.1.1 The Associate Nurse Director, Corporate Nursing provided an update on the Violence and Aggression (V&A) risk. She confirmed that the risk is being managed and that training is in place; however, some trainers have been seconded, and the service is using bank trainers who have been trained up.

48.1.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

48.1.2.1 The Associate Nurse Director of Corporate Nursing provided an update on the Corporate Risk Register, addressing the risk mitigation strategy for managing nursing and midwifery staffing risk. She confirmed that the Q2 Health and Care Staffing Scotland Quarterly Board Compliance Report was accepted by the board and that the Q3 report is currently being prepared as a legal obligation for health care legislation defined by the Scottish Government.

48.1.2.2 The Associate Nurse Director, Corporate Nursing, confirmed that the Health and Care Staffing Scotland Quarterly Board Compliance Report usually reported through the partnership meeting would be moved to the next board meeting due to conflicting reporting cycle dates.

48.1.3 Corporate Risk 5020 – Water Safety

48.1.3.1 The Director of Facilities provided an update on the water safety risk, noting that no changes were requested to the risk description or controls.

48.1.3.2 Members noted that the third-party premises hold responsibility for water safety risks, and any non-compliance is reported to a dedicated water safety assurance manager. Members noted an improvement in reporting, with 58 of the 62 (94%) third-party premises undergoing a water safety assessment.

48.1.3.3 The Director of Facilities confirmed that a proposal for transferring the risk from the corporate risk register to the facilities risk register had been discussed and agreed at the most recent Water Safety Group. A paper will now be submitted to the Corporate Management Team (CMT) in January, and afterwards to the Staff Governance Committee for approval in March 2025

48.1.3.4 The Chair emphasised the progress and structure in place, which has been a critical decision in reducing risk.

48.1.4 Corporate Risk 3328 – Traffic Management

48.1.4.1 The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance.

48.1.4.2 The Director of Facilities confirmed that funding has been provided for WGH's red risks, which are currently out to tender and are expected to be completed by the end of the financial year.

48.1.4.3 The Director of Facilities indicated that facilities colleagues are working together with Consort on two of the three risks at the RIE, which will be resolved within the financial year. She accepted that this will leave one red risk at the ED entrance and that further work is being done to find an appropriate solution, but it will reduce the four risks to one.

48.1.4.4 The committee approved the report's recommendations.

48.1.5 RIE Fire Safety

48.1.5.1 The Director of Facilities 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.

48.1.5.2 The Director of Facilities confirmed the appeal process will continue with legal colleagues through December. Work has progressed on a number of projects on site, facilities are updating the fire strategy to identify gaps and priorities for improving building safety, working on improving hazard rooms and upgrading alarm systems and fire doors, and progressing with the non-negotiables with all actions consolidated into one area.

48.1.5.3 The Director of Facilities confirmed the Scottish Fire and Rescue Service (SFRS) was on site this week, and a call was received this morning with encouraging comments and an improved staff response to emergency queries. The Director of Facilities confirmed that some behavioural issues persist, including batteries being charged and fire doors being left open.

48.1.5.4 Members noted that information will continue to be provided to this Committee as actions and work progress.

48.1.5.5 Members were satisfied with the SFRS's response, which indicated an improvement and progress in the right direction.

48.1.5.6 The Committee accepted the recommendations in the report.

48.2 Health and Safety Assurance Report

48.2.1 The Head of Health and Safety provided an update on the Health and Safety Assurance Report, including local Health and Safety Committee reports, assurances, and meeting minutes.

48.2.2 The Head of Health and Safety focused on two significant risks, stating that the service carried out compliance sampling monitoring for nitrous oxide exposure and legal compliance with Control of Substances Hazardous to Health (COSHH). The service has identified 36 areas, with 16 surveys completed thus far, and work is continuing in all areas to reach the minimum compliance.

48.2.3 Following an assessment of the 12 key principle risks by each local health and safety committee, the Head of Health and Safety confirmed that medical gases were identified as a key risk, with noncompliance rates ranging from 25 to 50%. The Health and Safety Committee has proposed two recommendations to proceed with this work, including an external and internal training analysis of designated trained workers in the medical and nursing professions against the standards. An RFD tag system has been proposed to track Lifting Operations Lifting Equipment and resolve issues with equipment going missing. This would begin with a trial at SJH and then be implemented throughout Lothian with each asset registered.

48.2.4 The Head of Health and Safety confirmed he would provide a further update on the Lifting Operations Lifting Equipment Regulations (LOLER) and RFD tags. **DC**

48.2.5 The Committee noted the most recent update on the Health and Safety Assurance Report.

48.3 Remuneration Committee Annual Report

48.3.1 The Deputy Director of HR & OD provided an update on the Remuneration Committee Annual Report, noting that this is a subcommittee of the Staff Governance Committee. She confirmed the main role of the Committee is to oversee the performance management processes for Executive and Senior Managers.

48.3.2 The Deputy Director of HR & OD confirmed the committee has met four times in 2024 and accepted the terms of new appointments for the Chief Executive, Interim Director of DATCC, and Interim Director of Capital Planning. The Committee also reviewed progress reports for employment tribunals and approved pay-uplifts.

48.3.3 Members noted that the 2024/25 Corporate Management Team objectives were considered at the July meeting, and mid-year reviews will be presented in February 2025.

48.3.4 The Committee was also presented with results of the Executive and Senior Manager Choice Exercise, in which those remunerated on Executive/Senior Manager Grade E and below were given the opportunity to submit their job description for evaluation under Agenda for Change. The Deputy Director of HR & OD confirmed 10 managers had submitted their job descriptions, with three moving to agenda for change terms.

48.3.5 The Committee noted the Remuneration Committee Annual Report.

48.4 Director of Medical Education Annual Report

48.4.1 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.

- 48.4.2 The Director of Medical Education confirmed the report provides three risk areas. The first risk is capacity for undergraduate (UG) education. He reported that with the intended increase of 500, the Scottish Government paused this at 300. To mitigate the risk, the service is focusing on trainers in the system, innovating the training and learning, simulation training, and collaborating with universities.
- 48.4.3 The second risk is the facilities for doctors in training. He reported facilities in hospitals, including rest places and food in out-of-hours, have been noticeable in the survey this year and brought up in previous years. There are a number of barriers to access rest and hydration, but this is something the site directors are aware of and have come up against policy challenges.
- 48.4.4 The third concern is trainer burnout; the GMC survey indicates that trainers are experiencing moderate or major burnout. This burnout affects all of Scotland and the rest of the UK. Trainers are split between training and the demands of clinical work. Tracy Gillies and Michelle Carr are now working on a number of projects to assess roles and development, as well as access to name training, to assist educational and clinical practice development.
- 48.4.5 The Director of Medical Education acknowledged the team's focus on education, sexual misconduct, racism, and workplace culture. The report outlines where things are going well, where they need to be improved, and where they need to mitigate and reduce risks.
- 48.4.6 A Non-Executive Board Member enquired whether doctors in training are over-represented in out-of-hours work, and if so, whether this is particular for these groups. She enquired about virtual clinics and how they operate in practice. The Director of Medical Education acknowledged that this impacts all staff, although doctors in training are not assigned to a specific location; instead, they are instructed to apply for jobs in the East of Scotland and subsequently travel between boards and sites. The problem is that they don't feel a feeling of belonging when it comes to food and drink, and they have no control over days, times, or shifts. Virtual clinics operate via NHS Near Me consultations with up to 10 medical students and one GP; this has been very positive and well received.
- 48.4.7 A Non-Executive Board Member enquired about the service's talent management strategy for developing qualified individuals in areas of concern. The Director of Medical Education confirmed that the service provides educational support at both the local and national levels, with the goal of encouraging clinical education among the medical workforce and developing local talent. NHS Scotland has a comprehensive workforce and medical education strategy, with a large number of trainees, but it performs well in terms of training and retraining.
- 48.4.8 The Director of HR & OD confirmed that the facilities risk involves commercial food outlets on the premises and a profit and loss account. The NHS Lothian charity has supported restrooms but it would not be appropriate to support food for staff.
- 48.4.9 The Executive Medical Director said that the organisation is doing well across the UK. To ensure transparency, the report is shared in its entirety. Any additional queries should be directed to the Executive Medical Director and the Director of Medical Education.

49. FOR INFORMATION AND NOTING

49.1 Staff Governance Statement of Assurance Need

49.1.1 The Committee noted the Staff Governance Statement of Assurance Need

49.2 Staff Governance Work Plan

49.2.1 The Committee noted the Staff Governance Work Plan

50. REFLECTIONS ON THE MEETING

50.1 Matters to be highlighted at the next Board meeting

50.1.1 There were no matters that required to be highlighted to the Board.

50.2 Matters to be highlighted to another Board Committee

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

51. Any Other Competent Business

51.1 There were no other business

52. Date of Next Meeting

52.1 The next Committee meeting would be held on Wednesday 12 March 2025 at 9.30am

Signed by Chair
12 March 2025