

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 30 October 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: Ms C. Hiscox (Chief Executive); Mrs J. Butler, Director of Human Resources and Organisational Development; Ms F. Ireland (Deputy Director, Corporate Nursing) Miss T. Gillies (Executive Medical Director), Ms H. Fitzgerald (Partnership Representative) Mrs R. Kelly (Deputy HR Director), Ms M. Campbell (Director of Facilities); Mr N. McAlister (Head of Workforce Planning); Ms L. Cunningham (Partnership Representative); Mr D. Thompson (Board Secretary); Mr K. Reeder (Whistleblowing Liaison Programme Manager); (Ms S. Augley, (Operational Science Manager – Blood Science Laboratory – Item 2); Ms C. McDowall (Speak Up Ambassador – Item 5.3), Ms R. Weerakoon – (Speak Up Ambassador – Item 5.3); Dr F. Ogundipe, (Director of Occupational Health & Safety Services – Item 6.1.7) and Mr G. Ormerod (Corporate Governance Team -Minute).

Apologies for absence was received from: Ms T. Miller (Employee Director). Mrs A MacDonald (Executive Nurse Director), Mr J Crombie (Deputy Chief Executive)

Observing: Mr M. Fairbairn (Non-Executive Member of the NHS Forth Valley Board and of the Clackmannanshire and Stirling Integration Joint Board); Ms K. Cassells (NHS Forth Valley) and Mr A. Rennie (Vice Chair, NHS Forth Valley)

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.

31. Declaration of Conflicts of Interest

31.1 No interests were declared.

32. Blood Science Laboratory – Presentation

- 32.1 The Operational Science Manager from the Blood Science Laboratory team presented her team iMatter story. She confirmed that the Blood Science Laboratory is responsible for all of the sites and falls under Diagnostics, Anaesthetics, Theatres, and Critical Care (DATCC). iMatter has played a vital part in the service across four teams to improve communication, allowing the team to function well under pressure.
- 32.2 The Operational Science Manager acknowledged that she encourages her team to complete the iMatter survey and will work with underachieving teams to promote the importance of participating in the survey, working together with colleagues to reflect feedback across the different service teams, and develop a story board for service actions.

- 32.3 The Operational Science Manager confirmed that the team discussed feedback from iMatter highlighting the following points:
- Effective team communication was the most desired outcome.
 - Four teams created newsletters and notice boards to provide service information and news stories.
 - Promotion of staff to new service areas has led to increased involvement with iMatter and the adoption of new ideas.
 - Improved communication has led to real transformation and the identification of shared themes among team members.
- 32.4 The Chair praised the team on their success and stated that it is encouraging to see ideas carried forward when employees change roles.
- 32.5 Members thanked the service for the presentation and emphasised how small changes can make a big difference.
- 32.6 A Non-Executive Board Member requested that the team encourage feedback through newsletters. The Operational Science Manager stated that material is sought from staff members for inclusion in newsletters, and input is offered during team inspections. Overall, this has boosted morale, brought employees closer together, and given them a voice.
- 32.7 The Chair emphasised the importance of feedback loops, dialogue, and team communication.

33. Minutes & Action Note of Previous Meeting held on 31 July 2024

- 33.1 The minutes of the previous meeting were approved as an accurate record.

34. Matters Arising

- 34.1 The Director of HR & OD provided an update on Coffee Roulette for Non-Executive Board members, indicating that there had been some team capacity issues but a plan to expand coffee roulette to Non-Executive Directors in 2025 would be brought forward to the December meeting of the Committee.

STAFF EXPERIENCE

35. Advancing Equalities Action Plan 2023/24

- 35.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2024/26. She confirmed that a 2-year action plan was approved by the Committee in May.
- 35.2 The Deputy HR Director provided the following updates since the last committee:
- The organisation achieved the Disability Confident Level 3 Status as a Disability Leader. Level 3 status will be valid for three years, after which the organisation must reapply in 2027.
 - As part of the disability confident submission, the board assessor, Microlinkpc, hosted a discovery session on 21 October.
 - The organisation has signed up for the Equally Safe at Work accreditation. The intention is to progress through the various phases and achieve development status by 2026.
 - Gillian McAuley and Rakiya Suleiman have shared a short progress report on career progression for BME nurses and midwives.

- The Trans Staff Experience Project and 2024/26 action plan work has been paused as the member of staff in responsible for this work has now left the organisation and there was no handover. The LGBTQ+ Network is currently discussing and reviewing next steps.
- The Care Experienced staff network will be paused as a staff network due to poor engagement. However, service user information will remain available.
- The Women's Mentoring Programme will be paused until the co-chair returns from maternity leave, then resumed in the summer 2025.

35.3 A Non-Executive Member enquired whether the achievements are summarised and how progress is recorded. The Deputy HR Director confirmed that the last plan was for April 2024, and summary of actions taken is published on HR online.

35.4 Members highlighted the protective characteristics and enquired whether the organisation had learnt anything from the Care Experienced Staff Network.

35.5 The Director of HR & OD responded and highlighted two key issues. She explained that the Corporate Parenting Board had recommended the establishment of the Care Experienced Staff Network and that the Corporate Parenting Board had also been asked for a specific employability programme for those with care experience to be developed. She noted that many people who are care experienced wish to remain anonymous and therefore both programmes of work did not deliver in the way anticipated but there has been valuable learning from both, particularly on how the organisation engage with individuals who are care experienced and for employability programmes the importance of working with third sector organisations.

35.6 The Chief Executive said that she is involved in discussions about this work and strategic content, with an emphasis on discrimination, racism, and sexism, to gain a better understanding of the challenge in Lothian. She encouraged the Staff Governance Committee to monitor this and increase the numbers of conversations around this and culture.

35.7 Members discussed the communication strategy and agreed that communication and engagement information should be brought back to a future meeting to address inequities and a broader culture with management teams.

35.8 The Deputy Director of HR indicated that an initial meeting for the Equality and Diversity conference will be held next week, and some of these issues will be picked up.

35.9 The Chair commended the efforts in achieving the Disability Confident Level 3 status. She requested that the Trans Staff Experience Project and LGBTQ+ Network information should be discussed at a future Committee and any actions from networks should remain on the programme even if they are not currently active.

36. Whistleblowing Report

36.1 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 and material in Appendix 3 demonstrates progress towards the actions; the INWO has decided on a phased plan due to other parallel processes.

36.2 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, and the Deputy Chief Executive is currently reviewing the recommendations for patient focussed booking services and DNAs; an update will be provided to the December Committee.

- 36.3 Members noted that the IWNO has opened two new investigations; the Director of HR & OD confirmed that one case may benefit from a mediated resolution as opposed to an investigation and this will be fed back to the INWO, Ultimately this is a decision for the INWO.
- 36.4 The Director of HR & OD confirmed that there has been excellent engagement with the Scottish Government, the INWO, workforce colleagues, and the HR team, with all parties agreeing that the whistleblowing standards require review and that in the absence of a formal review process at this stage some focussed work on the interplay between workforce policies and processes and the whistleblowing standards would be useful. The Chief People Officer at Scottish Government is leading on this programme of work.
- 36.5 Members approved the recommendations outlined in the report.

37. Agenda for Change Reform – update

- 37.1 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 April 1, 2024, with the majority of staff on e-rostering and not rostered completed by end August. She indicated that there were some issues with Hard FM staff, which were resolved by September, as well as service delivery concerns with Soft FM, which were looked into as part of a business case. The target date set by Scottish Government for the 30-minute reduction for all rostered staff, which is the majority of our staff, is 30 November. Work is in progress to review rosters and how to safely implement the 30-minute reduction, for Nursing and Midwifery staff a professionally lead risk assessment process is in place and final rota adjustments are planned for December. Whilst a number of areas can safely absorb the 30-minute reduction some cannot. In those instances a risk assessment process is undertaken and where it is deemed additional resources are required to safely reduce the working week, these are considered by the Agenda for Change Programme Board, with final sign off by the Corporate Management Team.
- 37.2 Members noted that the Band 5 review is progressing, with panels set up and applications progressing. There are c350 applications in-progress but not yet at final submission stage. A smaller number of applications have been submitted and are at the matching panel stage.
- 37.3 The national group set up for protected learning is progressing, meantime the local group are mapping out the various strands of role essential training by profession.
- 37.4 The Chair enquired whether the Scottish Government funding is non-recurring. The Deputy Director of HR confirmed that the monies are non-recurring and it is unclear what funding would be available in future years. This relates to the cost of the B5 review and the reduced working week.
- 37.5 A Non-Executive Board Member enquired as to where the data on impact was being reviewed and analysed. The Director of HR confirmed that no decisions have been made on service delivery; where there is a risk to services, a template will be reviewed and considered by the Agenda for the Change Reform Programme Board and then onto the Corporate Management Team (CMT) for final decision. She confirmed if there is a risk and the service is unable to recruit to specialist areas, the organisation will continue to pay the transition allowance, A final report will be produced at the end of Phase 1 setting out the processes adopted, approach to risk mitigation assessment of impact and costs

37.6 A Non-Executive Board Member enquired whether there had been communication with the Scottish Government regarding the next steps and further reductions in hours. The Director of HR and OD confirmed that there have been a number of communications and conversations with Scottish Government involving Board Chief Executives, Directors of HR and Directors of Finance, in relation to the need for recurring funding and the plans for the further 60-minute reduction in the working week.

37.7 Members approved the recommendations highlighted within the report.

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38. Speak Up Service Report

38.1 The Speak Up Ambassador provided an update on the Speak Up activities and including promote of the service in Q1 and Q2 this financial year. Key highlights included:

- The Speak Up Service has appointed a third ambassador which is a helpful expansion of capacity
- The service hopes to build and maximise investments and service performance. Complex whistleblowing cases need increased capacity to support contacts in a timely manner, assess earlier interactions, and gather feedback on effective practices for both individuals and organisations.
- Staff turnover has led to opportunities to increase the number of advocates and recruit more diversely.
- Speak Up Week was held in early October. There were opportunities to collaborate and exchange experiences of concerns to assist individuals understand the barriers. The Speak Up service emphasised the value of the service and its related networks for national work.
- Data collation and trend information continues to be recorded with 5 years of data to be available for the next report.
- Speak Up contacts and concerns remain consistent, however there has been a rise in incidents involving administration staff.
- Staff have reported a lack of physical leadership for Speak Up and a lack of confidence in raising concerns. This has already been discussed through lunch and learn sessions, but as an organisation, this will need to be taken forward.

38.2 Members welcomed the Annual Delivery Plan and the excellent work that is being done in this area, such as the Speak Up Week corporate activities and the ability to share stories and promote candid conversations.

Ms Hiscox, Chief Executive left the meeting

ASSURANCE AND SCRUTINY

39. Corporate Risk Register

39.1 3455 – Management of Violence and Aggression

- 39.1.1 The Deputy Director of Corporate Nursing delivered an update on the Violence and Aggression (V&A) risk, which has been listed on the corporate risk register for some years. She stated that the report updates the training strategy and identifies key areas for staff development.
- 39.1.2 Members noted that the service continues to train staff banks and REAS employees, with 60% of the training backlog resolved, despite difficulty in finding work-based trainers. Members noticed that the Health and Safety Committee has approved the measurement framework and will continue to report to this Committee.
- 39.1.3 The Chair thanked the Deputy Director of Corporate Nursing, for the briefing and encouraged the team to monitor their progress.

39.2 3828 – Nurse Workforce – Safe Staffing Levels

- 39.2.1 The Deputy Director of Corporate Nursing delivered an update on the Corporate Risk Register regarding the risk mitigation plan for managing the nursing and midwifery staffing risk. She stated that the risk remains significant, but she was hopeful that it would decrease with the nursing cohort starting in September and October.
- 39.2.2 The Deputy Director of Corporate Nursing stated that there is a lower staff turnover and an establishment gap of 5.24%, which will be reduced to 3.12% with staff consideration. She confirmed that the reduction in agency continues, with further controls in place from the Scottish Government, and that services only use agency where there are staffing issues.
- 39.2.3 The Deputy Director of Corporate Nursing confirmed that the student nurse intake group estimates numbers for midwifery and adult branch services, but the numbers are not increasing to the level needed, resulting in an oversupply in children's and midwifery. She indicated that the service hopes to take part in "earn as you learn" initiatives that offer university students a one-day-a-week B4 role to help support staffing levels, with a risk to the current intake numbers in 2027.
- 39.2.4 The Director of HR & OD confirmed that the NHS is not seeing the desired intake levels from universities, which was raised during the ministerial review on October 7.
- 39.2.5 Members accepted moderate assurance and the information detailed in the report.

39.3 5020 – Water Safety

- 39.3.1 The Director of Facilities provided an update on the water safety risk, stating that it remains at a high-risk level but is in a strong position with 85% compliance for water level safety and dedicated water safety managers in place.
- 39.3.2 Members noted that the risk had been changed, referring to the previous risk definition during the pandemic. The water safety group has increased monitoring and conducted a thorough review to complete activities, reduce risk, and improve assurance.

39.4 3328 – Traffic Management

39.4.1 The Director of Facilities presented an update on the traffic management risk, stating that it was independently reviewed and that efforts had been taken to mitigate the risk and lower the risk assessment.

39.4.2 Members noted that three of the four red risks have already been allocated funds to address the issues, with work beginning at WGH and Consort submitting cost estimates for two risks at RIE. The Director of Facilities said that with these changes, the risks might be revised, with one remaining at the RIE Emergency Department; however, there are barriers to progressing this risk.

39.4 RIE Fire Safety

39.4.1 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. She confirmed that the enforcement notices to NHS Lothian, Consort, and the Deputy Chief Executive are still live with an appeal process will take place in December.

39.4.2 The Director of Facilities reported that NHS Lothian is working with the Scottish Fire and Rescue Service (SFRS) to address individual areas and enforcement notices, with significant progress made and work ongoing on walk and talk fire drills, decanting wards, and staff training.

39.4.3 The Director of Facilities indicated that life cycle work is ongoing, with six wards completed and a timetable for fire door upgrades, alarms, and a fire strategy for the site. A dedicated fire risk assessment from each area is being compiled into a single action plan to proceed and complete tasks outlined in the enforcement notice.

39.4.4 Members highlighted a risk and concern with the outstanding areas and legal issues set by the Scottish Fire and Rescue Service (SFRS). The Director of Facilities stated that the service is working on the activities and timeframe, although this is difficult given the amount of work required.

39.4.5 Members agreed that the committee would raise the governance concerns and seek reassurance at the next board meeting on whether the service is doing everything it can to capture the work and the board's position in light of the legal aspect.

VdS & JI

39.4.6 Members approved the recommendations outlined in the report.

40. Health and Safety Assurance Report

40.1 The Executive Medical Director provided an update on the Health and Safety Assurance Report, including local Health and Safety Committee reports, assurances, and meeting minutes.

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

41. Occupational Health and Safety Annual Report

41.1 The Director of Occupational Health & Safety Services presented the NHS Lothian Occupational Health and Safety Annual Report 2023/24, which included:

- The Occupational Health Nursing & Medicine Report 2023/24
- The Occupational Health Staff Counselling Service Report 2023/24
- The Occupational Health Physiotherapy Annual Report 2023/24
- The Occupational Health Manual Handling Service Annual Report 2023/24

- 41.2 A range of activities and service improvements across the Board's Occupational Health Services were highlighted during the presentation of the report, including the implementation of triage calls by the counselling services and implementing the staff joint injection service. In addition, some key challenges were noted, such as recruitment and retention of clinical staff, expanding collaboration with external networks, and challenges at the Royal Infirmary of Edinburgh (RIE) to provide clinical occupational health services.
- 41.3 The Director of Occupational Health and Safety Services indicated that the service would transition to a new IT system by the end of the year, that new managers will need additional sickness and absence training, and that the manual handling team will have training sessions for day-to-day responsibilities.
- 41.4 The Chair commended the report's comprehensiveness and level of detail, she suggested that that future reports should provide the highlights on staffing, manual handling, key risks and potential gaps for overall scrutiny and follow the standard template for committee papers.
- 41.5 The Committee accepted the Report as evidence of assurance that the Board's Occupational Health Service was progressing the objectives agreed in 2023, 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. Annual Review of the Staff Governance Terms of Reference

- 42.1 The Director of HR & OD provided an update on the Staff Governance Terms of Reference (TOR). She confirmed that the Committee had previously committed to revising the Terms of Reference on an annual basis.
- 42.2 Members agreed to update the advancing workforce equalities to include diversity and inclusion.
- 42.3 Members agreed that the statement requesting the Committee appoint a Vice Chair could be removed.
- 42.4 A Non-Executive Board Member discussed the Staff Governance Committee's position as a parent committee to the Remuneration Committee. She indicated that she was unaware of the Remuneration Committee's role. The Director of HR & OD noted that the Annual Remuneration Report is provided to this Committee, and that she would be happy to organise a development session for Non-Executive members of this Committee to aid their understanding on the work of the Remuneration Committee.. **JB**
- 42.5 Members agreed to share the TOR with the group before the next Staff Governance Committee meeting in December.

43. Staff Governance Monitoring Assurance – Return to the Scottish Government

- 43.1 The Deputy Director of HR & OD gave an update on the Staff Governance Monitoring Assurance. She acknowledged that the report details board activity and staff governance standards, and that it will be submitted to the Scottish Government along with other recommendations.

- 43.2 The Scottish Government template has been updated to align with NHS Lothian's position on supporting networks such as Staff Experience Framework, Work Well Strategy, Retire and Return, Bullying and Harassment, and Whistleblowing.
- 43.3 Members approved the proposed monitoring assurance report.
- 44. Health and Care Staffing Act Quarterly Board Compliance Report – 1 July to 30 September 2024**
- 44.1 The Deputy Director of Corporate Nursing provided an update on the Health and Care Staffing Act Quarterly Report. She acknowledged that the report was provided to the Committee as part of the legislation to the board regarding adequate staffing, high-quality care, and staffing responsibilities.
- 44.2 Members noted that 78% of responses confirmed a reasonable response in place, but scores fell short in three areas that require improvement: 12ID Duty to have a risk-escalation strategy in place (point 4.4); 12IE Duty to have arrangements to address severe and recurring risks (point 4.26) and 2IF Duty: Seek clinical advice on staffing (point 4.43). Further work around policy, communication and education with professional leads is required for these areas.
- 44.3 Members noted that the report to the Committee does not include agency data, but agency reporting has improved over the last year, with 95% of agencies operating at an acceptable cost.
- 44.4 The Deputy Director of Corporate Nursing confirmed that the service will reach out to professional leaders in the first quarter of next year to gather information from employees, whether they receive this information from their managers whether this information aligns, and which areas show good practice.
- 44.5 The Chair emphasised that the information is positive and encouraging to see at the local, regional, and national levels.
- 44.6 Members accepted moderate assurance and noted that the report would go to the board on 4 December, with agency information included.

SUSTAINABLE WORKFORCE

45. Workforce Report

- 45.1 The Deputy Director of HR presented the Workforce Report for September 2024, which contained information on short- and long-term absences, recruitment, Speak Up, and mandatory training across the organisation.
- 45.2 Mandatory training remains at 72% across the organisation, while appraisal compliance has grown by 4% from the previous year to 62%.

46. Year 3 Workforce Plan Actions

- 46.1 The Director of HR & OD presented the Year 3 Action Plans to support delivery of the Workforce Plan 2022-2025. It was noted that the plans had been developed by service and professional leads and approved by the Corporate Management Team (CMT).
- 46.2 Members noted that the year two review would be delivered at the December Committee, with plans to begin work on the next three-year Board Workforce Plan 2025-2028 by the end of this

financial year; however, at this stage no timetable or guidance have been released by the Scottish Government.

- 46.3 Members highlighted the importance of beginning the three-year plan early, as in the previous year, rather than waiting for Scottish Government templates.
- 46.4 The Year 3 Action Plans were endorsed by the Committee.

47. Workforce Efficiencies Programme Board Update

- 47.1 The Director of HR & OD provided an update on the workforce efficiency programme. She confirmed that there has been marginal progress in relation to workforce reductions, workforce change cannot happen in isolation and goes hand in hand with service change. There has been progress on areas such as reduction in agency spend, scrutiny of sickness absence rates and additional guidance for managers on consistent application of policy, review of salary protection and overtime costs and promotion of good housekeeping in relation to pay and people processes.
- 47.2 Members noted the information detailed within the report.

48. Leadership Framework update

- 48.1 The Leadership Framework update was deferred to the December meeting

FOR INFORMATION AND NOTING

49. Staff Governance Statement of Assurance Need

- 49.1 The Committee noted the Staff Governance Statement of Assurance Need

50. Staff Governance Work Plan

- 50.1 The Committee noted the Staff Governance Work Plan

51. Any Other Competent Business

- 51.1 Colleagues from Forth Valley thanked members for inviting them to the Committee, highlighting an interesting meeting with similar challenges for NHS Lothian and NHS Forth Valley.

REFLECTIONS ON THE MEETING

52. Matters to be highlighted at the next Board meeting

- 52.1 Members agreed to review the RIE Fire Safety with the Chief Executive prior to the next Board meeting.
- 52.2 A Non-Executive Board Member confirmed that they would highlight positive discussions and detailed reports during today's committee.

53. Matters to be highlighted to another Board Committee

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

54. Date of Next Meeting: Wednesday 11 December 2024

54.1 The next Committee meeting would be held on Wednesday 11 December 2024 at 9.30am