

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 12 March 2025 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); Ms T. Miller (Employee Director) and Ms K. Kasper (Non-Executive Board Member).

In Attendance: Mrs J. Butler, Director of Human Resources and Organisational Development; Ms A. MacDonald (Executive Nurse Director, Nursing); Ms F. Ireland (Deputy Director, Corporate Nursing); Miss T. Gillies (Executive Medical Director); Ms M. Campbell (Director of Facilities); Ms A. Langsley (Associate Director of OD & Learning, Training & Development); Mr N. McAlister (Head of Workforce Planning); Mr D. Thompson (Board Secretary); Ms C. McDowall (Work Well Specialist Lead – Item 4.5); Ms D. Lehmann (Head of Organisational Development - Item 5.3) and Mr G. Ormerod (Corporate Governance Team -Minute).

Apologies for absence was received from: Ms C. Hiscox (Chief Executive); Mr J. Crombie (Deputy Chief Executive); Mrs R. Kelly (Deputy HR Director), and Ms L. Cunningham (Partnership Representative);

Observing: Mr S. Davidson (Contracts Manager, Finance); Ms D. Ezakadan (Lead ANP & Clinical Nurse Manager); Ms A. Falconer (Interim Co-Director of Psychology); Ms L. Lynch (Clinical Nurse Manager, Community Nursing); Ms F. MacKinnon (Advanced Physio Practitioner, Dalkeith Health Centre); Ms. G. MacNaught (Lead MRI Physicist, Medical Physics); Ms E. McLure (MSK Service Lead Podiatrist, Podiatry); Ms R. Moss (Clinical Research Nurse Manager, Clinical Research Facility); Ms M. Odam (Generic Clinical Research Nurse Manager, Clinical Research); Ms W. Parkinson (Clinical Service Manager, Orthopaedics & Major Trauma) and Ms J. Webster (Lead Pharmacist Pharmacologists Service, Pharmacy)

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.

53. Declaration of Conflicts of Interest

53.1 No interests were declared.

54. Minutes & Action Note of Previous Meeting held on 11 December 2024

54.1 The Minutes of the previous meeting were approved as an accurate record.

54.2 All Actions were updated and marked as closed.

55. Matters Arising

55.1 No matters arising

STAFF EXPERIENCE

56. Advancing Equalities Action Plan 2024/26

56.1 The Director of HR and OD provided an update on the Advancing Equalities Action Plan for 2024/26.

56.2 The Director of HR and OD provided the following updates since the last committee:

- A number of actions (Appendix 1) outline the progress made against these for year 1.
- The Equally Safe at Work Accreditation programme was launched in November.
- Equality obligation legislation (Appendix 2) documents have been published for the gender pay gap report, equal pay policy and one for Scotland's approach.
- Career progression and the BME letter have been shared (Appendix 5) with Gillian McAuley and Rakia Suleiman to present at the Committee in May to better understand this work.
- Work has been delayed on a survey on the awareness and uptake of the Disability and Carers passports in early 2025; this work has been postponed until July.
- Laura Hutchinson will be invited to the next Committee to present the wider work for learning for disability work.
- Information on 'you said, we did' has been shared for the first-year action plan, and work from the survey has developed a communication plan.

56.3 A Non-Executive Member commented that the work is progressing in the right direction. They enquired whether the consultation position within the organisation is internal or external. The Director of HR and OD confirmed that this is an internal position and that the individual has a specific experience for this role, which is useful.

56.4 The Chair noted the progress achieved and stated that it will be helpful to have updates on this work in May from Gillian McAuley, Rakia Suleiman, and Laura Hutchinson.

57 Whistleblowing Report

57.1 The Committee received the Whistleblowing report, which contained an update on the case that has been with the INWO since August 2022, which concluded in a published report in May 2024 and October 2024.

57.2 The Director of HR and OD confirmed there are still some outstanding recommendations, but the INWO has agreed to close recommendations 1 and 5, with a final update to be provided at the Committee in May. The October report recommendations have been closed with one action due today, which has been submitted. INWO will provide feedback, and an update on the final report will be presented in May.

57.3 The Director of HR and OD confirmed two new cases from the INWO in December; one case has been discontinued, and a report will be published in April 2025; the other case is progressing, and two further cases have been received from the INWO, with activity and submissions required to the INWO at present.

57.4 The Chair highlighted this as a complex piece of work but a positive outcome, and the work with the INWO will be beneficial to NHS Lothian and wider Scotland.

- 57.5 The Executive Medical Director commented that Whistleblowing is a difficult space, but NHS Lothian has learnt a huge amount and thanked the Director of HR and OD for her support. She advised that the difficulty is the confidentiality of this work and the way the action plan is presented, as it's not clear from the recommendations how to turn these into actions, and the complexity of crossing multiple areas in the organisation makes this difficult to Intervene earlier. She confirmed that progress has been made, but there is work to do to get from hearing someone's concerns to getting into the preventative case.
- 57.6 The Director of HR and OD provided an update on the media coverage in relation to the Stage 2 Whistleblowing report in maternity services. She confirmed that support was offered to staff, and in discussion with various senior staff, it was agreed not to focus on an investigation but to focus on the lessons learnt and a tightening-up process. She confirmed that actions went to Patient Safety and Action Groups (PSEAG) and were approved around tightening up processes and confidentiality.
- 57.7 The Chair confirmed that she appreciated the detail in the report whilst considering the sensitivity and acknowledged some of the distress that some of the staff have experienced and the overall impact of this.
- 57.8 The Committee approved the report's recommendations.

58 Agenda for Change Reform – update

- 58.1 The Director of HR and OD provided an update on the Agenda for Change Reforms, which are part of the 2023/24 pay agreement. She indicated that a huge effort by service teams, payroll and staff representatives was needed to make this possible, with some issues to be worked through.
- 58.2 The Director of HR and OD confirmed non-rostered staff were completed by August 2024 and rostered staff by November 2024. She confirmed that four areas in nursing will still receive the Transitional Allowance payment to allow service changes to be made, but all other areas are on target to make the change by the end of March, with the exception of oncology.
- 58.3 Members noted that the Band 5 review didn't impact the operational finance position, as costs were covered through the agenda for change; however, there may be financial implications for the full implementation of the Band 5 nursing review, but applications have been slower than anticipated.
- 58.4 The Director of HR and OD confirmed a circular for the Scottish Government has been received for the Board to implement the remaining one-hour reduction by 2026. She confirmed that this will have a significant impact on staffing, performance and clinical safety. The reduced working week group will resume and look at staffing gaps, modelling and a business case to set out the impact of a further 60-minute reduction. She highlighted that decisions won't be made that will impact patients and staff.
- 58.5 Non-Executive Board Members raised concern for the huge effort that has already gone into this work and that any learning could be lost and that there is a risk this work could clash with other priorities; this would be raised at future board meetings.

- 58.6 The Committee approved the report's recommendations but noted concern with reducing the working week and the risk of industrial action if not implemented, as the reduction was part of the 2023 pay deal.

59. Staff Experience and Engagement Local Delivery Plans

- 59.1 The Associate Director of OD & Learning, Training & Development provided an update on the Staff Experience and Engagement Local Delivery Plans, indicating that the framework identifies four key themes which connect with local actions.
- 59.2 The Associate Director of OD & Learning, Training & Development confirmed that there are ten business units, and the paper details each of the local actions and delivery plans, with each business unit presenting their delivery plan to the Staff Engagement and Programme Board and sharing best practices.
- 59.3 The presentations for the Royal Infirmary of Edinburgh (RIE) and Midlothian have been added as appendices, demonstrating how the work translates to the area and supports work through iMatter, as well as how my manager cares. Going forward, the Staff Engagement and Programme Board intend to invite areas that may not have had a chance to present their delivery plans.
- 59.4 The Director of HR and OD emphasised the business units' enthusiasm and energy, as well as the healthy competitiveness that results from the work well strategy. She stated that the main hospital sites and HSCP receive dedicated funding, but she praised the NHS Lothian Charity for investing in this work and establishing a wellbeing area at RIE.
- 59.5 The Chair enquired about how sites and groups share their learning. The Associate Director of OD & Learning, Training & Development acknowledged that this is accomplished through iMatter, appraisals, and collaboration; there has been local ownership; and there are plans to hold a festival of activities at several of the hospital sites.
- 59.6 The Chair congratulated the Director of HR and OD for her leadership and the progress made on this work.
- 59.7 The Committee approved the report's recommendations.

60. Work Well Delivery Plan update

- 60.1 The Work Well Specialist Lead presented an update on the Work Well Delivery Plan 2024/25 confirming the programme is progressing to the second iteration of the work well strategy and moving to a business-as-usual phase with programmes established to support staff. She confirmed that the majority of the actions have been achieved and those not met are progressing.
- 60.2 The Work Well Specialist Lead highlighted some key achievements from the delivery plan:
- Wellness courses have been promoted in the connections newsletter.
 - A number of in-person and online events have taken place; staff don't often get the opportunity to join in, so they are looking to share key content in different ways.

- Successful sessions with the credit union and Andy's Mental Health Club with regular attendances of between 70 and 120 staff at webinars.
- Working with the QI project team to speed up the amount of time staff take to apply for micro grants with a rota established to support staff. Facilitators and leads are key to helping progress applications and what is required for a successful application.
- NHS Kings Fund training has been completed with 200 staff trained to date. 72% of staff recommended the course, and 91% felt the course was pitched correctly for that staffing, ranging from B4 to B8.
- Run a number of campaigns for Cup of Kindness with high staff involvement.
- Successful joint campaign for nature and express for stress for policy and tools available for staff.
- Continue to support other strategy workstream's, including catering and women's health and equally safe at work.
- Key challenges for lightweight uniforms and work are ongoing to test the impact of lightweight uniforms and running a pilot to assess the impact; this will be feedback to CMT and the Staff Governance Committee.
- A significant amount of work with 75 wellbeing champions in post and connecting and sharing resources.
- A 2025/26 draft plan in development with a focus on work with managers and team wellbeing that will be brought to the next committee for endorsement.

60.3 A Non-Executive Board Member highlighted the positive progress across the organisation. He suggested that it may be useful for the team to present at a future meeting to hear staff challenges from staff side. **CMcD**

60.4 The Chair commented that the paper and plan are very dynamic and focused with a fantastic response so far.

60.5 The Committee approved the recommendations and accepted significant assurance of the 2024-25 delivery plan.

SUSTAINABLE WORKFORCE

61 Workforce Report

61.1 The Head of Workforce Planning presented an update on the Workforce report, highlighting some key areas from the report:

- A successful recruitment campaign last year has resulted in consistent numbers with no reductions due to turnover.
- Some administrative reductions (70 WTE) and approximately 150 in non-registered nursing positions.
- Supplementary staff has dropped, and recruiting and agency spending has decreased by 90%, saving £8m.
- Overall, staff leave for nursing allowance was 27% in January, which exceeds the absence allowance in one area that the Scottish Government will review nationally.
- Overall, sickness absence decreased in December, mirroring the national trend, with the second lowest among Scotland's largest boards, although stress and anxiety accounted for the most days lost.
- Retirals are down 17% from pre-Covid levels and an additional 8% from last year.
- Retire and return is also an attractive option.

- Mandatory compliance was 71% compared to the 80% threshold, an improvement over the same period last year.
- Appraisal compliance has risen to 67% from 51% last year.

- 61.2 A Non-Executive Board Member highlighted that the increase in appraisals is positive, but how does this work progress further. The Associate Director of OD & Learning, Training & Development confirmed work has been undertaken on appraisal and continues to progress and support appraisal whilst focusing on the outliers and holding them to account.
- 61.3 The Director of HR and OD confirmed NHS Lothian are doing well in this area and it's important to maintain progress; the change has been that CMT are looking at this as part of an improvement plan, and the difference is the oversight from senior leaders.
- 61.4 A Non-Executive Member highlighted that you can see the work linking together; he asked if support can be tailored to staff going forwards. The Associate Director of OD & Learning, Training & Development confirmed there is a focus on this area and there is a positive story for Mental Health with estates and facilities asking if they could set up their own Andy's Men's Club.
- 61.5 The Chair highlighted that mandatory fire safety training is lower than expected given the site sensitivity. Members highlighted that this is online fire safety training and the figure should be higher, but the fire safety module is annual, and therefore this drops off quicker than the other iMatter modules.
- 61.6 The Director of Estates and Facilities confirmed that iMatter fire safety at RIE is at 85%; she highlighted that fire safety training is available and staff are encouraged to attend.

Mr John Inness, Non-Executive Board Member, left the meeting.

62. National Health and Social Care Workforce Strategy: Workforce Planning DL (2024) 33

- 62.1 The Head of Workforce Planning presented an update on the National Health and Social Care Workforce Strategy. He confirmed this work relates to the Scottish Government workforce guidance and the requirement for the board to produce a three-year work plan and for the board to respond to a number of questions from the annual delivery plan.
- 62.2 The Head of Workforce Planning provided a detailed summary of NHS Lothian's answer to the National Health and Social Care Workforce Strategy: Workforce Planning, along with nine questions.
- 62.3 A Non-Executive Board Member enquired whether the Agenda for Change offers greater influence for nursing numbers. The Executive Nurse Director emphasised recruitment efforts focussing on nurse numbers and pilot success, with an emphasis on HEI funding and what additional roles may be implemented to support B2 and B3 career progression.
- 62.4 The Medical Director identified an opportunity with technology in the process of automation, as well as an understanding of not relying on people but rather assessing their worth and where workers should be. She emphasised the importance of not digitalising paper processes in order to avoid clunky digital systems.

- 62.5 The Chair noted that the report's detail was helpful, and she was pleased that there was an opportunity to submit feedback at the end of the form. She enquired about the timeline for receiving feedback. The Head of Working Planning confirmed that something would be shared by the end of April or early May.
- 62.6 The Committee approved the report's recommendations.

63 Leadership Development Framework update

- 63.1 The Head of Organisational Development presented an update on the Leadership Development Framework. She confirmed that the framework was submitted in March 2024 with engagement from the senior leadership team on the key priorities.
- 63.2 The leadership and culture styles have not changed since Covid, and the framework creates a common understanding of six priorities and behaviours required for competent and compassionate leaders at all levels: compassionate leadership, NHS Lothian values, a toolkit for effective team leadership, leaders developed with a coaching approach, leaders developing themselves and others, and leaders knowing how to support staff wellbeing.
- 63.3 Each framework is designed for each team, including time constraints and pre-engagement. It establishes the baseline with a focus on team leadership development roadmaps, including stakeholder engagement, needs assessment, leadership framework understanding, co-creation workshops, tailored delivery options, baseline team wellbeing and effectiveness, and practical content delivery and evaluation of each plan.
- 63.4 The Head of Organisational Development highlighted that compassionate leadership confirmed the importance of leadership in healthcare, including creating an environment for teams to thrive and the importance of leadership on all levels. She confirmed that the Talent Management programme is part of this work and 27 are in the current cohort and 9-month programme, with 2000 staff attending workshops in the last year.
- 63.5 The Chair thanked the Head of Organisational Development for the presentation and themes on compassion and inclusion.
- 63.6 A Non-Executive Board Member asked when a cohort finishes, what is the timeframe for progression in the organisation?' The Head of Organisational Development confirmed the line manager would sit down with the individual and plan the next 12 months to support their learning to progress across the organisation to network, shadow at meetings and for personal and professional development.
- 63.7 The Committee approved the report's recommendations.

ASSURANCE AND SCRUTINY

64 Corporate Risk Register

64.1 3455 – Management of Violence and Aggression

64.1.1 The Associate Nurse Director, Corporate Nursing, provided an update on the Violence and Aggression (V&A) risk. She confirmed that the risk is moving towards the end of the programme of work and moving to a business as usual with a plan to be presented at the next Healthcare Governance Committee.

64.1.2 The report provides moderate assurance that the risk can be lowered with additional training spaces and backlogs cleared, but this is unlikely to go lower than a 12 high. She confirmed that baseline data is being reviewed in Q1 to demonstrate the shift in baselines and what further work is required to address local areas and specific risks with work already underway in ED for training analysis.

64.1.3 The Chair highlighted this as another good news story, and the report covers the mitigating actions.

64.1.4 The Committee approved the report's recommendations.

65. 3828 – Nurse and Midwifery Workforce

65.1 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 progress has been made on workforce retention and reducing agency reliance with a vacancy gap of -5%; awareness sessions are taking place to support staff with positive engagement from students.

65.2 The Associate Nurse Director of Corporate Nursing confirmed that the Corporate Management Team (CMT) has agreed to remove the risk from the corporate risk register, and a paper will be presented at the next Staff Governance Committee on the task force and aligning this work with stay and grow, which has already made significant progress.

65.3 Members congratulated the team on the work achieved and the progress with this work.

65.4 The Committee approved the report's recommendations.

66. 5020 – Water Safety

66.1 The Director of Estates and Facilities provided an update on the water safety risk, noting that the risk profile has been reviewed and agreed to downgrade the risk from high to medium and to increase the assurance from limited to moderate. She confirmed that work has taken place with Estates and Facilities and Hard Facilities Management teams with a greater understanding of the risk from Legionella.

66.2 The Director of Estates and Facilities confirmed that the Corporate Management Team (CMT) has agreed to remove the risk from the corporate risk register. She confirmed that processes are in place and are set out in the report to reduce the risk with support from the water safety group, infection control and corporate health and safety.

66.3 The Committee approved the report's recommendations.

67 3328 – Traffic Management

67.1 The Director of Estates and Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance. She confirmed that work at the Western General Hospital (WGH) is progressing with infrastructure changes, but there have been some procurement challenges that will delay the project to 2025/26.

67.2 The Director of Estates and Facilities confirmed the risks at the Royal Infirmary of Edinburgh (RIE) are ongoing, and the team is working with Consort. Two of the risks have challenges, and this is being worked through. A short-life working group has been established to look at the red risk for the ED entrance, and this work will progress, but this is challenging.

68 RIE Fire Safety

68.1 The Director of Estates and Facilities provided an update on the RIE Fire Safety risk, stating that there have been no changes to the grading, controls, or associated risks. She confirmed that a pre-trial meeting with the Scottish Fire and Rescue Service (SFRS), Consort, and legal representation will be held on 25 March and main focus has been on preparation for this meeting.

68.2 The Director of Estates and Facilities confirmed that the service is working on risk mitigation, with fire training compliance at 85% for the site, as well as work on the fire hazard rooms. Ward decants are still being worked on, with 8 completed, and work is beginning on Ward 105 with work progressing on updating fire alarms and door panels. The fire strategy has been updated, and it is a crucial part of work in this area.

68.3 The Chair confirmed that the Fire Strategy Group has resumed, which provides further control of this risk.

69 Health and Safety Assurance Report

69.1 The Executive Medical Director presented the Health and Safety Assurance Report, including local Health and Safety Committee reports, assurances, and meeting minutes.

69.2 The Executive Medical Director confirmed there are three areas highlighted in the report that require ongoing work. The service carried out compliance sampling and monitoring for nitrous oxide, with two areas reporting that nitrous oxide is in use with a focus and work ongoing of the highest risk.

69.3 The Executive Medical Director focused on two other significant risks identified in the report: medical gases, which require significant work and a robust plan that is currently underway, and medical Environmental Ligature Points, and how this risk is addressed to improve patient safety by better informing staff about potential ligature points within clinical environments and how to escalate concerns.

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

70. Medical Appraisal and Revalidation Quality Assurance Review 2023/4

- 70.1 The Medical Director provided an update on the Medical Appraisal paper that was circulated to the Committee, which underpins the process for revalidation.
- 70.2 The paper sets out the purpose of the appraisal and provides information on the designated body policy and definitions. The appendix provides data submission to the GMC and information on the position of doctors appraised, referrals, and revalidation as of March 2025.
- 70.3 The Medical Director highlighted that the reporting process is robust and that there is significant monitoring in place. She asked the Committee to take significant assurance that all processes are in place.
- 70.4 The Committee approved the recommendations and highlighted the important set of results and methodology, which is very reassuring. The Chair highlighted that it was useful to see primary and secondary care data separated in the report.

71 Annual Employment Tribunal Performance Report

- 71.1 The Director of HR and OD presented an update on the Employment Tribunal's Annual Report. She confirmed that because of the sensitivity and complexity of the cases, as well as any potential settlement, tribunal matters are discussed by the Remuneration Committee in more detail.
- 71.2 Members noted that there were 11 employment tribunal cases during the last year, six of which were won, withdrawn or settled, and five of which are still ongoing. The Director of HR and OD reminded the Committee that a business case is required to go to the Scottish Government for approval and sign-off of any employment cases.
- 71.3 The Director of HR and OD confirmed the first case was settled because the case was related to Whistleblowing and had the potential to impact both the Speak Up culture and the National Whistleblowing Standards if the whistleblowers were required to provide evidence at an Employment Tribunal. The matter was also quite complex, and the Board sought permission from the Scottish Government to settle this case.
- 71.4 The Committee discussed a case that went to tribunal in which there was media coverage naming an individual. Discussions have also taken place about learning and balancing public concerns and public confidence, but the media response offered was consistent with how we would normally respond. The Director of HR and OD indicated that NHS Lothian will hold a session with the CLO in March to help middle managers better understand Employment Tribunals and their expectations as witnesses, as well as the need to follow formal statements similar to a court of law.
- 71.5 A Non-Executive Board Member welcomed the support from the CLO to help with training around employment tribunals. She asked if there was any opportunity to share the presentation across the organisation. The Director of HR and OD confirmed that she would check this with CLO, as this would be helpful.

JB/TP

72. Health and Care Staffing Act Quarterly Board Compliance Report – 1 October to 31 December 2024

- 72.1 The Associate Nurse Director of Corporate Nursing presented an update on the Health and Care Staffing Act Quarterly Report. She noted that the report is provided to the Committee as part of

the legislation to the board regarding adequate staffing, high-quality care, and staffing responsibilities.

- 72.2 The Staff Governance Committee did not review the Q3 report before it was presented to the NHS Board. She stated that the report outlines the reporting dates and deadlines for future reports to each committee for assurance. She noted that an extraordinary Committee may be required to consider the Health and Care Staffing Annual Report prior to its submission to the Scottish Government to ensure Committee oversight.
- 72.3 The Chair thanked the team for the update and for outlining Health Improvement Scotland's (HIS) input. She confirmed her support for an extraordinary Committee before it was presented to the Board in April.

FOR INFORMATION AND NOTING

73 Staff Governance Statement of Assurance Need

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

74 Staff Governance Work Plan

- 74.2 The Committee noted the Staff Governance Work Plan

75 REFLECTIONS ON THE MEETING

- 75.1 Matters to be highlighted at the next Board meeting

75.1.1 The Chair confirmed that she would highlight Agenda for Change's progress and the current policy position.

75.1.2 The Chair stated that she would emphasise the positive progress made in Corporate Risk 3828 - Nursing and Midwifery Workforce.

- 76 Matters to be highlighted to another Board Committee

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

77. Any Other Competent Business

77.1 Talent Management colleagues shared feedback on today's Committee, emphasising the detailed reports, positive discussions, and the critical role of Non-Executive Board Members in providing oversight. Members emphasised that the Committee demonstrated that there were clear central directives and ongoing work linked to the board that feeds down to the local level.

77.2 The Chair mentioned that this would be the Director of HR and OD's last committee and highlighted that the Committee today gave a number of key assurances, and a number of risks have been reduced to business as usual. She acknowledged that this was down to the Director of HR and OD and praised her for her compassion, knowledge, and experience, which enable

the Committee to function seamlessly. She also acknowledged her kindness and focus on the people aspect of the organisation.

- 77.3 The Director of HR and OD thanked everyone for their support and encouraged everyone to keep up the good work.

78 Date of Next Meeting:

- 78.1 The next Committee meeting would be held on Tuesday 27 May 2025 at 9.30am