

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Tuesday 27 May 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 K. Kasper** (Non-Executive Board Member) and **Ms T. Miller** (Employee Director).

In Attendance: **Mr T. Power**, Director of People & Culture, Human Resources; **Ms A. MacDonald** (Executive Nurse Director, Nursing); **Mrs R. Kelly** (Deputy Director of People & Culture); **Ms L. Cunningham** (Partnership Representative); **Mr D. Thompson** (Board Secretary); **Ms F. Tynan** (Associate Nurse Director, Corporate Nursing); **Ms R. Weerakoon** (Speak Up Ambassador); **Ms K. Morris** (Specialist Education Lead, Staff Engagement and Experience) **Ms A. Whyte** (Strategic Lead, Practice Education Nursing & Midwifery) **Mr R. Aitken** (Associate Director of Operations, Facilities) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence was received from: **Ms C. Hiscox** (Chief Executive), **Miss T. Gillies** (Executive Medical Director), **Mr. J Crombie** (Deputy Chief Executive) and **Ms M. Campbell** (Director of Estates and Facilities)

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.

1. Declaration of Conflicts of Interest

1.1 No interests were declared.

2 Presentation - iMatter Story

- 2.1 The Strategic Lead from the Practice Education Nursing & Midwifery team presented her teams iMatter story. She confirmed that the practice education team is responsible for primary and secondary care and non-NHS organisations, including universities, and has 17 educators, 2 care home educators, 1 project support and 1 Practice Learning Facilitator (PEF)/Care Home Education Facilitator (CHEFs) and 1 strategic lead.
- 2.2 The Strategic Lead confirmed the service plays a vital role in supporting a total of up to 600 students from partner universities into the midwifery workforce into practice supervisor and practice assessor roles and helps support the first-year transition to practice.
- 2.3 The Strategic Lead highlighted that the team has undergone a recent realignment with all the team now sitting under one service, creating a new team. She highlighted that the results from the recent iMatter response are varied because of the period of adjustment, but the team still achieved an 87% response rate and index score of 70%.
- 2.4 The team highlighted in their iMatter response that their involvement in decisions was an area that didn't perform quite as well as expected. To improve this, the team introduced an action plan focusing on compassionate leadership under the new team, team decision-making, celebrating success as a team, a better understanding of CHEFs, PEFs and contributions, and the

opportunity to lead on different workstreams to improve leadership roles and skills through development pathways.

- 2.5 The service highlighted the importance of the whole team being involved in team meetings and informal wellbeing sessions twice monthly and celebrating achievements as a social element as important to the team, as well as providing staff the opportunity to lead on workstreams which has improved team working and collaborative approaches.
- 2.6 The team confirmed that the main work streams at team meetings are hot topics and troubleshooting, including discussion of student feedback, which feeds into quarterly reporting and is linked to excellence and care and improved focus for the team through the 6-monthly review of the bridge transition model to track performance and iMatter progress.
- 2.7 Members thanked the service for the presentation and highlighted the importance of sharing stories, whether good or bad, the reflection on the team culture and being able to meet in person and have human contact whilst adding a social element to team meetings.
- 2.8 A Non-Executive Board Member highlighted the benefits of staff being encouraged to pick up mentoring opportunities. He suggested sharing data and also communicating the benefits of mentoring opportunities to the wider workforce. **TP/VdS.**
- 2.9 The Chair commented on the great and effective team working through problem solving and planning for the future as a team.

3. Minutes & Action Note of Previous Meetings held on 12 March 2025 and 3 April 2025.

- 3.1 The minutes of the meeting held on the 12 March were approved as an accurate record.
- 3.2 The minutes of the extraordinary meeting held on the 3 April were approved as an accurate record with the exception of a correction at 82.2, which should read that NHS Highland is also doing the audit, not undertaking the audit.

4. Matters Arising

- 4.1 The Director of People & Culture provided an update on single sex facilities since the last meeting on 3 April. He confirmed since the UK Supreme Court ruled on 16 April 2025, in the case of *For Women Scotland v The Scottish Ministers* that the terms "man", "woman", and "sex" in the Equality Act 2010 refer to biological sex at birth.
- 4.2 Following the Supreme Court judgement in relation to the definition of sex in the Equality Act 2010 last month, the Equality and Human Rights Commission (EHRC) has confirmed that it will update its Code of Practice about single and separate sex facilities and services by the summer, and the EHRC is currently in discussions with the Scottish Government.
- 4.3 The Director of People & Culture confirmed that the Initial assessment was endorsed by the Corporate Management Team (CMT) for mitigating the risk and for an audit of the current configuration of toilets and changing facilities to be carried out and increased training for managers and specialist support. NHS Lothian has reviewed and removed the local guidance from the intranet and has communicated to staff that any queries will be on a case by case basis.
- 4.4 A further update would be provided to the Healthcare Governance Committee on single-sex services when there is further clarity and guidance, and it was agreed to add the risk to the corporate risk register for the suitability of single-sex changing facilities against case law.

- 4.5 Member agreed that this topic would be added as a standard agenda item from July. **VdS.**
- 4.6 Members welcomed the scrutiny around this area until further guidance is provided by EHRC and the Scottish Government. Members are advised to treat all staff with dignity and respect and to accommodate staff who have protected characteristics, as this is part of the board's values and there is also a legal risk. A development session would be set up to discuss staff and service facilities.

5. STAFF EXPERIENCE

5.1 Advancing Equalities Action Plan 2024/26 update

- 5.1.1 The Deputy Director of People & Culture provided an update on the Advancing Equalities Action Plan for 2024/26.
- 5.1.2 The Deputy Director of People & Culture provided the following updates since the last committee:
- Work has progressed on the Equally Safe at Work Accreditation programme. The results from the employer survey and data will be reviewed by the working group to identify next steps and actions.
 - The group are progressing towards Bronze Level, currently at development level.
 - The Women's Network ran a survey on staff who are on maternity leave. This survey highlights a number of improvements, including emails inactivated after 12 weeks and clearer maternity pay information with actions to be worked through.
 - The Gender Pay Gap report and Equal Pay Statement have been published on the internet.
 - Staff feedback surveys for Disability Passports and Carers Passports is planned for June, with both programmes implemented for between 12 and 18 months, and looking to see if anything can be improved or addressed.
 - Continue to work with all staff network chairs on outstanding actions.
 - Equality and Diversity Conference will take place on 26 June with a focus on neurodiversity, racism and protected characteristics. 50 spaces are available specifically for middle/senior managers to attend the event to ensure representation at this level as this was not the case at the conference last year. .
- 5.1.3 A Non-Executive Board Member acknowledged that previously the conference has been excellent and encouraged managers to attend, with higher visibility of the executive team and board to support this work.
- 5.1.4 The Deputy Director of People & Culture confirmed that an equality and diversity objective will also need to be included in our Executive/Senior Manager objectives for 2025/26.
- 5.1.5 The Executive Nurse Director confirmed that work is progressing really well with the BMA Mentoring Programme and there is good engagement.
- 5.1.6 The Committee approved the report's recommendations.

5.2 Whistleblowing Report

5.2.1 The Director of People & Culture presented the key updates from the Whistleblowing Annual Report, which will be presented at the next Board meeting:

- In the last year, 7 Stage 2 cases were raised, down from 10 raised in 2023/24,
- There has been an increase in the number of working days to conclude a case from 132 days to 182 days in 2024/25. Cases are more complex, with Stage 2 cases having more interviews and a limited pool of investigators which is impacting on the timeframes.
- Themes highlight that most cases relate to patient safety or clinical practice concerns, and they are linked to public disclosure and public interest with a need to separate these issues.
- Quarter 4 - three new Stage 2 concerns, two closed and six ongoing. (3 for Q3 and 3 for Q4)
- The reports for the two cases confirmed by the Independent National Whistleblowing Officer (INWO) for May 2024 and October 2024 have been published and now concluded.
- Three cases currently with the INWO: two are being investigated, and the other is awaiting feedback, as this is in the early stages.

5.2.2

5.2.3 A Non-Executive Board Member commented that the Committee is being asked to take assurance; he advised that commentary alongside the data is needed to allow the Committee to give the assurance required to the Board. **TP**

5.2.4 A Non-Executive Board Member thanked the Director of People & Culture for the report. She asked if there was anything done differently at NHS Grampian to speed things up other than additional investigators. The Director of People & Culture confirmed the INWO approached NHS Grampian with learning and investigating teams with HR and ER colleagues that will be shared. He highlighted the importance of separating cases early, as sometimes this is messy and areas become overlapped that are not related. He confirmed that additional investigators are needed to support this work and to appoint people into this role.

5.2.5

5.2.6 The Employee Director highlighted that there are areas that the Board can do better in, and sometimes it is a lack of understanding of what Whistleblowing is specifically used for.

5.2.7 The Committee approved the report's recommendations.

5.3 Agenda for Change Reform – update

5.3.1 The Deputy Director of People & Culture provided an update on the Agenda for Change Reforms, which are part of the 2023/24 pay agreement.

5.3.2 The Deputy Director of People & Culture confirmed that the Band 5 Nursing Review is making good progress with 215 applications received, with 64 outcomes, 36 staff promoted to Band 6 and 28 applications remaining at Band 5. She highlighted some issues with the number of panel meetings each month and commitment, which is being worked through. She confirmed that some application decisions have been appealed, then require going through another process which is adding further steps in the overall progression, which will require an appeals process to be set up.

5.3.3 The Deputy Director of People & Culture confirmed the reduction of 30 minutes has been implemented, and a further reduction of 1 hour will be implemented by next April 2026. Currently, the RWW Implementation Group is capturing information on the implications for services for this further one hour reduction and the mitigations that can be put in place. This will be considered further by the CMT during the summer months.

- 5.3.4 The Protected Learning Time is working on a different timeframe from the other workstreams and a national workstream has been established to deliver this programme. Lothian continues to progress local activity to support implementation readiness.
- 5.3.5 The Employee Director highlighted there are currently a few issues with the Band 5 Review that require resolution and clarity, including when a panel disagrees and when individuals approach the staff side for appeals. She commented that the panel makes a decision based on the information in the application submitted, and these can vary from each employee, but guidance booklets, workshops and walk rounds have been provided to support staff.
- 5.3.6 The Partnership Representative raised concern around the reduced working week implementation and the protected learning as a national piece of work. The Director of People & Culture advised that boards are working on different job families that have been identified to help capacity and to make sure there is adequate time for staff to do this in core hours.
- 5.3.7 The Director of People & Culture advised the paper is seeking assurance from the Committee that systems and processes are in place to support the implementation of the reduced working week. Once the detail has been provided from the services and we move towards implementation it is likely that the risk will move to a more limited assurance.
- 5.3.8 A Non-Executive Board Member commented that they would be interested in understanding the data and conclusions as work progresses. The Deputy Director of People & Culture confirmed the paper at the July meeting will have an indication of implications from services. **RK**
- 5.3.9 The Committee approved the report's recommendations.

5.4 Speak Up Service Report

- 5.4.1 The Speak Up Ambassador presented an update on the Speak Up Service confirming the service has been in place for six years and which also provides a contact role for the Whistleblowing standards. She confirmed the service is led by Hannah Monaghan, Caroline McDowall, and Rebecca Weerakoon as the three Speak Up Ambassadors. The service provides the Confidential Contact role for the Bullying and Harassment Policy and the National Whistleblowing Standards and a signposting service for NHS Lothian employees.
- 5.4.2 Members noted the key workstreams during 2024/25 and key objectives for the services, which has expanded the service with 19 current Speak Up Advocates working in primary and secondary care roles in NHS Lothian. The expansion of 9 new advocates has increased in-person networks, meetings and work with services to support staff.
- 5.4.3 The Speak Up Ambassador highlighted concern with the increase in patient safety and bullying and harassment contacts with an increase in each quarter during 2024/25 with the most contacts from acute services and nursing and midwifery.
- 5.4.4 The Non-Executive Board Member highlighted impressive initiative, and the report details what is being achieved. He mentioned a lot of involvement from midwifery and nursing and asked, how does the service include other areas?
- 5.4.5 The Speak Up Ambassador commented that the service benefit is to provide a safe space and confidentiality to staff and that a person has knowledge of the system. The service understands the barrier to raising concerns and how people are being more strategic, but the service can plan and use workshops to raise awareness for understanding the barriers.

- 5.4.6 The Director of People & Culture commented that the importance of Speak Up has been discussed with a good blend of ownership and awareness and how this is used throughout the year. He mentioned the challenges at the Royal Edinburgh Hospital (REH) and the opportunity for a Speak Up Advocate on the site that would benefit staff and address issues early.
- 5.4.7 The Employee Director congratulated the Speak Up team and their role in promoting the service.
- 5.4.8 The Committee noted the update from the Speak Up service.

6. SUSTAINABLE WORKFORCE

6.1 Workforce Report

- 6.1.1 The Deputy Director of HR presented an update on the workforce report, highlighting some key areas from the report:
- Staff absence levels at 5.86%, down from February and up from the same period last year.
 - High levels of absence and work ongoing with managers to address both short and long term absence.
 - The most common reasons for absences are cough, cold and flu. Anxiety and stress are also reasons for the greatest hours lost.
 - Mandatory training at 72% below the 80% target, computer-based learning is at 91%, an increase of 3%.
 - Appraisal compliance is currently 67%.
- 6.1.2 A Non-Executive Board Member emphasised the importance of the data and stated that commentary would demonstrate the significance of the trends and intelligence, adding value to the trends and data collected. **RK**
- 6.1.3 A Non-Executive Board Member commented on the increase in facilities absence level from 8% in March 2024 to 10% in May 2025. The Associate Director of Operations - Facilities advised that an absence management group is monitoring whether this is a one off month or a significant trend, but this increase has been gradual, and this has been discussed within the team.
- 6.1.4 The Employee Director commented on the success of sickness absence panels within East Lothian, including monitoring of return to work and attendance at work, which may help with absence challenges.
- 6.1.5 The Partnership representative highlighted that further work is required around appraisal compliance, which is linked to leadership. She commented that West Lothian is sitting at 84% compliance.

6.2 Equality and Diversity Monitoring Report 2025

- 6.2.1 The Deputy Director of People & Culture provided an update on the Annual Equality and Diversity Monitoring Report, which is produced in line with the Equality Act and Public Sector Equality Duty and publishes information on race, disability, sex, age, religion, sexual orientation, and protected characteristics in relation to our current workforce.

- 6.2.2 The Deputy Director of People & Culture confirmed there has been a suggestion for a summary of this report to be provided, but the evidence and analysis are set out in the report, which has updated information and data from the 2021 Census.
- 6.2.3 A Non-Executive Board Member highlighted information within 5.2 and 5.4 of the data that could be identifiable for an employee that has declared themselves as having a disability by ethnic group category. The Deputy Director of People & Culture confirmed this would be checked and changed to <5.

RK

- 6.2.4 The Chair enquired about themes around women in the service and ethnicity and religion. The Deputy Director of People & Culture confirmed further analysis is often required, but what is in the report is what is required to be submitted.
- 6.2.5 The Committee approved the report's recommendations.

7. ASSURANCE AND SCRUTINY

7.1 Corporate Risk Register

7.1.1 Corporate Risk 3455 –Management of Violence and Aggression

7.1.1.1 The Executive Nurse Director provided an update on the Violence and Aggression (V&A) risk. She confirmed that July will be the last report to this Committee as the availability of training risk identified through the internal audit is moving towards business as usual, and work will progress through the Health and Safety programme board.

7.1.1.2 The Chair congratulated the team on this work.

7.1.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

7.1.2.1 The Executive Nurse Director provided an update on the Corporate Risk Register, addressing the risk mitigation strategy for managing nursing and midwifery staffing risk. She confirmed that risk will be removed from the corporate risk register, as the risk is below the 4% target and there is significant assurance that work has been achieved through the student nursing intake.

7.1.2.2 Members noted that the risk will be added back onto the Corporate Risk Register in 2027 as an additional 1,000 extra nurses are required as part of the Agenda for Change Reform reduced working week.

7.1.3 Corporate Risk 3328 – Traffic Management

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

7.1.3.2 The Associate Director of Operations - Facilities confirmed that backlog maintenance has been approved for work on the one-way system at the Western General Hospital (WGH).

7.1.3.3 The traffic regulation risk at the Royal Edinburgh Hospital (REH) for the turning circle due to the ongoing issues with vehicles obstruction is now in the final stage of consultation.

7.1.3.4 The three red risks at the Royal Infirmary of Edinburgh (RIE) are progressing for the Zebra Crossing, the QMRI corner and the Emergency Department Environment. The university now owns one risk and a short life working group was set up for the A&E work.

7.1.3.5 A Non-Executive Board Member confirmed that additional information is required under adequacy of control. He also confirmed that detail within the narrative of the report needs to be clearer for the risks and implications between adequate and inadequate.

7.1.3.6 The Chair highlighted the continued zero tolerance behaviour stance towards parking staff.

7.1.3.7 The Committee approved the report's recommendations.

7.1.4 RIE Fire Safety

7.1.4.1 The Associate Director of Operations - Facilities provided an update on the RIE Fire Safety risk, stating that there have been no changes to the grading, controls, or associated risks. He confirmed the Royal Infirmary of Edinburgh Fire Technical Safety Group and the RIE Fire Strategy Development & Implementation Group have been established and are looking further ahead. Projects are on timetable, with work in ward 108 currently progressing and then moving to ward 110 with a 10 -week duration.

7.1.4.2 Risk assessment work is continuing to collate documentary evidence of compliance with legal requirements, risk assessment and fire response rates with no issues reported; training on site is also at 85% compliance. Phase 1 of the fire strategy is out for consultation, with work on fire doors, fire dampers underway

7.1.4.3 A Non-Executive Board Member confirmed that the risk mitigation has been put in place to reduce the risk. He asked if there has been any progress on getting to the answers and implementing a fire control system. The Associate Director of Operations - Facilities confirmed this will go to a formal appeal process in the middle of July on the informal appeal process. Work is progressing with the Scottish Fire and Rescue Service (SFRS) and Engie for further agreed processes.

7.1.4.4 A Non-Executive Board Member highlighted concern that the site is still in a legal issue that is not compliant; he asked what further assurance is required that this work is progressing as well as it can. The service confirmed that nothing has slipped in terms of progress to date.

7.1.4.5 The Chair confirmed that further assurance and clarity would be required against this risk at the July meeting.

JC/MC

7.1.5 **Staff Governance Committee Annual Report**

7.1.5.1 The Deputy Director of People & Culture provided an update on the Staff Governance Committee Annual Report, which is a requirement for all Board Committees. She confirmed that the Statement of Assurance report has been pulled together and is updated after each meeting throughout the year.

- 7.1.5.2 The Deputy Director of People & Culture confirmed the RIE Fire Safety has been included in the report as a control weakness or issue, and this should be disclosed in the governance statement.
- 7.1.5.3 The Deputy Director of People & Culture confirmed year-end statement confirms the reflection on the committee and helpful suggestions on how to improve and how the committee can do things differently. The Annual Report also notes that the Committee receives reports from both the Health and Safety Committee and the Remuneration Committee as subcommittees.
- 7.1.5.4 A Non-Executive Board Member highlighted major issues have been raised and reported at the Committee throughout the year.
- 7.1.5.5 The Committee approved the report's recommendations.

7.1.6 Internal Audit – Workforce Planning Review

- 7.1.6.1 The Associate Nurse Director of Corporate Nursing presented an update on the internal audit to assess the workforce within nursing and midwifery, accessing compliance with key elements of the Health and Care (Staffing) (Scotland) Act 2019, particularly in relation to workforce planning processes and staff engagement.
- 7.1.6.2 The internal audit results were positive and reported significant assurance that NHS Lothian is broadly aligned with the statutory duties. The key area and feedback provided 25 responses, with 80% of respondents indicating some dissatisfaction with their level of involvement in staffing decisions. 68% of staff feel that staffing decisions lack transparency, and 60% expressed dissatisfaction with how staffing decisions are conveyed, with an impact on trust and an impact on patient care.
- 7.1.6.3 The Associate Nurse Director of Corporate Nursing confirmed that the Nursing and Midwifery Workforce Programme Board will look at the delivery plan and implement changes including:
- Upgrading the functionality of the electronic real-time staffing assessment tool 'SafeCare' to allow managers to document staffing decisions and mitigations and provide direct feedback to the staff member who reported the staffing risk.
 - Launch a new Standing Operating Procedure (SOP) under the Health and Care (Staffing) (Scotland) Act 2019, 12IJ imposes a duty on Health Boards, to follow the common staffing method when undertaking staffing/establishment reviews, with oversight from the Nursing and Midwifery Workforce Programme Board.
 - An increase in management walk rounds and two-way communication is encouraged to enable staff to feel safe to raise concerns.
 - The audit provides a clear direction and steer for future workload.
- 7.1.6.4 The Chair commented that it's positive that the team has picked up on the actions and themes and a consistent set of concerns. Members echoed these comments and asked if nursing and midwifery are more prepared to challenge areas and make a stand.
- 7.1.6.5 The Executive Nurse Director confirmed that nursing and midwifery have engaged with workforce tools, and some of these are not in other areas such as medicine, but the team are looking at work to engage with other specialities as a live action plan.
- 7.1.6.6 The Committee supported the report and recommendations.

8. FOR INFORMATION AND NOTING

8.1 Staff Governance Assurance Statement

8.1.1 The Committee noted the Staff Governance Assurance Statement.

8.2 Remuneration Committee – Agenda – 24 February 2025

8.2.1 The Committee noted the Remuneration Committee Agenda – 24 February 2025.

9. REFLECTIONS ON THE MEETING

9.1 Matters to be highlighted at the next Board meeting

9.1.1 The Chair confirmed that she would raise the following areas at the next board meeting:

- The planned development session to include data and analysis.
- Agenda for Change – operational challenges and the discussion on reduced working week.
- Success of the iMatter presentation from the Strategic Lead, Practice Education Nursing & Midwifery.
- Speak Up Week and Neurodiversity.

9.2 Matters to be highlighted to another Board Committee

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

10. Any Other Competent Business

10.1 The Employee Director highlighted the positive discussions at today's meeting and the opportunity to feedback, which makes the difference.

10.2 PVG update

10.2.1 The Chair confirmed discussions on PVG status and impact were held at the Strategy, Planning & Performance Committee. A report would be presented at the next Committee in July. **VdS**

10.3 Update on Women Services report

10.3.1 The Deputy Director of People & Culture presented an update on behalf of the Director of People and Culture confirming that on the back of a Whistleblowing concern raised about maternity services; the Deputy Chief Executive and Director of HR and OD undertook a review, with the board appointing an independent consultant, Zuhra, to undertake this review.

10.3.2 The Deputy Director of People & Culture confirmed the final draft report was received, and this went to the Corporate Management Team (CMT) in March with recommendations to be finalised

by May. The report highlighted concerns within the workplace and areas of improvement and additional staffing.

- 10.3.3 The Deputy Director of People & Culture highlighted that the overview of the report was shared before the report was published on the intranet. The Director of People & Culture was also interviewed by the Media although, there was less media interest than anticipated.
- 10.3.4 Following the restructure of the Women and Children's service, action has been taken forward by the service, and a formal update will be provided in one year with reference to culture.
- 10.3.5 The Employee Director highlighted that it is crucial to have the right staff in place to plan and move forward. She advised that staff morale is low but there is willingness to help.
- 10.3.6 Members raised concern that issues, including staffing shortages hadn't been picked up sooner, commenting that other services may be in similar position but noting that this started as a whistleblowing complaint that led to bigger issues within the service.
- 10.3.7 The Executive Nurse Director confirmed a health check was undertaken across the organisation with staffing tools, and this was picked up, but the service didn't have any vacancies against the current establishment.

11. Date of Next Meeting

- 11.1 Date of Next meeting: Wednesday 30 July 2025 at 9.30am

Signed by Chair
30 July 2025