

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 24 September 2025 via Microsoft Teams.

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

In Attendance: **Mr T. Power**, Mr T. Power, Director of People & Culture, Human Resources, **Mrs R. Kelly** (Deputy HR Director), **Ms A. MacDonald** (Executive Nurse Director); **Ms M. Campbell** (Director of Facilities); **Ms A. Langsley** (Associate Director - People and Culture); **Ms L. Cunningham** (Partnership Representative); **Ms H. Johnstone** (Partnership Representative); **Ms K. Moffatt** (Lead Nurse - Palliative Care, WGH – Item 2) **Ms F. Ogundipe**, (Director of Occupational Health & Safety Services – Item 7.4); **Ms V. Graham** (Clinical Lead, Advanced Practice Physiotherapist- Observing) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence was received from: **Miss T. Gillies** (Executive Medical Director) and **Ms T. Miller** (Employee Director); **Ms C. Hiscox** (Chief Executive); **Mr J. Crombie** (Deputy Chief Executive); **K. Kasper** (Non-Executive Board Member) and **Mr D. Thompson** (Board Secretary).

Observing: Vicky Graham - Clinical Lead GP Advanced Practice Physiotherapist (Shadowing Amanda Langsley)

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.

24. Declaration of Conflicts of Interest

24.1 No interests were declared

25. Presentation on iMatter Story Board - *Kelly Moffatt, Lead Nurse – Palliative Care*

The Chair welcomed Kelly Moffatt, Lead Nurse, Palliative Care at Western General Hospital to the meeting.

- 25.1 The palliative care service covers three Acute sites with 12 nurse specialists and consultant input. It provides specialist support for people with life-limiting illnesses, focusing on symptom control, person-centred care and family support. The team attends wards across the hospital sites, receiving high and rising demand (3,355 referrals this year), and contributes to improved patient flow and journey.
- 25.2 The iMatter survey achieved an 85% response rate, indicating strong staff engagement. The entire team collaborated to create the storyboard, which staff found useful. Communication has improved but remains a development area, influenced in part by the challenge of working across three acute sites.
- 25.3 The team's working practices are more patient-focused than before, which reduces time available for development, administrative tasks, and autonomous working. Team members are learning from one another within the specialist service and are positive about what the service is achieving.

25.4 Staff expressed interest in completing eLearning and progressing into specialist practitioner roles, and emphasised the importance of effective team communication, regular team meetings, and access to information about external services. Staff highlighted that more could be done to provide information within the hospital and signposting for families to external services, which is particularly important when staff are covering across sites. A staff contact list, and an external agencies phonebook have been created and maintained within the team. Team management coincided with the reduced working week and as part of agenda for change, protected learning time was added to support research/mandatory training and other specialist areas to enhance staff skills.

25.5 The team feels valued, listened to, and positive about leadership. A Student Nurse Passport was developed and its evaluation demonstrated clear improvements in resource sharing and student support. A Tuesday teaching sessions now include participation from West Lothian Palliative Care, strengthening learning across all sites and has helped build trust, helped the service thrive and supported successful project delivery.

25.6 The Committee commended the excellent presentation and effective team working. It noted the Nurse Lead has held the role for three years and has been nominated for this year's Leadership Excellence Award at Celebrating Success.

26. Minutes & Action Note of Previous Meeting held on 27 July 2025

26.1 The minutes of the meeting held on the 27 July 2025 were approved as an accurate record.

27. Matters Arising

27.1 None.

28. STAFF EXPERIENCE

28.1 Advancing Equalities Action Plan 2024/26 update

28.1.1 The Deputy Director of HR provided an update on the Advancing Equalities Action Plan for 2024-26. The Committee noted that work is progressing against all the actions within the plan with work ongoing to improve data quality with equality and diversity data by removing the many "Don't know" responses and are keeping records are up to date. Improvements Disability and Carers passports will be discussed at sessions in October with UNISON and trade union representatives when supporting staff with a disability or caring responsibility.

28.1.2 Work to establish the Maternity Support Hub launched in September 2025 and is making steady progress. A staff survey delivered positive feedback about how maternity leave creates disconnection from the organisation because accounts are currently suspended when staff go on maternity leave. Discussions with IT are in progress to prevent account suspension so staff on maternity leave can continue to access online information and updates.

28.1.3 Work is progressing on related actions for Equality Safe at Work in collaboration with colleagues in Medical Education and with our charity partner on Violence Against Women initiatives. A meeting is scheduled in October with the Chair to discuss the 2026–28 network plan, and draft plans will be brought to future meetings.

28.1.4 The Committee noted the same situation for accounts being suspended when staff are on long term sick leave. The Deputy Director of HR would provide an update on reactivating user accounts.

RK

28.1.5 The Chair asked what is the timeframe for the LGBT action. The Deputy Director of HR confirmed that conversations are ongoing, but this work may be slightly delayed.

RK

28.1.6 The Director of People and Culture confirmed a recent meeting with Scottish Government colleagues to discuss anti-racism work and progress on the Advancing Equalities Action Plan, receiving positive feedback on current activity. Scottish Government representatives affirmed that anti-racism forms a key strand of the Advancing Equalities Action Plan and offered assurance on continued support for this part of the equality agenda.

28.1.7 The Committee accepted a moderate level of assurance.

28.2 Whistleblowing Report

28.2.1 The Director of People and Culture provided an update on the Whistleblowing Report, confirming this is not the final report as Q2 has not yet concluded. A copy will be circulated when it becomes available.

- Five cases ongoing, two new and one possibly to be incorporated into an investigation near conclusion.
- Four cases had been referred to INWO; one report has been published and the complaint partially upheld, with the part of that claim that whistleblowing processes were followed by NHS Lothian not upheld. The INWO recommended further action to ensure the service implements the initial recommendations and addresses the concerns.

28.2.2 A separate document prepared for the Committee in response to questions raised at the Committee and the Board about timescales reinforces the view that the current 20-day standard for completing investigations is unrealistic; typical investigations are taking around six months or longer. The SBAR highlights case-specific drivers: volume of data, number of witnesses, nature of concern, and level of support to the whistleblower, all of which exacerbate standard features such as annual leave, sick leave and workload, and can extend timescales. The Director of People and Culture confirmed increasing the investigation team is possible but may introduce challenges about consistency that could undermine the robustness of outcomes. He emphasised prioritising actions that can be completed quickly without commissioner involvement to shorten timescales. The Chair suggested to track timescales and benchmarking data annually.

RK/TP

28.2.3 The Committee accepted a moderate level of assurance.

28.3 Protection of Vulnerable Groups – Retrospective Checks -update

28.3.1 The Committee noted the position regarding retrospective PVG checks and the number of staff requiring checks. There are 1,300 PVG applications across facilities, estates, support functions and among staff who have contact with patients or children; 1,000 PVG checks have been completed to date.

28.3.2 Disclosure Scotland has set a 14-day turnaround expectation, but meeting that deadline is difficult because many staff in facilities do not have access to PCs. Once a PVG certificate is returned, staff must share it within the required timeframe so it can be linked to the board.

28.3.3 The Deputy Director of HR confirmed that she is working with a group in Facilities and Estates and with individual managers to speak to staff who do not yet have PVGs. The process is complex for different staff levels; an offline option exists but takes longer. Staff on long-term leave and maternity leave will be picked up, and the remaining numbers are being worked through.

28.3.4 Internal Audit is undertaking a review of PVG processes and will provide feedback and assurance on this report. This review will include a five-yearly compliance check and clarification of whether responsibility for PVG renewal lies with the individual staff member or the board.

28.3.5 The Committee noted a verbal update would be presented in December.

RK

29. SUSTAINABLE WORKFORCE

29.1 Workforce Report

29.1.1 The Committee noted the Workforce Report for June 2025 and the proposed approach for the three-year workplan. Members discussed progress against completed actions and welcomed the strong progress made with the workforce board, annual actions, the rolling programme, and a number of national initiatives that provide clear visibility of workforce planning and activity aligned to the LSDF.

29.1.2 The Committee noted a focused three-year plan to deliver a multi-professional review, drive service redesign and workforce diversification, whilst embedding digital, AI and machine-assisted working that is useful to the board and elevates the national position.

29.1.3 The three-year plan will also review Band 5 and Band 6 nursing and midwifery roles, assess their impact on service planning, and align workforce change with the wider reform agenda.

29.1.4 The Committee noted that the current three-year plan, with developed actions and tracking in place, provides a strong foundation to progress this work.

29.1.5 The Committee noted the update on the Workforce report and acknowledged the three-year work plan had commenced which provides significant assurance to this work.

29.2 Agenda for Change

29.2.1 The Committee received an update on the current progress with the implementation of the Band 5 Nursing Review, Protected Learning Time and the further Reduction in the Working Week by 1 hour from 1 April 2026:

- **B5 Nursing Review** – work is progressing and meeting scheduled to agree an appeals process, no final deadline for review of this project.
- **Reduced working week**- implementation plan to move to 36 weeks is progressing. Implementation plan will be submitted to Scottish Government by 1 October, shared at CMG and Agenda for Change Reform Group and this Committee.
 - **SITREP** – information has been included showing backfill, prioritisation criteria and where funding would be allocated.
 - **Corporate Risk Register** – information shows the organisation risks that come to this Committee for assurance and scrutiny.
- **Protected Learning Time**- Work continues at a national level on a one for Scotland approach, modules are expected to be confirmed and rolled out locally.

29.2.2 The Committee noted that all staff employed under Agenda for Change will have the option to reduce contracted hours to 36 per week. This creates financial, service-delivery, and staffing risks that require mitigation through targeted actions between now and the end of the year.

29.2.3 The Committee noted the comprehensive paper and the volume of information requiring further consideration. Members agreed that additional time should be allocated for a detailed discussion. The Chair will ask the Board how to improve awareness of AfC among all Board members. **VdS**

29.2.4 The Committee noted the Agenda for Change update, accepted moderate assurance that actions are progressing, and accepted limited assurance that the impact of the reforms can be mitigated without finance, service, or workforce implications. The Committee supported the inclusion of a risk relating to the reforms on the Corporate Risk Register.

29.3 Employability Programme update

29.3.1 The Committee noted the Employability Programme update and progress over the last 12 months. The programme aligns with Workforce Planning and Training (Anchors Programme Board) and with Improving Health and Wellbeing (Education and Employability Programme Board).

29.3.2 The Committee highlighted successful engagement with schools, noting work experience placements, apprenticeships, and initiatives that attract people into healthcare careers while also creating pathways into other areas for administration, clerical, and pharmacy roles. The Committee also recognised efforts to sustain the existing workforce through graduate recruitment and the importance of maximising return on investment.

29.3.3 The Committee noted a new Gateway and Project Search programme that creates opportunities for individuals facing barriers to employment, supports strategic workforce development, and promotes inclusion. The Gateway will continue to offer six-month Modern and Graduate Apprenticeships, and funded places will increase from 12 to 17 for 2025/26. This expansion will create emerging opportunities to meet NHS employability needs at both regional and national levels.

29.3.4 The Committee discussed the retention of staff. The Associate Director, People and Culture reported that the target for apprentices retained last year was 80 people and confirmed she will supply additional retention data that could support a request for further Scottish Government funding. **AL**

29.3.5 The Committee accepted significant level of assurance that the work aligns to the workforce needs and Anchors Institute position.

30. **ASSURANCE AND SCRUTINY**

30.1 Corporate Risk Register

30.1.1 Corporate Risk 3328 Traffic Management - The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance.

- REH traffic enforcement order has been granted by Edinburgh City Council. The team will review operational effectiveness and link findings to the risk register with the aim of downgrading the risk where appropriate.
- Work is being progressed to retain the one-way system. A specification and tender will be prepared and works scheduled; some temporary road closures will be required while services are maintained.
- Planned works will limit WGH parking. RVH car park will be used to accommodate parking while the multi-storey is closed. RVH grounds are intended to be sold, which will reduce parking capacity once completed.
- Little France zebra crossing and path is progressing with letters have been issued to progress a zebra crossing that will permit NHSL to undertake works. Further discussions are ongoing about a footpath and whether it is required.
- A working group is in place for the high risk area in ED and a subject expert has revisited the area. Remediation options have been identified but there is no straightforward solution.

30.1.2 The Committee approved the report's recommendations.

30.2.1 RIE Fire Safety - The Director of Facilities provided an update on the RIE Fire Safety Risk, confirming that this Committee oversees health and safety matters, including fire safety, while the Finance & Resources Committee receives updates relating to the PFI provider.

- 30.2.2 The team continues to review how the service manages fire-hazard bin stores in the basement with no immediate capital solution available, a business case will be developed. A trial using the identified labour resource has taken place and was successful.
- 30.2.3 Partitioning works have moved to Ward 119 and to maternity, and work is progressing.
- 30.2.4 Phase 2 of the fire strategy is underway but taking longer than anticipated; the team is awaiting expert advice on the proposed approach. Project management support will be required; this is being arranged through Consort.
- 30.2.5 Discussions are ongoing with the Scottish Fire & Rescue Service regarding the enforcement notice; wording changes are being considered, and the matter is progressing with legal representatives. An update will be provided at the private Board session.
- 30.2.6 The Committee noted that further work is required to bring the fire systems up to the expected standard, and highlighted the progress made in risk mitigation and the commitment of staff working on site.
- 30.2.7 The Committee approved the report's recommendations.
- 30.3.1 Health and Safety Update
- 30.3.2 The Committee noted the Health and Safety update and the summary outcomes from the most recent Health and Safety Committee meeting. Any questions should be directed to David Collins, Head of Health and Safety.
- 30.3.3 The Prevention and Management of Violence and Aggression (PMVA) risk has been removed from the risk register following progress and supporting education and training across the workforce. Residual work on any significant adverse events is ongoing and is being led by The Director of People and Culture as a separate piece of work.
- 30.3.4 The Water Safety Risk has been removed from the Corporate Risk Register and will be monitored through Facilities. The SOP for waste management, including bin bag handling, is in progress.
- 30.3.5 The Committee accepted a moderate level of assurance regarding the effectiveness of the Board's governance and oversight of health and safety risks and issues.
- 30.4.1 Exposure to Nitrous Oxide in NHS Lothian Healthcare Facilities
- 30.4.2 The Director of People & Culture reported that the Nitrous Oxide review is a follow-up on work assessing staff and patient exposure during care delivery.
- 30.4.3 Measured levels do not pose a likely harm to staff or patients. Priority areas have been assessed and issues requiring action identified. Remedial work will continue over the next few months. Continued monitoring is in place at SJH and the labour wards at RIE, with levels being assessed until the Board is satisfied.
- 30.4.4 The Committee will receive further updates following completion of the current monitoring and remediation activities.
- 30.5.1 Occupational Health and Safety Report - The Director of Occupational Health & Safety Services presented the NHS Lothian Occupational Health and Safety Annual Report 2024/25, which included the key points:
- Strategic objectives: Continue to work towards agreed objectives to improve health care delivery and financial sustainability.

- Workforce safety: Emphasis on preventing harm and protecting the health and safety of the workforce.
- Vaccination coverage: Each service maintains robust vaccination arrangements for staff.
- Training: The Manual Handling Team provides manual handling and ergonomic training and works in alignment with other services.
- Achievements and challenges: The report includes examples of achievements aligned to objectives and outlines the current challenges.
- Legal responsibility and wellbeing: Continued support for NHSL in meeting its legal responsibilities, promoting safe working, and delivering proactive employee health and wellbeing support to enable the workforce to provide safe patient care.

30.5.2 One change since last year was removal of the firewall, requiring an agreed programme of work with the software provider and mandatory downtime planned between November and December 2024. Teams and services have progressed a broader digital transformation to improve IT provision.

30.5.3 Services are proactively identifying gaps, including joint injection therapy, and noting where staff currently lack access to systems needed to review and deliver services; these access issues will be addressed during the coming year.

30.5.4 Reprovision away from the RIE site reduced the physiotherapy footprint at RIE and enabled service expansion into East Lothian Hospital, with continued training for allied professionals and continued access to higher education.

30.5.5 The Committee noted challenges and future plans:

- Higher levels of DNAs were reported; staff release from the frontline remained difficult despite introducing a 72-hour text reminder.
- The IT change introduced a new system and cohort approach that teams are still learning.
- Staffing constraints persist with a largely static workforce; staff counselling has been identified and offered.
- Empower managers through targeted engagement to improve local decision-making and patient flow so the right person is seen at the right time and in the right place.
- Continue collaboration with the wellbeing team to deliver proactive staff support and resilience measures.
- Maintain focus on enabling staff to remain healthy, productive and supported in the workplace.

30.5.6 The Committee noted the financial challenges and the support provided by OHS to other suppliers, and agreed there is an opportunity to realise some benefit from those arrangements. The Committee agreed to discuss this opportunity further. **TP, FO & JI**

30.5.7 The Committee accepted the Report as evidence of assurance that the Board's Occupational Health Service was progressing the objectives agreed in 2024.

30.6.1 Health and Care (Staffing) Act – Quarter 2 Report - The Executive Nurse Director presented the Q2 report and the board's legal duties under the Health and Care Staffing Scotland Act 2019. The Committee accepted a moderate level of assurance across all staff groups and settings covered by the Act. The Committee noted that work for the coming year will progress across four key areas: board-wide education and targeted education, communication and planning on the legislation; profession-specific actions; and optimisation of staffing tools.

30.6.2 A draft mental health staffing tool is currently out for consultation, including a specific module for mental health. The Professional Leads Group has been established to develop profession-specific approaches for dentistry, medicine and chaplaincy. Objectives for the year were agreed

to improve assurance for severe and enduring risk. An assurance process for nursing exists and will be reviewed for effectiveness before being extended to other services.

- 30.7.1 Implications of the Supreme Court judgment on meaning of sex in the Equality Act 2010 – Update
The Director of People & Culture presented an update on the Supreme Court judgement. Two meetings of a short-life working group have been held to consider its implications and to develop recommendations for the Chief Legal Officer and operational response.
- 30.7.2 An audit of facilities, including toilet and changing spaces across main sites, has been completed and required changes implemented. Further work is needed in additional areas; a summary of Phase 1 findings will be reviewed at the October short life working group meeting to assess facilities compliance.
- 30.7.3 Draft legal advice received in July identified points for clarification with the CLO, including the consistent use of terminology around sex and gender to avoid misinterpretation. Further legal work is underway, and a revised legal position is expected in the coming weeks, with elements to be shared with the board.
- 30.7.4 The short-life working group will develop guidance and determine appropriate staff support informed by the audit findings. The group is awaiting the code of practice and the outcome of the NHS Fife report to finalise recommendations, and the Terms of Reference will be shared with the Committee.
- 30.7.5 The Committee noted that rules and regulations must be applied so all staff are treated equally and that the group will continue to consider issues on a case-by-case basis
- 30.8.1 Committee Effectiveness – Actions Agreed - The Committee noted the update on Committee Effectiveness and the usefulness and importance of sharing the feedback and the role of Non-Executive Directors with the Board and other committees.
- 30.8.2 The Chair confirmed that this will be brought back to the Committee next year ahead of the annual delivery plan.

31 FOR INFORMATION AND NOTING

- 31.1 Staff Governance Statement of Assurance Need - The Committee noted the Statement of Assurance Need.
- 31.2 Staff Governance Work Plan – 2025/26 - The Committee noted the Staff Governance Work Plan for 2025/26.
- 31.3 Remuneration Committee Agenda – 21 July 2025 - The Committee noted Remuneration Committee Agenda on 21 July 2025.

32. REFLECTIONS ON THE MEETING

- 32.1 Matters to be highlighted at the next Board meeting - The Chair confirmed that she would raise the Effectiveness and Governance and Agenda for Change items. **VdS**
- 32.2 Matters to be highlighted to another Board Committee - The Chair confirmed that she would raise the Effectiveness and Governance item with the other Board Committees. **VdS**

33 Any Other Competent Business

33.1 The Committee discussed an unauthorised access at WGH following a break-in during which a person gained access to boxes of documents containing handwritten notes. The items believed to have been accessed included building and patient information. An internal investigation is underway and further updates and guidance will be provided by Information Governance team.

33.1.1 The Committee noted that a report would be useful to provide confidence and assurance on what happened. **MC/RK**

32.2 The Director of People and Culture provided an update on the Women's Services work and the independent review of culture by Zuhra which was published, and the Board received a briefing note on in May. Town-hall sessions have been held at RIE, SJH and within community teams to share progress and next steps arising from the Zuhra review, particularly in Maternity Services. Culture development remains an ongoing journey; engagement has been positive, with approximated 60 staff expressing interest in becoming culture champions and visible involvement from service directors. Some less visible activities are also ongoing through HR processes and staff will hopefully see changes from this over time. Health Improvement Scotland (HIS) will publish its report of an unannounced inspection at the end of June on 16 October. It was noted that this was likely to reflect many of the themes already acknowledged in the improvement work and response to the Zuhra report that are ongoing.

33.3 The Executive Nurse Director confirmed that three external reports will be published within the next month: the Mental Welfare Commission report, the Melville Unit review, and the Healthcare Improvement Scotland (HIS) visit report to acute mental health. She expressed disappointment that the ongoing quality improvement and culture work had not been recognised in those impending external reports.

34. Date of Next Meeting

34.1 Date of Next meeting: Monday 15 December 2025 at 9.30am

***Agreed by Chair
15 December 2025***