

STAFF GOVERNANCE COMMITTEE

Minutes of the Meeting held on Monday 6th September 2021 at 2.00pm
Teams Meeting

PRESENT:

- Lilian Macer, Employee Director (Chair)
- Lesley McDonald, Non Executive Director
- Tom Wilson, Unison Representative
- Robert Foubister, Unison Representative
- Margaret Anne Hunter, Unison Representative
- Brian Moore, Non Executive Director
- Cathy McGinty, Unison Representative
- Andy McCormick, Unite Representative

IN ATTENDANCE:

- Mark Kennedy, General Manager, SALUS
- Nancy Watson, Community Practitioner, SALUS
- Kay Sandilands, Director of Human Resources
- Kirsty Cole, Organisational Development Manager
- Jennifer Nelson (for Jonathan Pender)
- Marlene Fraser, Head of Human Resources
- Chris Kimber, Equality and Diversity Adviser
- Hina Sheikh, Equality and Diversity Manager
- Mary Buchanan, Secretariat

1. **APOLOGIES**

Apologies were received from:

- Heather Knox, Chief Executive
- Phil Campbell, Non Executive Director
- Neena Mahal, Board Chair
- Liz Airns, GMB Representative
- Ruth Hibbert, Head of HR Policy & Governance
- Calvin Brown, Director of Communications
- Annmarie Campbell, Head of HR Employee Relations
- Lesley Thomson, Non Executive Director
- Jonathan Pender, Head of HR Workforce

2. **MINUTES OF PREVIOUS MEETING HELD ON 7TH JUNE 2021**

The minutes of the previous meeting held on 7th June 2021 were approved as an accurate record.

3. **MATTERS ARISING**

i) Action Log

Members noted the updates to the Action Log.

4. **CORPORATE RISK REGISTER**

It was highlighted to the Committee from the Corporate Risk Register the risks that had identified the Staff Governance Committee as the Assurance Committee.

ID 2039 – Staff Fatigue, Resilience and Wellbeing

There were a number of areas where work was being progressed in relation to this risk which included a Short Life Working Group for Violence and Aggression, Short Life Working Group on Wellbeing, dealing with operational issues and refreshments for staff being worked through with Endowments.

ID 1989 – Maintaining Workforce

A number of groups have been re-established recently including the Crosscutting Group.

ID 1832 – Clinical Workforce

It was intimated that guidance was still awaited around the timeline for this. Kay advised that she was member on the Programme Board.

Lilian drew members' attention to risk ID 2053 which was a further significant workforce risk that impacted across NHS Lanarkshire. It was noted that this risk had now been progressed.

The Staff Governance Committee endorsed the paper.

5. **FLASH REPORTS**

Three Flash Reports were provided to the Committee from Practice Development, Organisational Development and Medical Education.

Kirsty gave an overview of the work undertaken in each of these areas over the last twelve months. She indicated that there were a number of areas

where services had been disrupted and where resources had to be re-directed to other areas. She also highlighted the significant challenge of adapting to the changes. The Virtual Staff Awards was held online for the first time in October 2020. Corporate Induction was taking place online but is considering face to face induction and may combine this with modules online.

The Committee noted the reports.

6. **HR DIRECTORATE REPORT**

Jennifer Nelson shared with the Committee the NHSL Workforce Report, Quarter 1, April 2021 – June 2021. The report provides NHS Lanarkshire with an overview of the NHSL workforce in relation to four key performance areas: vacancies, supplementary staffing, sickness absence and staff experience. It also provides details of current performance, highlights areas of concern and current actions.

It should be noted that recruitment has been prioritised for both the Acute Division and the Covid Vaccination Programme from December 2020 to date. She intimated that a fast track process had been put in place mainly in the areas of Covid, vaccination, acute and staff bank. The recruitment drive in June 2021 for Health Care Support Workers for the staff bank resulted in 500 applications with 191 offers being made and 108 undertaking the induction process so far. A recruitment drive was also undertaken for newly qualified nurses. It was also approved to bring into the Service these students at band 4 level and then transition to band 5 later in the year.

It was noted that in relation to medical and dental staff NHS Lanarkshire had been successful in recruiting Consultant vacancies, although there were some areas which were providing difficult to fill.

The supplementary staffing level at June 2021 was 8.32% with the highest figures in Nursing and Support Services.

Sickness absence levels are 6.68% which exceeds the level set by NHS Scotland. Again the highest rates are in Nursing and Support Services.

The annual staff experience survey i-Matter is currently up and running with Corporate to be one of the first Directorates to receive their questionnaires.

Appraisals had been paused in March, however these had been re-started in July 2020.

Currently 28 HCSW had not completed the HCSW Standards within the timescale and HR would be flagging this up to the relevant Managers.

With regard to staff wellbeing it was indicated that there was a range of services available to staff.

A question was asked if there was any underlying reason for why some vacancies were hard to fill. It was confirmed that there were certain pockets and specialties that were hard to fill and that this had been a long standing issue.

Discussion also took place regarding the high number of sickness absence in support services and the potential reasons for this.

Confirmation was sought regarding HCSW not completing the Standards and if this was potentially an administrative issue. It was advised that the HCSW had 12 weeks normally to complete the form but this had been extended due to Covid.

A concern was raised around the vacancy level of 0.35% with the non funded Covid posts figures removed. Jennifer confirmed that prior to April the unfunded posts were included. From April this has been updated and the vacancy rate only excludes medical and dental.

Concern was also expressed that the sickness absence rate had not improved and remained high. Kay confirmed that Mark has started to explore the data for this. Mark confirmed that he had a meeting with Ann Marie Campbell and Jonathan Pender to look at the high levels, and had a follow up meeting next week to see what actions could be taken.

An observation was made that within job families points in the graph were generalistic.

It was pointed out that with regard to supplementary staffing in particular around agency that it does not give a sufficient level of detail. It was stressed that as a Governance Committee it was important that we are given enough scrutiny on how we are applying our resources, both staff and financial resources. Kay agreed to amend this for future presentations.

Lilian thanked Jennifer for the Workforce Report.

7. **i-MATTER**

Kirsty gave an update on the current position with i-Matter. She advised that the Corporate Directorate took part in the first run and reports were issued at the end of last week. The participation rate for this group of staff had been good. PSSD would be slightly longer as paper copies would also be required. There had been issue that had arisen with Webropol which caused a delay and this would be taken into consideration. There had been a meeting with i-Matter leads about the technical challenges. She spoke of the four questions around wellbeing and the positive results which gives a level of assurance that staff are being supported. Run 2 would be for the Acute and Health and Social Care Partnerships. Another area would be looking at junior doctors. Kirsty asked if it would be helpful to bring an update to Silver Command by

Isobel Doris with data to say if things have changed or changing. Lilian also thought that it would be helpful for the Wellbeing Strategy Group to consider.

Kirsty responded to a question about whether there was any online system to identify problem areas and confirmed that as this was a national system she did not have that level of detail. Updates would be available in the staff briefing.

Confirmation was sought about the PSSD participation as there was a high sickness absence rate and if these staff were included. Kirsty confirmed that if staff were still on the system they would be included. Managers were asked to have a conversation with the individual to see if this was appropriate.

A small Working Group across the Acute and Health and Social Care Partnerships had been established.

Kirsty advised of the ongoing challenges as there are set periods where we go with different runs and that we look at results and contrast over a period of time.

Lilian intimated that the Trade Unions were receiving a number of calls and that there was no way to capture this information. The Operational Wellbeing Group was trying to pull together a lot of information which might cover this. It was stressed that communication was key amongst the groups such as the APF and the Strategic and Operational Groups, and that there should be two-way communication. It was felt that i-Matter did not give us what we required as this only took place once a year. It was suggested that the Action Plans might help this and also NHSL have 15 local stories which is a good reflection of local identification and what is happening at a local level.

Lilian thanked Kirsty for her update on i-Matter.

8. **NETWORK UPDATES**

Hina Sheikh, Equality and Diversity Manager attended the meeting along with Chris Kimber, Quality and Diversity Adviser to give an update on actions and progress relating to the development on NHS Lanarkshire in the following areas: Ethnic Minority Employee Network (EMEN); LGBT |+ Network; Disability Network and Staff Data. The Ethnic Minority Employee Network (EMEN) had been previously known as the Black, Asian and Minority Ethnic (BAME) Network. Attached to the paper was the Action Plan along with the timescales for completion.

Lilian, Kay and Neena took part in network meetings last year to find out what the issues were and a questionnaire was issued. The consensus of opinion was that there was a need for a Network. The first meeting was in February and there had been five meetings since. She advised that a Union Rep from the BMA was supporting all union enquiries.

There would be a meeting in October around employment with Lilian, representative from BMA and OD.

In October we are organising a number of activities to celebrate Black History Month using different forms of communication such as 'tweeting' and profiling a number of ethnic minority staff. It is also hoped to have a number of Webinars which will tackle Racism.

It was agreed as an Executive Group to have quarterly meetings and the Chair proposed we have a Newsletter every two months in between meetings. Information would be shared with members of the Committee.

Chris then gave an update on the LGBT + Network which followed the same format as EMEN. 2 interactive, online, engagement forums were held during June 2021 and the key points generated a number of themes that were applied to a subsequent questionnaire. He also detailed the results of the LGBT + employee survey and a full report would be given at the LGBT Staff Forum on the 3rd November 2021.

The NHS Scotland Pride Badge was launched on 14th June 2021 in recognition of Pride Month with 1100 badges being distributed.

Chris informed the Committee that if a need is identified a Disability Network would be established with the biggest challenge in removing the stigma. The Equalities Team are planning online forum followed by a questionnaire.

Hina hoped to look at what the common themes were in all the Networks and to bring all this work together.

Hina then reported of one area that was mentioned regularly and that this was reporting racist instances and a conversation had taken place with the Quality Director overseeing Datix with a view to some work being undertaken around this.

It was noted that an Annual Report would be brought to the Staff Governance Committee and the NHS Board.

The Staff Governance Committee acknowledged the work that had been undertaken in setting up the Networks and the benefit that this would be to the Organisation.

9. **PERSONAL INDEPENDENT PAYMENTS ANNUAL PROGRESS REPORT**

Mark Kennedy introduced Nancy Watson, Operational Manager for PIP. She referred to the Annual Progress Report which was for noting. She intimated that there had been a number of changes over the last 18 months. The DWP had introduced telephone assessments replacing previous face to face model and this arrangement would stay in place for the remainder of the Contract.

This allowed staff to be able to work from home on a blended basis and following staff consultation currently 54% of staff are utilising this model.

A new financial model was introduced this year. The original payment structure was based on item of service (paid for each assessment). She advised that given the difficult year the Service still managed to produce a surplus of £128,000.

Originally the Service had intended to provide 30,032 assessments, however due to the pandemic this was reduced to forecasting 23,482. At year end 27,731 were undertaken,

Early in the pandemic the PIP service released 74 staff to support wider NHS services, including redeployments to Acute and wellbeing services. They have now returned to the PIP Service.

Control measures are covered in the main report.

Nancy advised also advised that the St. Vincent Street site had been withdrawn from the Programme with seven sites remaining. She also explained in detailed the future direction that the Scottish Government are committed to and the arrangements for taking the Service in-house. DWP are commencing a procurement process in October 2021 and SALUS will have the opportunity to extended PIP activity within this process, but consideration would need to be given to this by the CMT and the Board.

It was noted within the report under Clinical Quality Performance that staff have to achieve 5 A1 grade reports within a limited timeframe, and it took HP's an average of 55 reports to achieve accreditation. It was felt that this figure was not achievable and it was asked if this could be an issue with the banding of staff that are being employed. Nancy confirmed that this was a challenge for new staff and that a statistical analysis would be undertaken which would make things easier for new staff, and that was probably because of a learning curve. The Committee then discussed the wellbeing of staff who did not achieve these goals.

A question was raised regarding the Scottish Government taking the Service in-house and this would overlap with the final year of the Salus PIP Service. The Central Legal Office have determined that TUPE does not apply at that juncture of Adult Disability Payment (ADP) commencement. If the NHS staff won't be TUPE transferred will they be brought back to the NHS. It was noted that the CLO have indicated that TUPE does not apply at the juncture of ADP commencement. There may at some point be opportunities in the future.

A member of the Committee queried going forward could there be a risk overall that capital could be diminished despite the financial model because of attrition and recruitment. Nancy confirmed that attrition and recruitment were challenging, but stable at the moment. Going forward this could be an ongoing risk to delivery.

It was also noted that the Edinburgh lease terminates in May 2026 and PSSD are actively seeking assignation of the lease prior to July 2023. This was cited on the Risk Register and remained a financial risk.

As the Glasgow office was moving to a home based delivery model it was asked what provisions had been made for the health and wellbeing of the staff. It was felt that the arrangement would suit the majority of the staff on a rotational basis, and that a weekly meeting would take place with their Line Manager and their Team. They would also be made aware of the support process in place and encouraged to have daily contact. Everyone has a 'buddy' in the Service and the opportunity for daily support.

Lilian suggested that TUPE was something that possibly the HR Forum could pick up. She also felt that more detail was required about the operational aspect and that the Boards advice from the CLO may differ from the Trade Union advice.

The Staff Governance Committee noted the report and asked that further updates be given.

10. **SALUS ANNUAL REPORT**

Mark Kennedy provided the Committee with a summary of the content contained within the Salus Occupational Health & Safety Annual Report.

From the report he highlighted the following areas:

Health and Safety

There were 40 RIDDORS in 2020-21 which was an increase of 16 from the previous year, although it should be noted that the figures for the previous year was extremely low.

There were 4 engagements with the Health and Safety Executive (HSE) throughout the year and 1 report submitted to the Procurator Fiscal (PF) in 2020-21. Full details of is are contained within the report.

Overall staff incidents decreased by 9% in 2020-21, this follows a reduction in the previous year. Mark felt that this was something that would be looking at in more detail.

Violence and aggression was stable reducing by 11% and "Hit by/against Object by 13%. Although there was a 26%, and 11% increase in incidence with hazard and falls respectively.

Patient non clinical incidents was stable showing a significant fall of 22% this year with the reductions being in all categories, in particular patient absconding fell by 35%.

Non staff /patient incidents showed a significant fall of 72% which was mainly due to the reduction in members of the public attending NHSL (visitors & support groups).

All control book auditing was suspended in 2020/21 in order to align resources to support COVID activity. This work will be taken forward as part of the recovery plan,

Approximately 3,800 Health and Safety Training sessions were held in 2020-21, this is broadly similar to previous years and reassuring that this was maintained during the pandemic. Almost 9,000 Moving and Handling training sessions were undertaken, 8244 on Learnpro and 738 in classroom.

Face Fit Testing increased dramatically with 10,000 sessions in comparison to only 250 required prior to the pandemic.

Occupational Health

Management and Self Referrals

There was a 7% fall in management referrals from the previous year, with only 2,239 employees utilising the service in 2020-21 with over 400 appointments offered. This may be in part because of the service moving to Emergency Referrals Only status between Jan-March 2021.

Self referrals fell this year but this may have been partly due to the significant calls to the Covid helpline offsetting the requirement for consultation.

A KPI of 15 days is set from receipt of referral to return of report following consultation. This was missed with the average duration being 21 days. This was due to the direct impact of the pandemic on resources available. Improvement is sought within the recovery plan.

33% of management referrals relate to mental health issues with further 18% as musculo-skeletal. This represents a fall of 8% in mental health referrals in year which may be due to increased support via the Helpline and new additional support with the Spiritual Care Wellbeing Team. Overall numbers are down although there has been a 30% increase in staff expressing work related issues within mental health presentation. Short Life Working Group to be convened.

Health Surveillance & Immunisation

The annual health surveillance programme engaged 392 (56% decrease) staff ensuring monitoring and protection across various work protocols. The reduction followed HSE guidance in reducing face to face contact and introduction of remote surveillance.

Needlestick Injuries

A reduction in needlestick injuries (8.4%) with 235 reports. 200 affected NHS employees with 1 resulting in RIDDOR reporting.

A fast track intervention agreed via HR, where staff self-reporting no health issues were able to directly proceed within the recruitment process which resulted in a 33% reduction of pre-placement activity at Salus.

Mark advised that in general all areas remained fairly stable even with the additional workload with the helpline, face fit testing and risk assessment.

A member of the Committee felt that violence and aggression was under reported and enquired whether there was any work being undertaken in this regard. Mark advised that a Short Life Working Group was discussing specific topics and that there was a need to stress to Managers that it was important to use Datix to see if things are improving or not, and also to work along with the staff side.

Lilian referred to the recent videos relating to violence and aggression against staff and also the work the Board will do with Police Scotland.

The issue was raised about mental health and work making things worse. This was something that staff side representatives were coming across and wondered what the Organisation was doing to alleviate these pressures and make Managers aware of this. It was stressed that there was a need to be observational with the staff. Mark confirmed that this could be addressed at the Short Life Working Group.

11. **WHISTLEBLOWING REPORT**

Kay Sandilands introduced the NHS Lanarkshire Quarter 1 Whistleblowing Report. The new Standards had been introduced on the 1st April 2021 and it is a requirement of the Standards to report whistleblowing performance to the NHS Board on a quarterly and annual basis.

Appendix 1 to the paper provided details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Lanarkshire. It also demonstrated our performance in key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in key areas and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

Appendix 2 gave an update on the five actions outlined in the paper. One issue highlighted was the issue around contracts for staff who were not

employed by the NHS. A member of the Committee commented that it was good that these staff were included in whistleblowing.

It was also noted that a male confidential contact had been confirmed.

It was stressed that it was important to ensure that staff were aware of whistleblowing and this could be achieved through messages in the staff briefing and a video was also being produced.

A benchmarking exercise was also being undertaken to see how we compare with other Health Boards.

The Staff Governance Committee noted the content of the report.

12. **STAFF GOVERNANCE MONITORING REPORT**

Kay Sandilands introduced the Staff Governance Monitoring Return for 2020-21 which was being brought to the Staff Governance Committee for endorsement.

Kay highlighted some key questions from the report which included a question around the 2020 Everyone Matters Pulse Survey asking for confirmation of the three key areas in relation to Staff Experience and how these are being addressed. Commentary was also given around the response to the NHS Highland Review undertaken by John Sturrock QC.

Information was also given covering the following areas i.e. Staff Awards, Team Development, Project Lift, Management and Leadership Development, Difficult conversations and coaching, New Manager Induction, Organisational scan, Corporate Induction, Corporate Management Team and partnership working.

It was felt that a lot of work in the report was repetition of what had already been discussed.

The Staff Governance Committee endorsed the report.

13. **LEGISLATIVE COMPLIANCE REGISTER**

Gordon Gray, Head of Health and Safety drew members' attention to the Legislative Compliance Register and advised that the paper is tabled for review and noting by the Staff Governance Committee. The Register is subject to periodic review, normally annually or when there are significant changes to be applied to healthcare. The Register would be available to all staff on Firstport on the 30th September 2021. The updated Legislative Compliance Register lists 62 items of Primary and Secondary legislation with 28 of these administered through the Health and Safety Executive (HSE). He explained that there were 62 items on the Register with one new item added

relating to the Coronavirus (Scotland) Act 2020. All nominated Lead Executive Directors will receive a copy of the revised Register for review and comment. He highlighted to the Committee the main recommendations within the paper.

The Staff Governance Committee noted the paper.

14. **OCCUPATIONAL HEALTH AND SAFETY GOVERNANCE AND STRATEGIC FRAMEWORK 2021-2024**

Gordon Gray, Head of Health and Safety provided a summary update on changes applied to the NHS Lanarkshire Occupational Health and Safety Governance and Strategic Framework 2021-2024. The cover paper summarises the main areas that have been changed within the Strategic Framework and to seek approval, review and ratify the changes with a review period of three years. A tracked and non-tracked version of the revised paper had been circulated to the Committee for reference. The main changes applied to the Policy are reflected within the 'Change Record' on page 4. Gordon advised that the final version of the paper will be posted on Firstport.

Lilian thanked Gordon for his update on the paper.

15. **REVIEW OF WORKFORCE PLANNING**

Kay Sandilands drew members' attention to the Review of Workforce Planning document from Internal Audit. The report contained one recommendation which was to ensure that the workforce dashboard roadmap is updated to provide clarity on the rescheduling of planned developments for the dashboard and expected completion dates. The Staff Governance Committee should be informed of the consequences of any delays, particularly in relation to assurance on key workforce risks, and be given the opportunity to influence prioritisation of outstanding actions. It was acknowledged that the delays in the road map being updated were due to the pandemic.

[It was noted that the Dashboard would be brought to the next meeting of the Staff Governance Committee in November.

16. **STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE**

The Committee agreed the Staff Governance Committee Terms of Reference.

17. **STAFF GOVERNANCE REVIEW**

Kay advised that a review had been undertaken of the current Staff Governance Committee, the Area Partnership Forum and the Human

Resources Forum as there had been potential areas of duplication with the Terms of Reference and Workplans.

Kirsty advised that a small working group had met to discuss the process and actions required. The group consisted of Kay Sandilands, HR Director, Lilian Macer, Employee Director, Ruth Hibbert, Head of HR – Policy and Governance and Kirsty Cole, Head of Organisational Development. Kirsty outlined the process undertaken with one to one meetings being set up with 13 individuals lasting 45 minutes. Notes were taken of the discussions and agreement given from the person interviewed.

Kirsty then gave a brief overview of some of the actions within the paper and intimated that the paper would be brought back to a future meeting of the Committee. Lilian said producing the report gives us a firm footing.

Members then discussed the process of new members joining the Committee and it was suggested that they could join a pre meeting event with a set agenda. Another idea would be to ‘buddy up’ with the Chair, but this may prove challenging with virtual meetings.

It was agreed that the next steps would be to plan a discussion and then link back to the HRF and APF and then produce an Action Plan with timelines included.

The Staff Governance Committee noted the content of the Staff Governance Review.

18. **STAFF GOVERNANCE COMMITTEE WORKPLAN 21/22**

Lilian advised that work on the Staff Governance Committee Workplan 21/22 was on track but stressed the importance of keeping it under review.

19. **SIGNIFICANT EMPLOYMENT ISSUES**

There were no significant employment issues.

20. **IJB UPDATE**

No update was available from the IJB.

21. **MINUTES TO NOTE**

The Committee noted the undernoted minutes:

- i) HRF minutes – 14th May 2021 and 13th August 2021
- ii) Reports from Remuneration Committee – 16th June 2021 and 13th July 2021.

iii) Area Partnership Forum -24th May 2021.

22. **ANY OTHER COMPETENT BUSINESS**

There was no further business to discuss.

23. **DATE OF NEXT MEETING**

The next meeting would be held on the 29th November 2021 at 2.00pm. This would be a Teams meeting.

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