



## STAFF GOVERNANCE COMMITTEE

Minutes of the Meeting held on Monday 28<sup>th</sup> February 2022  
at 2.00pm by Teams

**PRESENT:**

Lilian Macer, Employee Director (Chair)  
Lesley McDonald, Non Executive Director  
Neil Findlay, Non Executive Director  
Robert Foubister, Unison Representative  
Margaret Anne Hunter, Unison Representative  
Brian Moore, Non Executive Director  
Andy McCormick, Unite Representative  
Lesley Thomson, Non Executive Director

**IN  
ATTENDANCE:**

Martin Hill, Board Chair  
Heather Knox, Chief Executive  
Mark Kennedy, General Manager, SALUS  
Annmarie Campbell, Head of HR Employee Relations  
Kay Sandilands, Director of Human Resources  
Ruth Hibbert, Head of HR Policy & Governance  
Jonathan Pender, Head of Workforce  
Calvin Brown, Director of Communications  
Sharon Rodger, Organisational Development Manager  
Isabel Doris, Organisational Development Programme Manager  
Hina Sheikh, Equality and Diversity Manager  
Farhat Mushtaq, Chair of Ethnic Minority Employee Network  
Mary Buchanan, Secretariat

**APOLOGIES:**

Marlene Fraser, Head of Human Resources  
Kirsty Cole, Head of Organisational Development  
Tom Wilson, RCN Representative  
Andy McCormick, Unite Representative  
Cathy McGinty, Unison Representative  
Liz Airns, Unite Representative

1.1

**WELCOME AND APOLOGIES**

Lilian welcomed everyone to the meeting and noted the apologies. She asked members for feedback regarding the new format of the agenda.

1.2 **MINUTES OF PREVIOUS MEETING HELD ON 29<sup>TH</sup> NOVEMBER 2021**

The minutes of the previous meeting held on 29<sup>th</sup> November 2021 were approved as an accurate record.

1.3. **MATTERS ARISING**

i) Action Log

Members noted the updates to the Action Log.

2.1 **CORPORATE RISK REGISTER**

From the 35 corporate risks identified there are two risks with the Staff Governance Committee identified as the relevant Assurance Committee. These are outlined below.

ID 2039      Staff Fatigue, Resilience & Wellbeing

ID 2124      Sustaining a Safe Workforce

The need to spend more time around the risks and the mitigation control within those risks was identified.

The Committee considered the following questions:

- 1) Are the mitigating controls effective and is there anything else we need to do to give assurance to this Committee and the Board?
- 2) Do the controls match the risk status and how weak or strong are the controls?

Discussion then took place regarding staff turnover and if there were controls encouraging staff retention. Staff turnover would be considered under agenda item 7.2.

In relation to mitigating controls it was enquired as to whether there was any scope for staff feedback in relation to wellbeing, and how effective our responses are and how this is perceived by staff. It was also suggested that Pulse Surveys should be undertaken more frequently. Kay indicated that there was a review of Staff Wellbeing with a Strategy Group Programme Manager (Lesley Mackay) leading the work on taking this forward with an initial focus on staff feedback.

It was noted risk ID 2039 was due for review today, was at “very high” and that this had not changed in the last 9 months. It was felt that the number of groups listed in the controls did not detail the work of the group, and this did not help the Committee to discuss the effectiveness of any measures being taken.

It was felt that not all instances of violence and aggression were being reported as the Datix system was cumbersome. Mark confirmed that he reported to Silver Command the monthly Datix figures and these had reduced slightly. He emphasised that there was a need to move to a position where we have service heads and leads encourage specific issues being reported.

It was noted that there had been training for Admin staff around violence and aggression and there had been 200 attendees.

After discussion it was agreed that further work was needed around mitigating controls and Kay agreed to discuss with Carol McGhee, Risk Manager on behalf of the Staff Governance Committee.

## 2.2 **DIRECTORATE REVIEW**

There were no items on the agenda under this topic This would commence in June 2022.

## 3.1 **WELL INFORMED**

There were no items on the agenda under this topic The Annual Report is scheduled for the November 2022 meeting.

## 4.1 **APPROPRIATELY TRAINED ORGANISATIONAL DEVELOPMENT REPORT**

Sharon Rodger. Organisation Development Manager highlighted the key points from the Learning and Organisational Development Appropriately Trained Report – February 2022. She advised that due to the pandemic there had been key times throughout this period where training had been stood down, which has impacted the ability to deliver programmes and learning interventions.

Due to Covid a lot of training had moved to ‘Teams’ and the Committee were reassured that when there was an opportunity to come back to face to face training, the merits of both should be considered. Sharon also confirmed that Corporate Induction was on track and that key speakers were now included in the Programme. In relation to appraisals a concern was raised around the completion date of the end of March. It was indicated that there was usually a surge in February/March and work was being done to raise awareness of the timescale. The format was also condensed and this may prove helpful in encouraging staff with the submission.

Lilian thanked Sharon for her report.

## 5.1 **INVOLVED IN DECISIONS**

There were no items on the agenda under this topic. The Annual Report is scheduled for the November 2022 meeting.

## 6.1

**UPDATE ON EQUALITY NETWORKS AND STAFF DATA**

The Staff Governance Committee received a report which provided an update on the progress and actions relating to the development on NHS Lanarkshire's: Ethnic Minority Employee Network (EMEN); Lesbian, Gay, Bisexual, Transgender (LGBT +) Employee Network; Disability Network; Staff Equality Data.

Farhat Mushtaq, Chair of the Ethnic Minority Employee Network (EMEN) presented to the Committee on the work of the Network. She highlighted to the Committee how the Network was established in February 2021 and the formation of the Executive Committee Group in April 2021. The Executive Group met quarterly with a Newsletter also published quarterly. An Action Plan had been produced which was directed by the Scottish Government. Farhat then explained the three Ambitions from the Action Plan which were:

1. Advance Race Equality
2. Tackle Racism
3. Address Barriers

The Committee then had a discussion around how incidents were reported so that this could be addressed, and also discussed incidents that were not reported. If incidents happened within the person's own work group these were reported to the Line Manager which may not always be ideal. Staff were encouraged to challenge unacceptable behaviour. It was emphasised that it was important to ensure that incidents were being reported and that there was confidence that things would change. Work was also being undertaken in Partnership with other Health Boards. Hina confirmed that work in relation to Ambition 3 removing barriers was ongoing although there is a momentum for change.

It was intimated that another way of reporting incidents was by reporting these to the Whistleblowing Champion as there was a network of Confidential Contacts that could be utilised. Lesley McDonald the Whistleblowing Champion for NHS Lanarkshire agreed to speak at a future meeting of the Network Group.

Lilian thanked Farhat for providing the Committee with a good insight into the work being taken forward and she felt that other Networks will look to see the work that has been developed in Lanarkshire.

## 6.2

**EQUALITY AND DIVERSITY STRATEGY**

Hina Sheikh, Equality and Diversity Manager drew members' attention to the paper on NHS Lanarkshire's Equality Strategy Action Plan 2021/25 First Year Review April – February 2021-22. The report provided progress in different areas of work that had been undertaken. The majority of the work is on target and next year there would be a mid-year report.

The Committee noted the report.

6.3

**WHISTLEBLOWING QUARTERLY/ANNUAL REPORT**

Ruth Hibbert, Head of HR Quality and Governance provided the Committee with a Whistleblowing Report for Quarter 3 October to December 2021. The Short Life Working Group that was overseeing the work has now been disbanded and it was noted that there was still one action outstanding from the group. She drew members' attention to the Key Performance Indicators (KPIs) which were detailed in the paper. Over the quarter there had been two concerns raised and Ruth detailed these and advised that these had both been investigated.

The work around awareness and training was highlighted with presentations being given by the Non Executive Whistleblowing Champion to the Health and Social Care Partnerships and both PFI Management Teams at University Hospitals Hairmyres and Wishaw. Managers in PSSD have been asked to circulate leaflets on whistleblowing for staff who do not have access to e-mails.

The HR page on Firstport now includes whistleblowing, including details of how to raise concerns. A network for confidential contacts to meet with the Whistleblowing Champion and HR Director has been established and it was agreed that a further meeting would be arranged with Lesley and Kay.

In relation to training it was important to encourage staff to complete the training as the numbers were low, and for Managers to release staff for this training.

With regard to primary care contractors, practices were raised to Scottish Government escalation level 2 during the winter and were asked to prioritise urgent care. It was therefore concluded that data collection surveys should be suspended and the whistleblowing data will be collected at a later date.

The Staff Governance Committee noted the Whistleblowing Report.

7.1

**SICKNESS ABSENCE AND OHS REPORT**

Annamarie Campbell, Head of HR Employee Relations highlighted the key points from the Sickness Absence and OHS Report.

The predictable absence level is 22.5% broken down as follows: Maternity 1%, Annual 14.5%, Study 2%, Other, Sickness 4%. Total absence post March 2020 is above the 22.5% threshold, driven by increase in sickness absence and to special leave absence as a result of Covid-19 absences. The Annual Leave is now closer to pre-covid levels.

Sickness absence peaked in October at 8.01%. The highest levels are in Nursing and Midwifery and Support Services job families. There has been an increase in short and long term sickness absence over the year.

She assured the Committee that all staff absence is being managed using the attendance Policy to improve attendance where possible and focussing on where support can be given in terms of wellbeing.

Mark Kennedy informed the Committee of the OH Activity, Mental Health Case Management Activity and Helpline Activity. The first graph showed the total number of occupational management referrals received into the Department and those referrals that were related to a mental health issue August – December 21. Overall referrals have increased year on year 4-6%

A further table highlighted the Mental Health Case Management Activity which was an indicator of support for staff with moderate problem with mental health and have a risk of long term absence. On entry to the service 83% of referrals presented “clinical caseness” for anxiety which reduced to 25% on exit. The entry level to the service for clinical cases for depression was 83% with the exit level showing a fall to 8%. Services were available to staff on a voluntary basis and Managers were encouraged to refer staff.

An update was then given on the Helpline that was put in place at the first lockdown. It was acknowledged that this was an opportunity to encourage self referrals to occupational health. Mark advised that 3000 calls per year were being received and highlighted the number of inbound, outbound and the activity total for calls.

A question was raised if there was a correlation between low pay and sickness absence. It was confirmed that there was a correlation between rate of pay and time of sick, lower pay – more sickness days taken, although no mapping of this has been done. On the workforce dashboard a new filter had been added for ‘grade’. Ann Marie could source these figures if required. No strategies had been put in place to address this, but there have been communications recently for staff to uptake counselling. Lilian advised that there may be a place for the Population Health Committee to consider some of these issues along with data in work poverty.

## 7.2

### **WORKFORCE METRICS**

Jonathan Pender, Head of Workforce drew members’ attention to the new Workforce Report which gave the Committee an at a glance view. He informed the Committee that sections of the report would be given Red/Amber/Green status for staff in post; vacancies; supplementary staffing; agency shifts and staff turnover. An area of concern which was highlighted as ‘Red’ was agency shifts which make up the majority of supplementary staff. He drew members’ attention to Chart 9, total leavers, and advised that the peak was student nurses leaving after the Summer of 2020. The Appendix to the report gave members an overview of the current workforce data provided to different groups/committees.

The Committee then had a detailed discussion around certain issues within the report which included shift costs, most paid for a shift, funded establishment, use of bank and agency, supplementary staffing and bank staff.

In relation to the Staff Governance Standards annual updates would be sought from each Directorate and discussed under agenda item, 1 going forward.

The current position of the Workforce was noted.

7.3 **HEALTH AND WELLBEING**

Lilian referred members to the key points in the SBAR with regard to Health and Wellbeing. Following the establishment of the Health and Wellbeing Strategy Group it was asked if agreement could be given to the revised structure and to agree the Programme Manager Support. It was noted that particular work streams would be looking at the outcomes. The committee supported the revised structure. Lilian assured the Committee that regular reports would be given quarterly.

8.1 **COMMITTEE WORKPLAN 2021/22**

The Committee noted the Workplan for 2021/22.

8.2 **MINUTES TO NOTE**

The Committee noted the following minutes:

- a) Remuneration Committee – 2<sup>nd</sup> February 2022
- b) Area Partnership Forum – 22<sup>nd</sup> November 2021

8.3 **STAFF GOVERNANCE ANNUAL REPORT**

The Committee noted the Annual Report for 21/22.

It was pointed out under matters of concern, high levels of recruitment and asked if this could be re-phrased. Kay agreed to pick this up.

8.4 **STAFF GOVERNANCE REVIEW**

The Staff Governance Committee noted progress on the implementation of the findings from the review and agreed to provide feedback on the proposed changes.

8.5 **i-MATTER UPDATE**

Isabell Doris, Organisational Development Programme Manager advised that the i-Matter Staff Experience Survey had resumed in August 2021. She gave an overview of the results and the dates for the 2022 cycle. Discussions will take place with the Team Manager and HR Business Managers and followed up with a Pulse Survey.

8.6 **REVIEW OF STAFF GOVERNANCE ARRANGEMENTS**

The Committee noted the document highlighting the new staff Governance arrangements.

9.1 **SIGNIFICANT EMPLOYMENT ISSUES**

There were no issues to report.

9.2 **CELEBRATION OF SUCCESS**

There was nothing to discuss under this item at the moment.

10.1 **ANY NEW RISKS TO BE CONSIDERED FOR INCLUSION IN THE RISK REGISTER**

There were no new risks to be considered.

10.2 **ANY OTHER COMPETENT BUSINESS**

There were no further items for discussion, but Lilian encouraged members to give feedback on the new format.

10.3 **DATES OF MEETINGS DURING 2022/23**

23<sup>rd</sup> May 2022  
5<sup>th</sup> September 2022  
28<sup>th</sup> November 2022  
6<sup>th</sup> March 2023