

**Meeting minutes:** NHSScotland 'Once for Scotland' Workforce Policies Programme Board

**Date:** Tuesday 25<sup>th</sup> March 2025 13:00 – 14:10

**Location:** MS Teams

**Attendees:**

- (AG) Anna Gilbert, Head of Workforce Practice, Scottish Government (Chair)
- (AB) Audrey Bevan, HR Manager, NHS Lanarkshire
- (CH) Catriona Hetherington, Programme Lead, Scottish Government
- (SL) Steven Lindsay, Employee Director, NHS Grampian (PDG Vice-Chair)
- (GM) Gordon McKay, UNISON Health Committee
- (NP) Norman Provan, Associate Director (Employment Relations), Royal College of Nursing (RCN)
- (JO'B) Jarrard O'Brien, Director of People and Culture, NHS Orkney
- (JO'C) James O'Connell, Regional Officer, Unite
- (RB) Ryan Bradley, Project Support Officer, NHS National Services Scotland

**Apologies:**

- (ZD) Zac Deponio, Senior Policy Officer, Scottish Government
- (MH) Magdalena Henderson, Project Manager, NHS National Services Scotland
- (JJ) Jacqui Jones, HR Director, NHS Lanarkshire

### 1. Welcome and apologies

**AG** welcomed attendees to the meeting. **AG** noted **JJ, ZD and MH's** apologies and introduced **AB**, HR Manager, NHS Lanarkshire and PDG member. **AG** noted that **AB** joined the meeting as a personal developmental opportunity.

### 2. Minutes from meeting 31 January 2025 for approval and review priority actions

The minute of the previous meeting was agreed as an accurate record.

Please refer to the action log for updates on all the other actions.

### 3. Terms of Reference

An updated copy of the Terms of Reference (ToR) was shared with the members in advance of the meeting.

#### Membership

Membership of the board was reviewed. It was noted that from the employer's side, the replacement of the employer representative Jeff Ace, previous CEO from NHS Dumfries and

Galloway, is still required. It was noted that it does not necessarily have to be an HRD, but someone from HR background e.g. a deputy HRD or Director of People and Culture.

**JO'B** noted that he joined the Programme Board to replace Janis Butler.

**CH** referred to previous conversations that had indicated that this employer representative may be an HRD or Deputy HRD rather than a CEO. It would be helpful to have another employer representative on the Programme Board. It was confirmed that the status of the action will remain open and hopefully the replacement will be found as soon as possible.

#### Deputies

It was noted that the deputies should be nominated for each member of the Programme Board. **JO'B** mentioned that a conversation is happening nationally around nominations for positions that cover NHSScotland rather than on a Health Board basis.

**NP** raised that the ToR doesn't cover an escalation process. This should be added in the decision making process section. Health Boards should first write to APF, then joint letter to Programme Board, then escalate to SWAG.

**GM** voiced concerns about escalation process (Item 7, decisions can be made on a majority basis) pointing out that decisions can be made in interpretation. Majority rather than tripartite consensus. **AG** noted that this should be escalated to SWAG if this occurs.

**NP** recommended having a caveat of a 'failure to agree' if all 3 parties fail to agree then it would follow the same process as a no solution scenario being fed up to SWAG.

**ACTION 01:** **CH** to develop wording for tripartite consensus agreement within the ToR for the Programme Board.

**JO'B** mentioned that **JJ's** role in the ToR needs to be updated, she is now HRD of NHS Lanarkshire

**ACTION 02:** **CH** to update **JJ's** Role in the ToR to her current role as HR Director for NHS Lanarkshire

#### **4. Programme Highlight Report**

**CH** Summarised the Highlight Report, noting that all Phase 2.2 policies and EQIA reports are ready to be published.

#### Phase 3 Public Consultation

The public consultation for Phase 3 has concluded, with 45 submissions of feedback received. This feedback has not yet been analysed. Input was requested from Health and Safety professionals.

#### Managers Guides

The PDG has started to draft a number of managers to ensure that timescales are met.

#### Newsletter

A Newsletter will be sent out using Microsoft Sway, in the coming weeks. **CH** reiterated that the newsletter should be cascaded within Health Boards.

## **5. Phase 3 – Progress**

**CH** noted that Phase 3 is on track but whilst some supporting documents have already been drafted, the consultation feedback may identify the need for additional supporting documents.

### Milestones for Phase 3

**CH** reviewed the milestones for Phase 3, with everything expected to be signed off and complete by March 2026.

Please refer to the programme highlight report for the key milestones for Phase 3.

### Distribution of Highlight Reports

**AG** shared feedback that indicated that the HRDs and Deputy HRDs are not aware of the Newsletters. **CH** noted that the Newsletter should be cascaded in Boards, particularly to Deputy HRDs..

### Feedback and Central Guidance

**JO'B** expressed concerns about feedback not being taken on board and central guidance not fitting all Health Boards.

**CH** and **SL** confirmed that they attended the Heads of Health and Safety Group meeting to discuss this. **CH** noted that feedback is being considered, but the policies remain in the style of NHSScotland Workforce Policies. She confirmed that the consultation process involves a thorough review of all feedback before a summary of key these and actions are published.

**SL** agreed with **CH**, emphasising that this is a suite of workforce policies developed with HR Practitioners and Staff side representatives. Phase 3 includes Public Health aspects such as smoking and vaping and requires Public Health input.

### Policy Application

**NP** stressed the importance of consistent application of policies across all Health Boards without amendments. **NP** addressed **JO'B**'s comment about aggression training, noting that it is handled through the Protected Learning Time Group.

### Conclusion

The Board is satisfied with the Highlight Report.

## **6. Phase 2.2**

### Delay of Phase 2.2

**AG** provided an update regarding the delay in publication of the Phase 2.2 policies and guides. Programme Board members will be kept updated.

#### Communication to Health Boards

The Scottish Government issued a letter to all Health Boards providing an update on the delay in publication of the Phase 2.2 policies.

#### Policy Launch Strategy

**NP** recommended sending out communications with timescales for the delay.

**GM** expressed disappointment over the lack of communication with the Programme Board about the delay and suggested communicating any updates offline rather than waiting for the next meeting.

**Decision 01:** The Programme Board suggested that publication should be progressed for those policies that were ready.

**Action 03:** **AG** to consider and progress this.

## **7. Risk and Issues**

The Risk and Issue Register was circulated to the group in advance of the meeting.

In relation to Risk P2-15: CH noted that due to a reduction in available resource to support work of the Policy Development Group, there still have not been a replacement for an Employer representative. It had been agreed that JO'B would liaise with HRDs and JO'B confirmed that this is in progress.

In relation to Risk P2-18 - Wider Reform Space: Fiona Hogg noted that HRDs, SG, and HWF are collaborating on this matter, with an update expected in May 2025.

In relation to Risk P2-19 - Financial Pressure: The business case has been submitted and indicates a lower cost compared to previous years.

In relation to Risk I003 - SME Resource: Replacement for PDG Chair was actioned. It was agreed that this risk will now be an issue.

In relation to Risk P2-24 - Programme Delivery - Phase 3: The project team will be leaving after March 2025. The programme of work will continue using the established project management process and structures.

In relation to Risk P2-25 - Phase 3 Timeline: The delivery of the Phase 3 currently remains on track.

**NP** suggested adding a risk in relation to timescales associated with additional stakeholder involvement. **NP** proposed mitigating this risk by agreeing timescales with stakeholders.

**Action 04:** CH to update the risk register accordingly

**Action 05:** A new Risk in relation additional stakeholder involvement be added to the risk register- either as a separate risk or addition to an existing risk.

**Decision 02:** The Program Board will monitor the issue around PDG resource. An update to be provided at the next meeting.

**Decision 03:** Risks around the wider reform space and timeline for the delivery of Phase 3 will be monitored.

## 8. Any Other Business

### Neo Natal Care Leave Arrangements

The Neonatal Care (Leave and Pay) Act 2023, which comes into force on April 6, 2025, provides parents with a right to up to 12 weeks of paid leave, in addition to existing parental leave entitlements, when their baby requires neonatal care.

**CH** noted that the maternity and associated policies need to be updated accordingly.

**CH** confirmed that an update in relation to Neonatal Care provisions will be shared with the board members virtually.

**Action 06:** CH to provide an update (via email) in relation to the Neonatal Care (Leave and Pay) Act 2023.

### Scheme of delegations and the dismissal situation

**CH** noted that **JO'C** had emailed around the group regarding the scheme of delegations and the dismissal situation.

**JO'C** noted that some clarity is required if the local authority member of staff can dismiss an NHS member of staff. **JO'C** confirmed that a solicitor confirmed that the local authority isn't the employer. NHS is the employer and it was questioned why the local authority person would be able to dismiss an NHS person.

**GM** noted that the policy is reasonable and it says that the Health and Social Care Partnership manager from the local authority can be on the on the panel if they are in the scheme of delegation. **GM** confirmed that the decision is at a local board level if those people are in the scheme of delegation with the dismissing of dismissing authority. The policy allows them to be a local board and decide if the person. **GM** noted that he believes that the individual employer gives somebody the power and the responsibility to have dismissal. There's no need to be an employee of that of that organisation as long as, as long as it's made very clear that they have given that person the authority.

**AG** and **NP** agreed with **GM's** interpretation. **JOC** is satisfied with the programme board's conclusion on this matter

**AG** confirmed that the next Programme Board Meeting is scheduled on Thursday 24<sup>th</sup> April 14:00 – 16:00 via MS Teams.