

**APPROVED**

Board Meeting  
01.04.21  
Open Session  
Item 10.1.2

**NHS GRAMPIAN**  
**Minute of the Special Covid-19 Staff Governance Committee**  
**held on Friday 15 January 2021 at 11am**  
**via Microsoft Teams**

**Present:**

Mrs Joyce Duncan, Non-Executive Board Member (Chair)  
Mrs Rhona Atkinson, Non-Executive Board Member  
Ms Rachael Little, Employee Director  
Mr Bert Donald, Whistleblowing Champion  
Mr Sandy Riddell, Non-Executive Board Member

**In Attendance:**

Mr Tom Power, Director of People and Culture  
Ms Gerry Lawrie, Head of Workforce and Development  
Mrs Anne Inglis, Head of Organisational Development  
Ms Carolyn Venters, Health and Safety Partnership Representative  
Mr Steven Lindsay, Full Time Partnership Representative  
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety  
Ms Laura Kluzniak, Programme Manager, Staff Health, Safety & Wellbeing

Minute Taker: Mrs Diane Annand, Staff Governance Manager

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1/21</b>	<b>Apologies</b> Apologies were received from Professor Lynda Lynch, Chair; Mrs Susan Coull, Head of HR; Professor Caroline Hiscox, Chief Executive; Dr June Brown, Interim Executive Nurse Director; Ms Liz Hancock, RGU representative; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
<b>2/21</b>	<b>Minute of the last meeting – 11 December 2020</b> The Minute was approved as an accurate record.	
<b>3/21</b>	<b>Action Log – 11 December 2020</b> Mrs Duncan highlighted the new format for the Action log, consistent with other Board committees. The deferred actions would be formally documented under the “Paused Staff Governance activities to next financial year” agenda item.	
<b>4/21</b>	<b>Health, Safety and Wellbeing Programme</b> Mr Power gave a presentation to the Committee. He outlined that health, safety and wellbeing was a key priority of Operation Snowdrop with the programme a continuation of the work started in the first wave of Covid-19. A Health, Safety and Wellbeing Expert Group, a subgroup of the Occupational Health, Wellbeing and Safety Committee, had been	

## APPROVED

	<p>established. Four areas of greatest risk had been identified of:</p> <ul style="list-style-type: none"><li>• Staff resilience;</li><li>• Welfare support;</li><li>• Remote and home working</li><li>• Breaks and rest areas</li></ul> <p>In the four areas are either new cells of work, or more formal support was being given to work already underway, in order to more clearly scope, define and monitor progress.</p> <p>The underpinning approach is person centred, flexible and in partnership. At an individual, team and organisation level the aim is to balance a reactive provision (treating issues and responding to identified concerns) with a proactive provision (promoting prevention and self-management) aligned to the Clinical Strategy. Reciprocal rights and responsibilities had been outlined reflecting core principles of the Staff Governance Standard.</p> <p>Mrs Inglis referred to the flash report, outlining that the Senior Responsible Officers were Cheryl Rodriguez and herself. With Laura Kluzniak as Programme Manager. There was six programme workstreams; work had already commenced in three – breaks and rest areas; psychosocial support and PPE – to which support was being given. A further three – staff resilience; remote working and My Healthy Life – were newly established. Under each, work had been identified, acknowledging that a system response was needed, with aims and objectives being signed off to ensure a clear line of direction. Communications were being devised and this would be done at pace due to the importance.</p> <p>Mrs Inglis gave the securing of the Maggie’s centre as an example of a successful bid to endowments. From 18 January 2021 there would be the ability for staff on the Foresterhill site to either drop in or make an appointment to receive wellbeing information and support from psychologists. It was acknowledged this would give a focus for Acute sector staff but will move to whole system. A further example was the plan to commission Staff Wellbeing kits using Charities Together funding.</p> <p>Ms Kluzniak stated that the flash report was updated weekly as work was fast paced. The Communications plan was being developed this week, ensuring that the right stakeholders were involved.</p> <p>The Committee thanked the presenters for the information from which the intent and working at pace was clear. There was a positive feel to the work with some aspects requiring some exploration by the Committee.</p> <ul style="list-style-type: none"><li>• Communication was key and due to known commitments already for the Communications Team, it would appear that additional resource was required for that team. In addition communication was pertinent for remote areas to avoid isolation. Mr Power responded that more capacity would be helpful and there would be the utilisation of different medium, for example videos, but not an over reliance on digital means.</li></ul>	
--	--	--

## APPROVED

- In the My Healthy Life cell, giving the space to do nothing, read a book should be included as an alternative to only promoting activity. Mrs Inglis responded that this could be incorporated at Maggie's and the rest areas can be used to do whatever was best for the staff. Mr Power outlined that the priority work on break and rest areas had focussed on the Foresterhill Campus but social distancing equally applied to all sites, which is reflected in the location across all major sites of the 23 projects progressed during 2020. Use of additional funding was balanced with the availability of the Estates department.
- Had the requirement for costs been anticipated in the Remote Working cell. Ms Little outlined that Staff Side had raised such requests and being progressed by the Safer Workplaces Group however a national position was awaited. There was a connection with the Committee's as Mr Lindsay and Ms Venters were members of the Safer Workplaces Group. Mr Power stated that the staff would be guided to the tax allowance. Mrs Rodriguez stated that the Asset Management Group was considering whether there was funding available to support the provision of office furniture for home use.
- Listening be included, maybe as part of the service at Maggie's and assurance was sought that staff can access psychological support and safe spaces. Mrs Inglis agreed that listening was important and additional funding was ensuring continuation of the psychological cell. Assurance should be taken from the detail in the flash report.
- There was the need to provide support across the system and especially for those not on the ARI site. There was concern if this level of support could not be accessed outwith Maggie's.
- How the work aligned with that available for Council staff, noting that alignment of the Standard was needed at a strategic level. Mr Power informed that he had joined a national group to achieve better integration devising an approach to support this. He had also connections with his counterparts in the Councils. The H&SCPs were involved in the Occupational Health, Wellbeing and Safety Group along with the Expert Group who were driving this work. The differences were rooted in there being two separate employers working in the same space.

The Committee was assured by and supported the activities occurring in the current difficult situation. Mr Power thanked the Committee for their support.

Mr Power completed the presentation by sharing absence information. The first overhead gave the number of NHS staff reporting as absent from 1 May 2020, showing a lower level of absence from the end of shielding. During the second half of 2020 there were slight increases illustrative of community transmission. Absences remained lower however there was an

## APPROVED

	<p>expected impact from the reintroduction of shielding.</p> <p>The second overhead showed total absences due to Covid-19 (showing an increase in January 2021), special leave, sick leave and annual leave (good illustration that annual leave was still being taken).</p> <p>The third overhead showed by Sector/Directorate/Division actual recorded annual leave and the amount taken if the assumed 5 days to be carried forward had also been taken. Both were compared with the expectation that 75% of annual leave should have been taken by 31 December 2020.</p> <p>Mrs Rodriguez referred to the final overhead. She explained that there had been learning from the first wave regarding deployment. OHS and HR had developed a FAQ on the things managers should consider and responsibilities of the receiving manager. The April to September 2020 data on the overhead was the period when the OHS counselling service was deployed to the psychological hub. Historically there had been a significant waiting list for counselling however this had been improved through the creation of a Wellbeing hub. The employee received contact from a Wellbeing Assistant to undertake a full assessment to determine requirements. In addition the number of sessions offered was reviewed, determined by need. From seeking feedback from the contacts with the service, a large number gave positive feedback which was encouraging. The service was further improved with an integrated post within OHS due to psychological cell funding.</p> <p>Ms Little stated that communication lines were open with GAPF with no concerns raised through Staff Side. The Committee thanked the presenters for the positive and reassuring information which included positive developments, with a recommendation that these should be communicated. Mr Power thanked the team who had mobilised around the priority.</p>	
<b>5/21</b>	<p><b>Mobilisation and deployment of staff</b></p> <p>Mr Power gave a presentation to the Committee on the workforce prioritisation and deployment arrangements. There was a critical dependency on the workforce due to the versatility required over the next six months as the extra staff utilised in the first wave may not be available. Developments in Test and Protect, vaccination and maintaining protected and critical services mean we need to use our available capacity differently.</p> <p>In order to concentrate the whole organisation effort on the most pressing issues in the coming months, temporary staff deployment was one of three drivers of maximising workforce capacity. The other two drivers were high volume resourcing arrangements that enable prioritisation of key programmes and provide additional support to minimise service impact of recruitment and on-boarding; and accurate and timely workforce information, analysis and insights that support real time resourcing and deployment decision making and service planning.</p> <p>The starting point, and bulk of activity of the deployment of staff will be at sector and programme level, with a clear escalation approach for</p>	

## APPROVED

	<p>operational, tactical and strategic decisions. A process was being developed for sector management to articulate requirements when demand could not be met from within the sector. In order to respond to such requests there was a need to know the capacity in the system to support, which sectors were currently identifying. The Workforce Deployment Cell would facilitate matches between demand and supply but where this was not possible it would be escalated to the Workforce Prioritisation Group, Silver and Gold as appropriate.</p> <p>Ms Lawrie added that a risk assessment approach would be taken to match demand and supply. An online form was being developed to gather key information which would be followed up with a conversation, for both staff identified through management structures and self-nomination subject to line manager endorsement. Returns from sectors were being analysed for demand and capacity, with daily status reports produced and a weekly report to the Workforce Prioritisation Group.</p> <p>Mr Power outlined that when seeking to resolve conflicting demands, deployment decisions at any level were to be informed by an objective assessment of risk, and logged. It was key to make informed choices if staff are to be moved to contribute to one of the priorities. In order for Silver Command to make decisions on their approach they required to be clear on protected and critical programmes of work and the support required. Communication messages were being supported by Stuart Humphreys and Lesley Meldrum, as strong communication were required to stimulate a positive response from sectors, teams and individuals. Mr Power highlighted the open letter sent to staff in December 2020 which introduced the need for deployment along with additional letters sent to medical staff from the Medical Director and NMAHP staff from the Interim Executive Director of Nursing.</p> <p>The Committee thanked Mr Power and Ms Lawrie for the useful update, commenting that the right approach was being taken. It was acknowledged that it was a challenging situation to manage and achieve the desired outcome positively.</p>	
<p><b>6/21</b></p>	<p><b>Paused Staff Governance activities to next financial year</b></p> <p>Mrs Annand outlined that the paused Staff Governance activities was the revamp of the constitution and the development of a programme of Sector attendance for the purposes of Staff Governance Standard monitoring. Mr Power added that the discussion regarding what workforce data would be of relevance to the Committee planned for the March 2021 meeting will be dependent on the urgency of other agenda items.</p>	
<p><b>7/21</b></p>	<p><b>AOCB – none raised</b></p>	
<p><b>8/21</b></p>	<p><b>Date of next Meeting</b></p> <p>10.30am to 12.30am on Wednesday 3 March 2021 by Microsoft Teams.</p>	