

**NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Wednesday 25 May 2022 at 2pm
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 Sandy Riddell, Non-Executive Board Member
Mr Bert Donald, Whistleblowing Champion
Dr John Tomlinson, Interim Chair

In Attendance:

Mr Tom Power, Director of People and Culture
Mr Philip Shipman, Acting Head of People and Change
Mr Steven Lindsay, Full Time Partnership Representative
Ms Jane Ewen, Deputy for June Brown
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
Ms Pauline Rae, Workforce Service Manager
Ms Luan Grugeon, Non-Executive Board Member
Mr Gavin Payne, General Manager (for item 31/22)
Mr Keith Grant, Unison Representative (for item 31/22)
Mr Mike Adams, Partnership Representative
Ms Sarah Duncan, Board Secretary (from item 32/22)
Ms Linda McKerron, Service Manager (up to and including 33/22)
Ms Laura Kluzniak, Staff Health & Wellbeing (We Care) & Culture Matters Programme Manager (for item 34/22)
Mr Ian Cowe, Health and Safety Manager (for item 33/22)
Ms Fiona Soutar, OD Manager (for item 34/22)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
28/22	Apologies Apologies were received from Professor Lynn Kilbride, RGU representative; Professor Caroline Hiscox, Chief Executive; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; Ms Gerry Lawrie, Head of Workforce and Development; Dr June Brown, Executive Nurse Director; and Mr Jamie Donaldson, Health and Safety Partnership Representative.	
	Mrs Duncan outlined that the purpose of the committee is to monitor and scrutinise the performance of NHS Grampian against the Staff Governance Standard including the Everyone Matters 2020 Workforce Vision, providing	

	assurance to the Board. The Committee monitors and reviews the strategic risks we have determined relating to staff and workforce issues.	
29/22	<p>Minute of the last meeting – 12 April 2022</p> <p>The Minute was approved as an accurate record.</p>	
30/22	<p>Matters Arising</p> <p>a) Action Log</p> <p>Mrs Duncan provided an update for SGC2 action with regard to the constitution. Ms Sarah Duncan had reviewed all Board Committee terms of references, making amendments to ensure alignment and these were soon to be shared with the Non-Executive Board members. Mr Power stated that from the feedback received at the Chief Executive Team, there had been minimal change required from the constitution adopted by the Committee last year.</p> <p>b) Draft template for Committee papers</p> <p>Mrs Annand referred to the distributed draft, devised by Ms Little and herself, following discussion at the last meeting. The purpose of the template was when a specific topic is presented to the Committee, to capture which domains of the Standard the topic relates to. The Committee was asked for its comments and agreement to use the template in the future. The Committee requested that the draft template and the Board template be the same as if a report goes from the Committee to the Board there is no requirement to rewrite.</p>	DA
31/22	<p>Staff Governance Standard Assurance – Facilities Estates and eHealth</p> <p>Mr Payne, Mr Grant and Mr Adams attended the meeting to present to the Committee the distributed Facilities, Estates and eHealth Staff Governance Standard Assurance report. Mr Payne highlighted the following from the report:</p> <ul style="list-style-type: none"> • The assessment was a judgement taking the different perspectives of both management and staff side into account, to achieve a level of robustness. • There was pride in some aspects of implementation which the following supported: <ul style="list-style-type: none"> • Partnership structures – a well-established group at Directorate level, with a full range of managers, staff side and invited guests, predominately with a focus on the Board responsibilities of the Standard. • The directorate-level group and some service groups are ‘healthy’ defined as good participation, information sharing and meaningful dialogue. Some groups lack momentum and a notable imbalance between the Board and Staff responsibilities 	

	<p>of the Standard, with insufficient participation and dialogue, which undermines decision making at that level.</p> <ul style="list-style-type: none"> • Covid-19 restrictions on face-to-face meetings and limited staff access to IT added to the challenge, with different formats tried in the interim. Manager/staff-representative visits to these meetings to recommence to help re-balance the meeting and increase meaningful dialogue. • The ability to have candid staff side/management relationships. There is not always agreement but work for consensus and finding 'win-wins' solutions, with early intervention important. • There was consensus that good partnership brings good culture and good service outcomes, and that there is a clear correlation between some of the teams that have persistent issues and partnership-working not being healthy in those areas. • Being committed to work in partnership was part of the culture, reflected in the BPA Culture Survey results. <p>The Committee stated that the assessment was very helpful but asked how realistic it was to target effort to the persistent problems and were these issues in existence before or accelerated by the covid-19 pandemic. Mr Payne confirmed the issues that existed in a number of services pre-dated the covid-19 pandemic. There was a need to adopt a different way of working, it would not be treated as a relationship issue rather through partnership working it will be sustained in the long term. For one team, there was a common purpose during covid-19 pandemic which caused an improvement however this cannot be relied on going forward as the underlying culture needs to sustain it. Mr Adams added that issues were historic and some outwith NHS Grampian's control as at a national level. The service had evolved to accept working practices that were not in line with policy, however this had been approached on a united basis.</p> <p>The Committee was appreciative that the assessment covered both the positives and the challenges including what needs to be addressed with the staff responsibilities of the Standard. The progress of this focus should be included in the next assessment undertaken by Facilities, Estates and eHealth for when they next return to the Committee.</p> <p>The Committee stated that the approach taken was exemplar, setting the standard going forward, as it was very clear there was collective agreement to the assessment. It covered both the positive and negative, gave good context and understanding of why the negatives existed. The Committee was impressed by the approach of speaking to staff and moving from a relationship to partnership working approach, rather than producing a managerial action plan. This approach, rather than relying on data, enabled a building of trust.</p> <p>Mr Power raised the reference to data, asking if managers had visibility of iMatter reports and access to absence reporting and training data. Mr</p>	
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	<p>Payne responded that he was not conscious of having access to individual iMatter team reports however teams did undertake action planning. iMatter gave a good indicator as it mapped to the Staff Governance Standard and the outcomes were monitored. In 2021 there was an Employee Engagement Indicator (EEI) of 76%, this had fluctuated over the years along with the score for each domain of the Standard. Mr Payne confirmed that there was access to absence data.</p> <p>With regard training uptake data, currently there was a lot of non-online training undertaken in small groups therefore compliance rates would be held at service level. Reporting functionality and access could be matured but it was recognised that the data underpins where focus should be place to compliment the service knowledge. Mr Payne outlined an initiative undertaken of meeting groups of staff, asking a structured set of questions to obtain detailed richer data, which would inform actions. Mr Adams added that there is never a reliance totally on data, as the information comes from personal interaction with staff, however it was important to show that action was then taken.</p> <p>With regard to tackling the staff responsibilities in the Standard, it was important to understand why absences occurred. Mr Adams highlighted that the actions of other services affected Facilities and Estates staff, reacting to changes. Mr Grant referred to the BPA Culture Matters survey outcomes, informing that managers were engaged to make any necessary improvements. Mr Grant stated that staff knew that management and staff side would listen.</p> <p>It noted that a Portfolio/Directorate would return to the Committee in approximately one year therefore the next assessment should cover if there had been improvements or not.</p> <p>Mr Grant raised that there may be the need to revise the Staff Governance Standard to ensure it was up-to-date and reflects the wellbeing agenda. Mr Power responded that the latest edition had been published in 2012 and HR Directors have noted with Scottish Government the need for review. It would be important to have the Standard in line with current priorities and further development of the reciprocal rights and responsibilities. Mr Adams agreed that wellbeing was important and applicable to all, with the need for role modelling.</p> <p><i>Mr Payne and Mr Grant left the meeting.</i></p>	
<p>32/22</p>	<p>Statutory and Mandatory training action plan revision update</p> <p>The Committee informed that this topic had been the subject of conversations prior to the meeting as there remained a lack of clarity on the aims and the timescale. It was proposed by the Chair to have a further discussion outwith the meeting via a development session or similar workshop to explore the topic in more detail.</p>	

Mr Power stated that the opportunity to have this discussion was welcomed, acknowledging the concern raised at the last meeting with regard to the lack of actions within the next 12-18 months. He stated that the challenges faced by the system at the current time meant there was a need to balance risk across different compliance areas, of which statutory and mandatory training is one, and the paper distributed to the Committee was intended in a transparent way to highlight the issue. The planned actions took into account the impact of the lack of staff – which the BPA survey had highlighted as the biggest source of concern for respondents - and the consequential impact on capacity. The actions had been supported by the Chief Executive Team.

Ms McKerron highlighted the following from the proposed initial remedial actions for the 2022/23 financial year:

- A priority is to increase the profile of statutory and mandatory training so it is acknowledged as an important part of the business, shifting to be proactive. Managers monitoring improvements in compliance and setting aside time for staff to undertake the training.
- We need to try and enable staff to use time efficiently and effectively ensuring the right training is done at the right time by the right staff. If achieved the reporting figures would be more reflective of the position.
- Work across Learning and Development, Corporate Communications and e-Health to establish by December 2022 new approaches to reminding/prompting staff in support of proactive compliance through initiatives such as My Digital Workplace.
- Link in to the paused national work on linking statutory and mandatory training, appraisal and pay progression, at which NHS Grampian is represented, to inform the development of better online learning resources for staff.
- Reporting requests to Learning and Development had increased suggesting improved engagement by managers. The Turas manager reporting tool is useful in this respect, however reporting of organisational compliance requires development support from NES.
- Recognise the need raised previously to learn from areas of good practice across NHS Grampian and elsewhere that will support the improvement required for proactive compliance.

The Committee sought comments on the recommendations only, not whether they should be approved. The recommendations would be further discussed at the proposed separate workshop. One Committee member planned to put their concerns in writing to Mr Power.

The Committee raised that the risk of non-compliance should be held with the manager and employee, rather than at Board level. Compliance with statutory and mandatory training should be included in the appraisal conversation as ownership was required at every level. This was reflected

	<p>in the reciprocal responsibilities of the Staff Governance Standard. It was acknowledged that partnership support was required going forward.</p> <p>The Committee raised that the following be covered in the session: the handling of multiple requests on staff time; what is realistic; and what assurance is being sought. The proposed approach appeared top down whilst the capacity of a supervisor needed to be taken into account to assess what was realistic and inform the approach. The future discussion on this topic should provide learning on how to handle risk and assurance going forward.</p> <p>As a separate meeting would be held the Committee was not seeking assurance from the paper presented at the meeting. The Chair, Mr Power and Mrs Annand to progress scheduling a development workshop on this topic.</p>	<p>JD, TP, DA</p>
<p>33/22</p>	<p>HSE visit Action Plan update</p> <p>Mrs Rodriquez referred to the distributed paper which provided an update on the HSE intervention relating to the prevention and management of violence and aggression (PMVA).</p> <p>On 14/15 March 2022 a planned HSE intervention was undertaken at ARI with a focus on the Emergency Department and Wards 101, 103, 204 and 205 because higher levels of PMVA adverse events have been reported in these areas. They also looked at the role of the Security Team in responding to incidents at ARI. Following the intervention, the HSE Inspectors provided positive feedback on several aspects of their visit, noting:</p> <ul style="list-style-type: none"> • The willingness of staff to talk and a greater understanding of health and safety than on previous visits • Strong leadership in the areas visited and good relationships with Partnership Representatives • The good work that had been done to manage the risks to staff at Royal Cornhill Hospital • A clear vision and sense of purpose from the Violence and Aggression team • The high quality of the training delivered to staff by the Health and Safety Team for managing the risks from violence and aggression <p>A number of improvements were identified as:</p> <ul style="list-style-type: none"> • Consider an enhanced level of staff training in higher risk areas to reduce the reliance on Security should they not be able to respond immediately to an incident. • Expressed concerns around the inconsistent levels of engagement across staff groups. • Under-reporting of violence and aggression adverse events for example minor verbal abuse due to the time it takes to report in 	

<p>Datix. It is recognised that minor verbal abuse takes its toll on staff over time.</p> <ul style="list-style-type: none"> The absence of clear Key Performance Indicators (KPIs) to measure improvement against. <p>A short life working group has been formed to provide assurance, monitor and where required progress the desired improvement actions, in line with the action tracker. There was a meeting on 23 May 2022 at which the HSE reviewed the action tracker to ensure that the actions would be appropriate for the improvements listed. Further to a concern with progress in Acute, a specific sector based working group had been set up.</p> <p>Collaborative working was required to ensure timely completion of the actions. A number of risks and mitigations have been identified:</p> <ul style="list-style-type: none"> Additional funding for PMVA training was agreed with active recruitment commencing soon. Lack of clarity regarding Portfolio/Sector Governance Structures has made it difficult to achieve ownership and engagement for progressing the Acute actions. Whilst existing sector arrangements remain extant, this has been recognised as a priority to progress by the Chief Executive Team in relation to ensuring that the Portfolios structure is appropriately covering key areas, including health and safety. Engaging with medical staff and clinical leads on health and safety matters. Consideration of how best to engage to harness their knowledge to create solutions. Acute Health & Safety Committee Membership and participation decreasing since the change to Portfolios and the lack of a dedicated partnership representative for Acute, which was being picked up by the Employee Director. The Chief Executive Team has asked the short life working group to confirm what would be required to meet the deadline so that the opportunity cost (and balance of risk) in doing so can be assessed. Success will be dependent on action owners having protected time to progress their actions and to assess the adequacy of Security Team staffing. <p>Mr Power informed that the subject of Portfolio governance arrangements have been discussed at the Chief Executive Team, following which it will be confirmed that current governance arrangements remain extant until change is completed beyond the Portfolio leadership arrangements that have been the focus to date. The Portfolio Leads can support with greater engagement across Acute services.</p> <p>The Committee thanked Mrs Rodriguez for the clear and concise paper, and noted that even if the actions were not achieved, it was important to maintain the good working relationship developed with the HSE.</p>	
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<p>It was raised that whilst there was awareness now of the lack of understanding with regard to governance arrangements, would this have been highlighted if the HSE had not undertaken an intervention, as no matters had been raised with the Board. This situation had arisen due to the lack of engagement from managers. The Committee welcomed the Chief Executive Team considering the matter and also reviewing if a change to a portfolio model changed accountabilities. Mr Power confirmed that the Portfolio leads had discussed this with a focussed session planned to look ahead, which would consider if the risk was disengagement. The Committee stated that as the change to the Portfolio model contributed to the improvements needed, if other examples existed these required to be identified. The Committee raised that whether deliberate or accidental, it was concerning that Board members were only becoming aware through these routes.</p> <p>It was also felt important to fully understand why culturally there was non-compliance. The Committee asked if the poor compliance by medical staff with the mandatory Health and Safety training framework was equally applicable across all statutory and mandatory training.</p> <p>Mr Cowe stated that the Corporate Health and Safety Team had previously given five recommendations on how to improve the health and safety culture, one of which was mandatory training for managers to ensure they are aware of their responsibilities. Mrs Rodriguez outlined that the Corporate Health and Safety Team are clear on their actions. The action tracker outlined these along with other actions and who were accountable to achieve them, shifting the responsibility to risk owners. The uncertainty in Acute due to the Portfolio model was not long standing. The Committee stated that they were not questioning the approach of the Corporate Health and Safety Team but was concerned that the improvements will not happen, raising that this matter needed discussion at the Board. There were wider organisational issues to be addressed regarding a sustainable organisation moving forward in terms of culture and capacity.</p> <p>In response to Mr Cowe, Mr Power updated on the discussion last summer at the Chief Executive Team about the non-Covid health and safety culture. Four of the five recommendations, developed by the wider SLT, were supported by the Chief Executive Team. The recommendation regarding how to resource sustainable health and safety support still required to be developed, and would be overseen by the Occupational Health, Wellbeing and Safety Committee.</p> <p>The Committee noted the content and was assured by the intent of the Action Plan, however was not assured that it would be achieved in the timeframe set by the HSE. Consider the opportunity for discussion at the Board Seminar on 7th July 2022 under the risk heading.</p> <p><i>Ms McKerron left the meeting</i></p>	<p>JD, TP</p>
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34/22	<p>BPA Culture Survey output</p> <p>Mr Power delivered a presentation to the Committee highlighting the following:</p> <ul style="list-style-type: none"> • As the staff invited to participate had a wide geographical spread and interdependence with other professions, the 53% response could be a useful proxy for understanding from the outcomes for the organisation as a whole. • The snapshot of results was available on the intranet and was split into 4 quadrants. • The upper left quadrant had a message from the Chief Executive and outlined data volumes from the survey of 53% response rate; 691,071 pieces of quantitative data; 57,862 narrative comments; and 2,298 messages sent to the Chief Executive as messages in a bottle. • 46% of respondents answered yes to “Is NHS Grampian a truly great place to work?” 54% had not felt able to answer yes. • The upper right quadrant outlined that in the BPA model of engagement there was a culture of blame bordering on a culture of reaction, which will require detailed analysis, triangulation with other data points, and follow up at corporate and divisional level. • 29.5% of respondents were experiencing their working life in the engagement cycle. 47.9% are neither actively engaged or disengaged at present. These results presents some clear messages about the importance of placing a deliberate focus on developing organisational culture moving forward. • The lower left quadrant outlined what makes NHS Grampian a truly great place to work and the potential barriers to NHS Grampian becoming truly great. The outcomes were similar to iMatter where individual and team elements score higher than organisational aspects. • The lower right quadrant outlined the focus on the problem pipeline (addressing small day to day problems); the people factor (provision of support and safely along with retention of staff); proactive initiatives (each manager using the data to agree one proactive initiative). • Two of the next steps was - an initial group of 20 teams identified by the leads for Nursing & Midwifery and Estates & Facilities in conjunction with the OD Manager will receive team coaching support through <i>Know You More</i> – and a session on 26 May 2022 to explore results, handling and governance with Executive and Non-Executive Board member. • A successful cultural change has four essential ingredients – a shared vision on what you are trying to achieve; the will to do it – a commitment from every manager; the resources (especially time) to implement the changes; and a plan with dates, accountabilities and (especially) the first step. 	
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<ul style="list-style-type: none"> • The Culture Collaborative was undertaking initial vision-setting projects developing the culture blueprint and communicating shared behaviours. • From the Plan for the Future: Colleagues and Culture section – work already committed to under attraction and resourcing; embedding our values; and leadership and management linked to the actions necessary from the BPA survey. • There are a number of digital tools for understanding culture and improved staff experience. The annual iMatter survey was the organisation wide view of staff experience and performance against the Staff Governance Standard, leading to team based action planning to progress ideas that staff feel could make a difference to them day to day. The bi-annual BPA Culture Survey was a deep dive to understand issues in greater depth at team, service, portfolio and organisation levels. In addition there was the Trickle app available all the time which was an ideas platform. <p>The Committee stated that a lot of resource was required to manage the survey process and asked if the same resource would be available to help teams achieve positive outcomes. Ms Soutar responded that team leaders could access three hours of coaching support to understand their leadership traits and how to engage their team to take actions forward. The Committee asked about the impact on constraints and demands on time, as from the reports submitted to the Committee there was commonality of asking individual to take action however how was the organisation going to help them achieve this. Mr Power responded that given the quality of the information at team level, in Portfolio/Directorate support should be provided to most teams, with organisational support targeted to teams in most urgent need and to address cross-cutting issues such as factors affecting retention of staff.</p> <p>The Committee asked if the results were as expected. Mr Power responded that he would have been surprised if the organisation was further up the engagement cycle due to other feedback and the timing of the survey. However the wording of the engagement cycle made the results seem stark, and it was important to try and see them as a baseline measure and motivator to improve. What lay below the categorisation was key, which is why significant work has been put in with support from BPA to help managers in the participating areas with sharing the results. The Committee thanked Mr Power for his frankness, noting that it was essential the outcomes were taken forward in a proactive way.</p> <p>The Committee recalled the positive feeling reported from the NHS Grampian team who had visited a Magnet accredited hospital in Australia. The Committee acknowledged that as part of the process it was necessary to know the challenges on which to improve, however was there sufficient information known to not proceed to survey the rest of the organisation later in the year, instead proceed to taking action across the whole organisation.</p>	
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	<p>Ms Ewen stated that she had visited a magnet accredited hospital in Australia and it was inspiring. However changing culture takes 10 to 15 years and teams would require different levels of support, with the need to empower teams to support themselves. Mr Power responded that as one of the four essential components to successful cultural change at organisation level highlighted by BPA was a commitment from every manager, there was a strong argument for each team to have access to the same information so they felt included and a sense of shared ownership.</p> <p>The Committee was assured by the information provided.</p>	
	<p>Statutory Information, Reports and Returns</p>	
<p>35/22</p>	<p>Whistleblowing – Quarter 4 report</p> <p>Mrs Annand referred to the distributed Whistleblowing Concerns Quarter 4 report, which also gave a complete year of data, presenting the following to the Committee:</p> <ul style="list-style-type: none"> • Quarter 4 – 3 whistleblowing concerns were raised. The same amount as in Quarter 3. The highest number raised within any quarter was in Quarter 2 when 6 concerns were raised. Overall, in the first year since the Standards were launched, 14 concerns were raised. • All 14 concerns were raised at Stage 2. • 2 concerns were concluded during Quarter 4. These were concerns raised in Quarter 2, therefore the 3 concerns raised during Quarter 4 remain open. • Of the 14 concerns raised 8 have been concluded but only 2 within the prescribed 20 days for a Stage 2, due to the complexity of the cases being raised. • Of the 2 cases concluded during Quarter 4 – 1 was partly upheld and 1 not upheld. Overall, for the 8 concluded concerns 1 was upheld, 5 partly upheld and 2 not upheld. • As of 31 March 2022 6 concerns remain open and these were raised in Quarter 2 (1 concern); Quarter 3 (2 concerns) and Quarter 4 (3 concerns) • During Quarter 4 the action that has been taken as a result of concluded concerns from Quarter 2 was a management review into patient safety concerns was undertaken; a management review of team practices, behaviours and any resulting implications was undertaken; and an external agency, which has been commissioned as part of a wider piece of work by NHS Grampian, will support culture improvement within this area. <p>Mrs Annand informed the Committee that the key current actions after an April 2022 stocktake with Adam Coldwells Deputy Chief Executive, Bert Donald Whistleblowing Champion, Louise Ballantyne and Steve Stott Confidential Contacts and herself was:</p>	

<ul style="list-style-type: none"> • Development of a co-ordinator role • Development of Datix as an additional route for reporting • Process to consider the learning from each concern to determine if it should be adopted organisation wide; how to enact this and monitor implementation • Creation of the Annual Report • Whistleblowing Champion presentation at a forthcoming Culture Collaborative and walk arounds within Facilities and Estates <p>Mr Lindsay raised that the Report gave information about the internal process however the final stage of the process was the Independent National Whistleblowing Officer (INWO) for external review on the request of the Whistleblower. It was agreed that the information of how many proceeded to that stage would be provided in future Reports.</p> <p>Mr Donald briefed the Committee that from a recent Whistleblowing Champion meeting with the INWO, they had been informed that the INWO had received about 100 enquiries in the first year of the Standards. Of these, 18 had been referred for further enquiry and 3 had gone to investigation. The remainder were enquiries that were premature in relation to an approach being made to the INWO. Mr Donald referred to the stocktake which was important after one year of implementation of the Standards, to understand how effective implementation had been and what was yet to be put in place. A key factor was the insufficient number of people involved in the process, thereby putting pressure on the capacity of those individuals.</p> <p>Mr Donald raised whether the total number of whistleblowing concerns raised was what had been expected and whether it was an accurate reflection on the number of concerns which existed. In addition learning from concerns was very important however it was too early to establish trends between the concerns raised but how learning could be shared should be developed. The process would establish whether the learning remained within the team or should be rolled out within that portfolio/sector or the organisation. Equally important was how the learning was sustained and the mechanism used to monitor implementation. There were strong links with culture in which raising a whistleblowing concern should be the last resort. Mr Donald would be presenting at a future Culture Collaborative and visiting Facilities and Estates thereafter. At the Culture Collaborative he would be asking how to get engagement from staff at these visits.</p> <p>The Committee agreed that the additional narrative presented to interpret chart one in the report should be added to the Report prior to submission to the Board. The Committee was assured by the Report noting that there were insufficient concerns raised to determine trends and learning. It was acknowledged that Mr Donald’s contribution helped with obtaining the necessary assurance.</p>	<p>DA</p>
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36/22	<p>Scottish Government letter 26 April 2022 – NHS Scotland Staff Governance Standard monitoring Framework and iMatter staff experience 2020/21 and 2021/22</p> <p>Mr Power referred to the distributed letter from the Scottish Government which noted good practice from the 2020/21 return and areas for which an update is required in the 2021/22 return. The process for 2021/22 monitoring was awaited.</p> <p>The letter also asked to consider actions that have been identified from the iMatter report, with headline information provided in an appendix. The scores for each domain of the Staff Governance Standard was provided and for two NHS Grampian was below the national average. The EEI was fairly static whilst the action planning rate remained low.</p>	
37/22	<p>Workforce Plan update</p> <p>Mr Power updated that the 3 year integrated Workforce Plan was currently being devised, as an enabler plan to the Plan for the Future and Delivery Plan. This would be presented to the Committee on 6 July 2022.</p>	
38/22	<p>Staff Governance Committee Board report content</p> <p>Mrs Duncan outlined the content as a short briefing for each agenda item to demonstrate the work done and whether assurance was received by the Committee.</p>	
	<p>For Information</p>	
39/22	<p>a. BMA Joint Negotiating Committee Minutes – no further approved minutes</p> <p>b. Culture and Staff Experience Oversight Group minutes – 23 February 2022</p> <p>c. Occupational Health, Wellbeing and Safety Committee – 20 January 2022</p> <p>Noted by the Committee</p>	
40/22	<p>AOCB</p> <p>a) Statement of concern</p> <p>Mrs Atkinson stated that in reading all the papers for the Committee meeting there was a concern about how strong working relationships were up and down in the organisation. She had considered the demands of the last two years, however the concern existed before the covid-19 pandemic. Mrs Atkinson outlined that relationships in the Committee were strong enough to air this view and take action.</p>	

	<p>The HSE visit had raised a red flag with regard to the Portfolios and gaps in engagement on what is required. Compliance with Statutory and Mandatory training was complex but the position was unchanged over the last seven years. This was an example of staff being disenfranchised which was also evident in the BPA Culture survey results. There appeared to be fragile working relationships and queried whether this extended to between management and clinical staff.</p> <p>Mrs Atkinson referred to a comment made earlier in the meeting that an approach felt top down. She felt this for all the topics and that this was not the way to change culture. There appeared to be a reliance on good management practice however the approach required was that demonstrated within Facilities and Estates, where they talked to their staff. This was not evident instead resource was used up with devising another action plan. She queried whether this was the right approach, highlighting the positive feedback when the Chief Executive commenced her videos was the ability for staff to see her face.</p> <p>Mrs Atkinson was not sure if any elements outlined were concerns shared by others, however there was the need to take stock as there were many good practices but we needed to treat them like people by people.</p> <p>Mrs Duncan responded that there was no time in the meeting to discuss this however it would be raised for consideration at a future Board session.</p>	<p>JD</p>
<p>41/22</p>	<p>Date of next Meeting</p> <p>Wednesday 6 July 2022 at Noon (for 30 minutes) for the Workforce Plan</p> <p>Wednesday 10 August 2022 2pm to 4pm via Teams</p>	