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NHS GRAMPIAN
Minute of the Special COVID-19 Staff Governance Committee
held on Thursday 13 August 2020 at 10am
via Microsoft Teams

Present:

- Mr Jonathan Passmore, Non-Executive Board Member (Chair)
- Mrs Rhona Atkinson, Non-Executive Board Member
- Ms Rachel Little, Employee Director
- Professor Lynda Lynch, Chair
- Mr Bert Donald, Whistleblowing Champion
- Mr Sandy Riddell, Non-Executive Board Member

In Attendance:

- Mrs Susan Coull, Head of HR
- Mr Steven Lyndsay, Full Time Partnership Representative
- Mr Adam Coldwells, Interim Director of Strategy and Deputy Chief Executive
- Dr Richard Coleman, Associate Medical Director, Education, Training and Workforce
- Dr Caroline Hiscox, Executive Nurse Director
- Ms Carolyn Venters, Health and Safety Partnership Representative
- Mrs Anne Inglis, Head of Organisational Development
- Ms Gerry Lawrie, Head of Workforce Planning and Development
- Professor Mohamed S. Abdel-Fattah, Aberdeen University representative
- Mr Tom Power, Director of People and Culture
- Mr Paul Allen, Director of Facilities and eHealth (for item 32/20)
- Ms June Brown, Deputy Nurse Director (for item 33/20)

Minute Taker: Mrs Diane Annand, Interim HR Manager Staff Governance

Item	Subject	Action
28/20	Apologies Apologies were received from Ms Liz Hancock, RGU representative, Professor Amanda Croft, Chief Executive and Mrs Cheryl Rodriguez, Head of Occupational Health and Safety.	
29/20	Minute of the last meeting – 11 June 2020 The Minute was approved as an accurate record.	
30/20	Action Log – 11 June 2020 Noted by the Committee. The Committee raised a question to be taken under agenda item 34/20, with regard to action being taken to ensure the dissemination of information reached all staff, especially those requiring support.	
31/20	Committee arrangements a. Revised constitution for approval	

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	<ul style="list-style-type: none">• Two national groups to support dealing with key supplies, working closely with the health boards Re-mobilisation plans.• Daily Brief used to provide assurance to staff on the adequate supply of PPE.• The challenges of maintaining a current supply of small face fit masks, with a long term solution from February 2021.• The staffing requirements within the PPE store and the establishment of a PPE Clinical lead, to review appropriate use across the region.• Creation of a face fit hub. <p>The Committee thanked Mr Allen for his helpful and comprehensive update.</p> <p>In response to a question, Mr Allen outlined that mentimeter tool could be used to obtain feedback from staff.</p> <p>The Committee raised whether other supply chains outwith PPE had been reviewed to ensure they were as robust as possible. Mr Allen noted that this had not taken place to date but consideration of how Covid-19 may affect how businesses will work in the future will be discussed nationally and locally.</p> <p>In response to a question, Mr Allen confirmed that there had been investment in a number of air hoods to ensure staff safety when it was not possible to achieve a face fit for a mask.</p>	
33/20	Staff Testing <p>Ms Brown presented the circulated paper highlighting the following to the Committee:</p> <ul style="list-style-type: none">• The requirement on a weekly basis to test asymptomatic staff working in specialist cancer units, in long term care of the elderly and in long stay mental health wards, following the Chief Nursing Officer notification to Boards on 29 June 2020.• A short life working group had been set up to agree the current procedures needed to commence the testing and to develop an efficient and agile process using the TRAK system. All information governance considerations were almost concluded, with launch of the new process expected soon. <p>In response to a question, Ms Brown confirmed that the testing process was based on the employee providing consent, therefore if this was not provided the test did not take place. Ms Brown assured the Committee that the process of covering absences resulting from a positive test result would be further developed.</p> <p>Ms Brown clarified that employees participating in the asymptomatic testing remained employees, and were not patients, as it was part of a screening surveillance programme.</p>	

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	<p>In response to a question, Ms Brown outlined that the ARI Healthpoint would continue as a location for asymptomatic staff testing as it was utilised by staff who did not have the skills to participate in partnered or self-swabbing. It was hoped that, in the future, staff testing may be able to take place in the employee's work location. The Committee commented that staff should be provided with a number of testing location options, with the ability to choose the one they are most comfortable with, so as not to discourage testing.</p> <p>The Committee noted the progress made.</p>	
34/20	<p>Recovery Cell – resetting and rebuilding update</p> <p>Mr Coldwells presented the circulated paper highlighting the following to the Committee:</p> <ul style="list-style-type: none">• Examples of the involvement of staff in the development of organisational objectives and the Remobilisation Plan, where there had been 2,500 comments or edits when the Plan was hosted within Microsoft Teams.• The Learning Health System Group had used a variety of methods to engage with staff.• The Daily Brief had been progressive in seeking involvement and participation of staff in asking daily questions to get a sense of the 'feeling' in the organisation.• There had been a refresh of the membership of the Focus Groups held during Covid-19.• National 'pulse survey' was imminent, replacing iMatter this year. This would be followed by a NHS Grampian survey as part of the development of the culture work. <p>In response to a question posed under the Action Log section of the meeting, Mr Coldwells outlined that there was a dependence on the role of the manager to encourage employee uptake of the extensive opportunities to access support, however there was always a risk that an individual may not access the necessary support. The Committee noted that managers would need to be constantly mindful of this, as the psychological impact on staff had been highlighted as one of the final impacts of Covid-19.</p> <p>The Committee noted their support in devising an addendum to the Homeworking Policy, to address a gap identified locally. The Committee was informed that other NHS Scotland Health Boards were also progressing local solutions but it had been raised for a national discussion. The continuation of the NHS Grampian work was advocated in order to provide support to staff.</p>	
35/20	<p>Implementation of the national Whistleblowing Standards and governance arrangements</p> <p>Mr Coldwells presented the circulated paper highlighting the following to the Committee:</p>	

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	<ul style="list-style-type: none"> • Mr Bert Donald had been appointed as the NHS Grampian Whistleblowing Champion in February 2020. • The revised implementation date for the national Whistleblowing Standards was not agreed but there had been active discussion influenced by the HR Directors group. • Mr Coldwells was the executive lead for NHS Grampian and a NHS Grampian group had been established to implement the Standards. • Although the Workforce Directorate’s Operational HR Team were not leading implementation they retained a critical role. • A NHS Grampian Framework had been developed, addressing issues of assurance, support and learning. • The governance and reporting arrangements, with layers of reporting including senior management, Staff Governance Committee and the Board. In addition there was an annual report and sharing the learning. <p>Mr Donald emphasised from the Framework the focus of creating a positive culture to minimise the need for whistleblowing. Mr Donald explained that as Whistleblowing Champion he was meeting with relevant individuals and wished to progress this to make linkages with the IJBs.</p> <p>Mrs Annand highlighted the approach being taken recognised at the outset that a system wide approach was needed and implementation was more than issuing a policy and eLearning and providing a means to record cases. In addition the extent of the implementation had been evident from the meetings held to date.</p> <p>The Committee noted the approach being taken to create the appropriate environment for concerns to be raised and valued.</p> <p>The Committee discussed implementation of the Standards within the IJBs and the need to begin conversations of the benefits of implementation across the system.</p> <p>The Committee noted the narrow data set of reporting only Whistleblowing cases. It was agreed that to outline the complete picture other routes of raising concerns should also be reported. It was important that there was the opportunity for the Chief Executive Team to triangulate the data across the system, frame solutions with the System Leadership Team and provide an accompanying narrative regarding organisational culture.</p>	
<p>36/20</p>	<p>AOCB - none</p>	
<p>37/20</p>	<p>Date of next Meeting</p> <p>12 noon on Friday 11 December 2020 by Microsoft Teams or if in person, Conference Room, Summerfield House.</p>	