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Board Meeting  
02.06.2022  
Open Session  
Item 14.3

**NHS GRAMPPIAN**  
**Minute of the Staff Governance Committee**  
**held on Tuesday 27 January 2022 at 10.30am**  
**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 Steven Lindsay, Full Time Partnership Representative  
Ms Jenny Gibb, Deputy for Dr June Brown  
Mr Philip Shipman, Acting Head of People and Change  
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety  
Mr Jamie Donaldson, Health and Safety Partnership Representative  
Professor Lynn Kilbride, RGU representative  
Ms Emma Hepburn, We Care Programme Lead (for item 33/21)  
Mrs Louise Ballantyne, Head of Engagement (for item 35/22)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1/22</b>	<b>Apologies</b> Apologies were received from Professor Caroline Hiscox, Chief Executive; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; Ms Gerry Lawrie, Head of Workforce and Development; Mrs Anne Inglis, Head of Organisational Development; and Dr June Brown, Executive Nurse Director.	
	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.	
<b>2/22</b>	<b>Minute of the last meeting – 30 November 2021</b> The Minute was approved as an accurate record. The Committee highlighted three points from the previous meeting:	

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	<ul style="list-style-type: none"> <li>• Governance and performance approach during Operation Iris – the Committee acknowledged their focus was on the Operation Iris commitments however a mechanism for the Committee to be informed of other matters was requested, as part of returning to normal business.</li> <li>• Culture Collaborative – there was insufficient awareness of the work of the Culture Collaborative therefore information on the scope of the work should be more widely shared.</li> <li>• Whistleblowing quarterly report – an update was requested on when learning from whistleblowing concerns would be widened</li> </ul> <p>The above points will be included in the Action Log for discussion at the agenda setting meeting.</p> <p>Ms Kilbride asked if there were student representatives on the BPA Culture Group. Dr Hepburn agreed to liaise with Laura Kluzniak and Gillian Poskitt to obtain an answer for Ms Kilbride.</p>	<p><b>JD/TP/RL/ DA</b></p> <p><b>EH</b></p>
<p><b>3/22</b></p>	<p><b>Matters Arising</b></p> <p><b>a) Action Log</b></p> <p>The Committee noted the update provided on the statutory and mandatory training action plan.</p>	
<p><b>4/22</b></p>	<p><b>Keeping staff safe and helping maximise wellbeing</b></p> <p>Dr Hepburn presented to the Committee the following:</p> <ul style="list-style-type: none"> <li>• We Care flash report, highlighting that the Pulse Survey #3 had a 28% reduction in responses compared to Pulse Survey #2. The results had started to be disseminated.</li> <li>• In a question on awareness about We Care 54% were aware; 36% were aware but did not know what We Care did; and 10% were not aware. Work to increase engagement with staff was ongoing with sessions being run to introduce We Care and Wellbeing Consultations. To date 16 introduction sessions had been delivered covering 364 staff.</li> <li>• A positive outcome had been received from a PwC audit on support for and monitoring of Staff Wellbeing during the pandemic.</li> <li>• There are a number of We Care Cells, one of which was on the menopause which was set up in response to staff feedback.</li> <li>• Theming from staff engagement is undertaken monthly into a summary overview and published as part of the Flash Report.</li> </ul> <p>Mrs Rodriguez presented the following to the Committee:</p> <p>OHS</p>	

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	<ul style="list-style-type: none"> <li>• Charities Together Funding received for Occupational Therapy support for staff with Long Covid from 2022. Referral pathways were being developed.</li> <li>• Wellbeing Hub received 961 referrals in 2021, who received tailored, individualised care according to their needs.</li> <li>• Pre-placement Screening time (part of on-boarding) averages &lt;10 business days.</li> <li>• Management Referral Hub now prioritising referrals. Clients are called for an initial assessment or appointment within two weeks of receiving the referral. From feedback, accessibility to the service had deemed to have improved in comparison to the pre-pandemic model.</li> </ul> <p>H&amp;S</p> <ul style="list-style-type: none"> <li>• HSE planned intervention rescheduled for 14/15 March 2022 in recognition of the pressure on staff with requested documents returned within the agreed timescales.</li> <li>• Training teams continue to provide MH and V&amp;A training for new and existing staff, with extra training in high risk areas.</li> <li>• Fit2Fit Fit Test Providers Accreditation Scheme for the quantitative fit test method achieved for internal fit testers.</li> </ul> <p>The Committee was assured that there was significant effort to achieve staff wellbeing, however in future would wish information from staff on the impact of the initiatives.</p> <p>Mr Power outlined to the Committee the key aspects of the PwC audit. It covered the strength of the arrangements to support staff during the pandemic; the extent policies were adapted; how the action taken was perceived; and treatment of staff with moral injury, including a discussion with Ethics Committee members. The report recognised all the necessary building blocks were in place and it was important now to evidence the impact. The Committee noted that the audit report would be taken forward by the audit committee. Mr Power stated that the changes to pre-placement screening had allowed for the increased number of new recruits to be accommodated without a reduction in other aspects of service.</p> <p>The Committee gave an example of the requested qualitative information to illustrate the impact of the initiatives. From the referrals to the Wellbeing Hub what were the themes, patterns, trends and what actions has been taken from that learning. Mrs Rodriguez committed to provide for the next meeting. Dr Hepburn committed to provide staff stories from the feedback provided.</p>	<p><b>CR EH</b></p>
<p><b>5/22</b></p>	<p><b>Resourcing the Organisation</b></p> <p>Mr Shipman presented to the Committee the following:</p>	

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- Temporary Staff Deployment model with an agreed escalation route based on decision making informed by the risk Workplace Prioritisation Assessment Tool.
- When a resource is being sought the first step is the in-portfolio deployment of staff, followed by being raised at the Daily System Connect meeting to equalise staffing across the system.
- If deployment has not been achieved a formal request can be submitted to the Deployment Group for matching predominately from Corporate Services. Examples were given where requests had been matched, and of one refusal as the resource requirement was non-covid.
- If a decision is required on prioritisation, a deployment request may be referred to the Workforce Cell or Chief Executive Team.

Mr Shipman informed the Committee that in 2019 the time to hire in NHS Grampian had been in excess of 130 days against a national key performance indicator of 116 days. A short life working group had reviewed capacity constraints in the recruitment pipeline reducing the time to hire from 114 to 90 days. Scottish Government monies had been distributed to various points in the pipeline to assist in reducing the period of time, accompanied with an enormous amount of work undertaken.

Mr Shipman highlighted the assurance obtained from the risk assessed approach to deploying staff, and of the work undertaken to reduce the time to hire performance.

The Committee commended the reduction in the time to hire, asking if it could be maintained. Mr Shipman explained that the learning during the pandemic was it was resource intensive to reduce the time to hire therefore an investment was required to avoid a reversal. A cost pressure bid for 22/23 had been submitted for this purpose. Mr Power added that there were also productivity gains from the work to date in releasing time from clinical staff, and consideration was being given to how bulk recruitment could help to further improve this and the candidate experience.

Mr Shipman confirmed for the Committee that within the escalation process for the deployment of staff due consideration was given to skills and knowledge required and of those being deployed.

The Committee was assured by the processes in place.

Mrs Ballantyne presented to the Committee the following on volunteers:

- From October 2021 NHS Grampian has begun to use volunteers in a different way, with a test of change undertaken in Aberdeen Royal Infirmary, which had worked well.
- Two volunteer roles had been developed - Ward Support and Emergency Department Support. Nine individuals had been recruited, possible through the additional role of a Volunteer Co-ordinator.

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	<ul style="list-style-type: none"> <li>• 600 people in Grampian had volunteered through the Red Cross. These were being considered to ensure the value of volunteers was maximised.</li> </ul> <p>The Committee commented on the complimentary support volunteers could give on a ward. Mrs Ballantyne confirmed that the different use of volunteers was the long term vision, with areas able to seek volunteer support through completion of a template. A matching exercise will take part thereafter with volunteers. Currently there were linkages with the work ongoing in third sector and partnerships.</p>	
<p><b>6/22</b></p>	<p><b>Supportive people management, leadership and culture</b></p> <p>Mr Power presented the following to the Committee, with reference to the four pillars for culture and staff experience work agreed by the Oversight Group:</p> <ul style="list-style-type: none"> <li>• Surveys and measurement – the BPA Culture Survey going live 14 February 2022, covering over 9000 staff in 300 teams across Nursing and Midwifery and Estates and Facilities. From a risk assessment it was deemed a higher risk to successful delivery to further delay survey for six months. iMatter 2022 has been confirmed for early June with the 2021 outcomes to be published in the National Staff Experience Report on 7 February 2022. The next steps were: <ul style="list-style-type: none"> <li>• Publicise BPA Survey, highlighting importance of asking these questions when things are challenging</li> <li>• Plan support to teams with challenging results (funds available for external support to mitigate risk).</li> </ul> </li> <li>• Rewards and Recognition – the Orange Awards that emerged from Nursing were a bright light in the pandemic, engaging a range of staff groups. These are now incorporated into the multi-professional Star scheme. The 5,000 entries to the Christmas raffle for 40 Gleneagles “thank you” vouchers, and allocations, came from across all staff groups.</li> <li>• Leadership and Management – following review by the SLT of workforce “signals of distress” in September 2021, and recognition of the key role of line managers, “3 we need things from all People Managers” posters were distributed across the system. During February 2022 adding to Culture Survey boxes for teams. Kings Fund System Leadership training postponed due to omicron planning being re-arranged. The next steps were: <ul style="list-style-type: none"> <li>• Continue to promote Corporate Induction for Line Managers and Online Managers Development programme</li> <li>• Resume leadership and management pathway refresh when possible.</li> <li>• Progress Executive and Senior Manger appraisal and re-launch for Agenda for Change staff.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Culture Collaborative – there was a good conversation about psychological safety in December 2021, where it was highlighted that anonymous feedback can continue to be raised with the We Care team. The Collaborative was currently establishing its focus, and ways of working. At the February and March 2022 sessions a blueprint for our future culture will be developed using initial thoughts on how we can help others and each other to be Caring, Listening and Improving. The next steps were:             <ul style="list-style-type: none"> <li>• Workshops end February and March to shape Culture blueprint.</li> <li>• April review of Culture Matters data/analysis by BPA.</li> </ul> </li> <li>• Operation Iris Engagement and Communications Action Plan – Susan Webb, Director of Public Health was Executive Lead. There was a section with the aim to enhance the Grampian health system as the place to work. The open letter regarding potential deployment was an example of an action to support this, along with the workstreams of culture and staff experience and the Smarter Working programme. The next steps were:             <ul style="list-style-type: none"> <li>• Progress development of Workplace Strategy to inform return to workplace/hybrid working.</li> <li>• Engagement with Grampian Equalities Network and GAPF re: People &amp; Culture in Plan for the Future</li> </ul> </li> </ul> <p>The Committee raised the decision making as to who participated in leadership and management development. Mr Power responded that it depended on the development opportunity, confirming that recording the need within a personal development plan (PDP) in discussion with line manager was the first step.</p> <ul style="list-style-type: none"> <li>• Entry level development via the online programme and national resources hosted by NES on Turas was open to all</li> <li>• For national programmes, which tend to be targeted at middle and senior managers, there were selection processes given the limits on places.</li> <li>• System leadership training commissioned from the Kings Fund was targeted at specific levels in the organisation with a wide span of responsibility, normally direct reports to a Director.</li> </ul> <p>Work was ongoing to refresh the leadership and management pathway which would be weaved into 2022/23 planning.</p>	
<p><b>7/21</b></p>	<p><b>Workforce Cell including terms of reference</b></p> <p>Mr Power briefed on the formation of the Workforce Cell which had the following objectives:</p> <ul style="list-style-type: none"> <li>• Provide information and insights in to staffing resilience levels based on real time data capture, generating predictive analysis from this.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Facilitate decisions about the deployment of scarce staffing resource using workforce prioritisation methodology and professional judgement.</li> <li>• Monitor the wellbeing needs of staff, focussing on ensuring that basic welfare needs around access to food, hydration and access to support are met.</li> </ul> <p>The Cell was chaired by Mr Power with a number of sub-groups formed to take forward enabling actions, chaired by members of the Chief Executive Team. The Sub-groups are:</p> <ul style="list-style-type: none"> <li>• Data and Information Group – to identify and progress the steps required to develop real time data and analysis on staffing resilience levels in protected and critical areas, chaired by Nick Fluck. This group was a bridge to the Health Intelligence Cell.</li> <li>• Deployment Group – to require completion of the Workforce Prioritisation Assessment Tool and consistent use of professional judgement in addressing escalated/identified workforce gaps and cross system deployment decisions, chaired by June Brown.</li> <li>• Staff Welfare Group – to monitor and report on the wellbeing needs of the workforce, steps being taken to meet these, and access to support, chaired by Alan Gray. Examples of work was the accessibility to menstrual products and hot food out of hours.</li> </ul> <p>There had not been the anticipated surge of Omicron cases but the Workforce Cell would continue to meet weekly until the end of Operation Iris, providing an update to the Chief Executive Team.</p>	
	<p><b>Statutory Information, Reports and Returns</b></p>	
<p><b>8/22</b></p>	<p><b>Whistleblowing in NHS Grampian – 2021/22 Quarter three report</b></p> <p>Mrs Ballantyne presented the 2021/22 Quarter three report to the Committee for approval, highlighting the following.</p> <p>Whistleblowing concerns received 1 April to 31 December 2021 (since the Standards were launched):</p> <ul style="list-style-type: none"> <li>• Quarter one – two whistleblowing concerns were raised through the new online whistleblowing form. Both also closed in Quarter 1 and themes and outcomes reported in the Quarter 1 report.</li> <li>• Quarter two – six whistleblowing concerns were raised, three through online form, two by email and one by phone directly to a Confidential Contact. Only two of these concerns had concluded and were reported on in the Quarter 2 report.</li> <li>• Quarter three, three concerns were raised and one of these concerns was closed. In addition a concern raised in quarter two was concluded. Both were handled as stage 2, took more than 20 days (average = 48 days) and were partly or fully upheld.</li> </ul>	

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	<ul style="list-style-type: none"><li>• In summary, so far over the first three quarters of 2021/2022, eleven whistleblowing concerns have been received, six have concluded and five are still open.</li></ul> <p>High level summary of learning opportunities and action taken in Quarter three:</p> <ul style="list-style-type: none"><li>• A management review of how medications are ordered, stocked and administered.</li><li>• A management review of steps in place to reduce falls.</li><li>• A management review of staffing levels and mitigations in place.</li><li>• A management review was undertaken of an audit that took place.</li><li>• A management review was undertaken of team practices and behaviours and any resulting implications.</li><li>• A Professional Practitioner has been allocated to work with a team.</li></ul> <p>The Committee found the detail helpful and the overview of actions taken reassuring, however the focus for the Committee remained the learning from concerns raised.</p> <p>The Committee commended the good work and effort which should be built upon but requested that the presentation of the statistics in the tables be reviewed to make it clearer to read. In addition the context provided in the report could be in an addendum.</p> <p>The Committee highlighted the need to ensure the learning from the concerns is applied across the organisation where applicable.</p> <p>Mrs Ballantyne acknowledged the feedback which provided clarity on the focus of the Committee. Mr Power suggested reviewing the presentation of the complaints data at the Clinical Risk meeting as an alternative format.</p> <p>Mr Power raised additional learning could be obtained from examining why the issue had not been resolved before raising the concern at this stage.</p> <p>Mrs Ballantyne clarified that no national templates had been provided for either the quarterly or full year reports.</p> <p>Mr Donald outlined that most of the comments made by the Committee had been discussed with action in hand, committing that the format would be reviewed. Mr Donald, in response to the point raised by Mr Power, stated that early intervention can prevent a matter escalating, which had linkages to the culture agenda. There had been discussion on the distribution of the learning, as to whether it was for the specific area or organisation wide.</p> <p>Mr Donald stated that as the Standards would have been in place for one year on 1 April 2022, it was an appropriate time to review the extent of the implementation, identifying any changes. Continuous communication was essential with the offer of reassurance to staff that concerns can be raised without detriment and with confidentiality maintained.</p>	<p>LB/DA</p>
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<b>9/22</b>	<b>Staff Governance Committee Board report content</b> Mrs Duncan outlined the content as a short briefing for each agenda item to demonstrate the work done and the assurance received by the Committee and Quarter 3 Whistleblowing Standards Report approved by the Committee as the governance route for reporting to the Board.	
	<b>For Information</b>	
<b>10/22</b>	<b>a. BMA Joint Negotiating Committee Minutes – 29 October 2021</b> <b>b. Culture and Staff Experience Oversight Group minutes – 26 October 2021</b> <b>c. Occupational Health, Wellbeing and Safety Committee – 18 November 2021</b> The Committee highlighted a new initiative in Psychiatry, which would enable five doctors to complete their training to become Consultants over the next two years. This was an example of on the ground transformation of a team creating a solution with the need to harness the power of where change can come from.	
<b>11/22</b>	<b>AOCB</b> <b>a) Constitution</b> Dr Tomlinson highlighted that the Chair was a member of the Committee as detailed in the Constitution. He planned to discuss with Mrs Duncan how to support the Committee in this interim period. Dr Tomlinson asked the Committee to consider how it advised the Board on workforce recruitment; health debt and deployment, with a future focus. Mr Power responded that there was a balance between the deployment of staff to meet demand and the impact on an individual's wellbeing and whether the organisation was sufficiently recovered to proceed with redesign.	
<b>12/22</b>	<b>Date of next Meeting</b> 2pm on Thursday 12 April 2022 by Microsoft Teams.	