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**NHS GRAMPIAN**  
**Minute of the Staff Governance Committee**  
**held on Tuesday 12 April 2022 at 2pm**  
**via Microsoft Teams**

Board Meeting 02.06.2022 Open Session Item 14.3
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**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

**In Attendance:**

Mr Tom Power, Director of People and Culture  
Mr Philip Shipman, Acting Head of People and Change  
Ms Gerry Lawrie, Head of Workforce and Development  
Dr June Brown, Executive Nurse Director  
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety (for item 16/22 only)  
Professor Lynn Kilbride, RGU representative  
Ms Fiona Soutar, OD Manager  
Ms Linda McKerron, Service Manager (for item 20/21)  
Mrs Louise Ballantyne, Head of Engagement (for item 17/22)  
Ms Laura Kluzniak, Staff Health & Wellbeing (We Care) & Culture Matters Programme Manager (for item 16/22)  
Ms Ashley Waterston, Assistant HR Manager (Observer)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
13/22	<b>Apologies</b> Apologies were received from Dr John Tomlinson, Interim Chair; Professor Caroline Hiscox, Chief Executive; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; Mr Steven Lindsay, Full Time Partnership Representative 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.	
14/22	<b>Minute of the last meeting – 27 January 2022</b> The Minute was approved as an accurate record.	
15/22	<b>Matters Arising</b> <b>a) Action Log</b>	

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	<p>The Committee requested that Action SGC3 was updated and the year in Action SGC19 be changed from 2021 to 2022.</p> <p>Mr Power suggested that to provide clarity the word “monitoring” should only be used when referring to the Scottish Government exercise whilst internal processes should be described as Staff Governance Standard Assurance.</p>	
16/22	<p><b>Keeping staff safe and helping maximise wellbeing</b></p> <p>Mr Power outlined that staff health and wellbeing has continued to be a priority and that a Staff Welfare Group was established as a supporting group to the Workforce Cell during Operation Iris. This has involved the leads for OHS and We Care as well as others in the system with involvement in some of the services supporting hygiene factors, such as access to hot food out of hours, and to female sanitary products.</p> <p>Given the combination of events such as the significant demands on the system, including covid related staff absences, which have not fallen back to 2021 levels since the December peak, the concerns from staff views gathered through formal mechanisms, and a local member survey conducted by one of the trade unions are acknowledged. The distributed paper highlighted the work done through Operation Iris, however it should be noted that the organisation is not in full control of all the drivers that can affect staff wellbeing.</p> <p>Mrs Rodriquez highlighted the following from an OHS perspective:</p> <ul style="list-style-type: none"><li>• Innovations to meet the needs of the system and the capacity within the team to maximise the services available to staff seeking support with their wellbeing.</li><li>• Creation of a management referral hub and wellbeing hub. The latter through connecting with local counselling educational institutes has allowed the service to grow and mentor student counsellors on placement thus increasing the number offering appointments.</li><li>• Specialist support for long covid.</li><li>• To retaining SEQOSH accreditation, a kite mark of excellence for providers of OH services, feedback must be sought from clients and managers, to give assurance that quality processes are in place that underpin the service. Examples of qualitative feedback were provided.</li><li>• Challenges of recruiting speciality OH staff, competing in a market with private providers.</li><li>• An intention to focus on team recovery.</li><li>• Work with national colleagues on the future provision of high quality OH services in the current recruitment climate.</li></ul> <p>The Committee asked for reassurance that there would be resources (financial and staffing) to provide a sustainable OHS service in the future. Mr Power responded that the resourcing of Corporate services is a topic for discussion within year one of the first three year delivery plan of the Plan for the Future. Staff health and wellbeing is an area of focus in the People and</p>	

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<p>Culture section of the Plan for the Future, with financial planning taking place in tandem needing to recognise this.</p> <p>The Committee was reassured from the information provided, including from the staff that the OHS and We Care services are appreciated. The Committee highlighted the need to ensure managers were trained to be supportive and asked if there were patterns of behaviours that may indicate different cultures across the organisation. Mrs Rodriguez responded that the qualitative feedback provided was representative of recurring themes but could not highlight particular areas of the organisation. She added that wellbeing was a two way street, with the need to understand why some employees were passive and did not engage with the range of support available. Mrs Rodriguez gave examples of where specific actions were planned following the feedback, namely to assist with making the purpose of the visit and expectations clearer.</p> <p>The Committee raised the potential different levels of support for staff between the NHS and Local Authorities. Mrs Rodriguez acknowledged that this may be the case but that it may evolve to be the same over time. The Committee noted that this could be raised at the Integrated Joint Boards.</p> <p>Ms Kluzniak highlighted the following from the We Care perspective:</p> <ul style="list-style-type: none"><li>• A range of initiatives were in place, for example, peer support for ED staff; Horseback UK pilot to support recovery of Nursing staff; and Menopause group.</li><li>• Successful bid for £352,000 from Charities Together to increase staff support in NHS Grampian in the following areas: values based reflective practise, mindfulness, coaching, TRiM and long covid OHS and Occupational Therapy support.</li><li>• Linking into workstreams such as Smarter Working and Healthy Working Lives to support each other.</li><li>• Communication actions on improving the internet site and the We Care Wellbeing Wednesday slot in the Staff Brief.</li><li>• Engage with staff and build the programme of work around evidenced needs and participation, through a number of mechanisms including social media, anonymous feedback form and engagement and feedback sessions.</li><li>• In response to staff either not being aware of the We Care Programme of work, or were aware but did not know what We Care did, information sessions, information packs and Acute sector visits have been taken forward.</li><li>• Next steps were with regard to better measuring staff wellbeing, with future initiatives needs based.</li></ul> <p>The Committee enquired about the progress of the working group who will progress work to recommend and implement practical steps that help to ensure staff are regularly taking breaks during the working day. Mr Power responded that although some practices had been introduced like adopting a meeting free hour at lunchtime there was more work to the done to</p>	
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	<p>overcome identified barriers to taking breaks. Ms Little was taking forward a group with membership from GAPF and the Area Clinical Forum.</p> <p>The Committee raised the number of surveys staff were being asked to complete. Mr Power outlined that there had been a commitment to undertake four We Care pulse surveys through the year focussing on staff wellbeing, however after it had been identified last summer that there was potentially going to be three surveys in a short space of time (pulse, BPA culture survey and iMatter), GAPF had not agreed to pausing the pulse survey. The rationale was that the 4 pulse surveys over a one year period gave a different type of metric to a survey undertaken only once a year. The Health and Wellbeing Expert Group has expressed the view that running a fourth Pulse Survey in May 2022 would be of low value given the recent Culture Survey and 2022 iMatter Survey being due in June. As this is a similar position to last autumn, GAPF will be asked in April to endorse pausing the fourth pulse survey.</p> <p>The Committee gave thanks for a comprehensive report from which it was assured.</p>	
<b>17/22</b>	<p><b>Resourcing the Organisation</b></p> <p>Mr Shipman referred to the distributed paper and highlighted the following to the Committee that during Operation Iris:</p> <ul style="list-style-type: none"><li>• A cross-system short life working group was commissioned by the Chief Executive Team to co-ordinate rapid recruitment through the various recruitment pipelines. Learning from the earlier covid-19 wave responses was to minimise the number of pipelines.</li><li>• Each pipeline is supported by a series of support functions and the funding provided to support rapid recruitment and onboarding was shared across the support functions.</li><li>• A total of 1,176 substantive staff and a further 693 bank workers were recruited.</li><li>• The average time to hire was 92 days. This illustrated good progress against a pre-pandemic average time to hire of 130 days and the Scottish Government target time to hire of 116 days.</li></ul> <p>It had been proposed that a permanent Resourcing Oversight Group be established with a remit to include an overview of the time to hire to provide a quantitative measure and to ensure the average days continue to reduce.</p> <p>Mr Shipman informed that the Scottish Government focus was on international recruitment.</p> <p>The Committee raised whether the recruitment pool was sufficient for a sustainable future supply of workforce. Ms Lawrie summarised that there was an increase in the future supply of Doctors and alternative supplies such as surgical practitioners and anaesthetic associates. Dr Brown explained that one of the Higher Education Institutes had received an increase in the number of nursing places and there was work on widening</p>	

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<p>access to Healthcare Support Worker roles and diversifying the workforce to establish the roles required to deliver pathways of care.</p> <p>The Committee was reassured by the work undertaken and commended the reduction in the average time to hire.</p> <p>The Committee raised the learning from previous deployment experiences to refine the process including the person centred and compassionate approach. Ms Lawrie explained that over the pandemic three Deployment Cells had operated, with each model developed using the learning from the previous one. The most recent model used a person centred approach to matching individuals to roles, following a comparative risk assessment of staff remaining in one service compared with being deployed to another.</p> <p>Professor Kilbride in her role as Chair of the Council of the Deans of Health informed that there was a desire for student targets for more than one year and the roles required from the National Care Service Review should be discussed regionally along with other education providers such as NESCOL. However there were also challenges in the recruitment of academic staff.</p> <p>Mr Shipman informed that a North of Scotland regional approach had been taken for international recruitment, bringing resources together.</p> <p>The Committee was assured from the information provided.</p> <p>Mrs Ballantyne referred to the distributed paper and highlighted the following to the Committee of the :</p> <ul style="list-style-type: none"><li>• Approaches taken before, during and in Operation Iris to volunteering.</li><li>• Standardisation of approach with a return of volunteers with the addition of more comprehensive risk assessment to keep the volunteer safe and provide the appropriate support.</li><li>• Feedback provided from volunteers, staff and patients.</li><li>• Benefit to the patient experience.</li><li>• Need to work with departments to ensure that the introduction of a volunteers runs smoothly.</li><li>• Need to build on a sustainable long term goal.</li><li>• Importance of a dedicated Volunteer Co-ordinator role to support for both volunteers and staff to ensure good wellbeing in both groups and support positive and successful, long term benefits and relationships.</li><li>• Volume of work undertaken over the last two years.</li></ul> <p>The Committee raised that some long serving volunteers had taken the opportunity not to return after the mandatory covid break however the ability to exit should be given. Mrs Ballantyne responded that an exit strategy opportunity had been given to individuals.</p> <p>Mrs Ballantyne informed that the first coffee mornings had been held for Emergency Department volunteers to feedback their experiences, allow any issues to be resolved and good practice shared.</p> <p>The Committee was very reassured by the processes in place including those for safeguarding and how the volunteers were being valued. The</p>	
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	<p>continued linking in with the third sector and two way signposting was highlighted as good practice.</p> <p><i>Ms Kluzniak left the meeting</i></p>	
<p><b>18/22</b></p>	<p><b>Supportive people management, leadership and culture</b></p> <p>Mr Power referred to the distributed paper and highlighted the following to the Committee that during Operation Iris there was:</p> <ul style="list-style-type: none"> <li>• Continued focus on supportive people management and leadership as a priority to contribute to the creation of a culture in which staff will thrive.</li> <li>• A range of activities progressed in an attempt to mitigate the impacts of the very significant winter pressures felt by staff, and provide a sense of hope for the future.</li> <li>• An active involvement of the Chief Executive Team in the system connect meetings, including active attendance of the Portfolio lead and Executive Director On Call at weekends.</li> <li>• Visibility of the Chief Executive Team with the Chief Executive undertaking a regular Q&amp;A/'in discussion with' videos and walk rounds but also to encourage other leaders to be visible.</li> <li>• Good take up of the Online Managers Development programme.</li> <li>• Resumption of the leadership training programme.</li> <li>• Good participation rate in the BPA Culture Survey which will provide invaluable data going forward.</li> <li>• Resumption of the Culture Collaborative in February and March 2022 as an illustration of the significance attached to the culture development work. Due to a reduction in attendance a survey was used to seek views as to why, from which there will be plans developed to encourage broader attendance.</li> </ul> <p>The Committee stated that it was important to support managers to enable them to support their staff.</p>	
<p><b>19/22</b></p>	<p><b>Assurance from Staff Governance Standard monitoring</b></p> <p>Ms Little referred to the distributed paper, highlighting the template at Appendix 1 and sought a view from the Committee if when fully completed did it provide the necessary assurance from Sector/Portfolio presentations. The feedback on the template was as follows:</p> <ul style="list-style-type: none"> <li>• It was necessary to strike a balance between being assured and the level of information provided for review. Ms Little responded that guidance could be provided to the Sector/Portfolio presenting. Mr Power suggested a restriction to the character numbers permitted per section. Examples of good practice and significant areas of challenge should be outlined to give the Committee assurance and contribute to the Scottish Government monitoring exercise.</li> <li>• There may be duplication between section A and B. Mrs Annand asked for a Committee view on which section should be retained. Mr Power stated that he would support retaining section B.</li> </ul>	



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	<i>Professor Kilbride left the meeting</i>	
<b>20/22</b>	<p><b>Statutory and Mandatory training action plan</b></p> <p>Ms Lawrie outlined that as discussed at the Staff Governance Committee meeting in December 2021 ensuring compliance with statutory and mandatory training highlighted this as a long standing issue faced by all NHS Scotland Health Boards. A Commission was agreed by the NHS Grampian Systems Leadership Team in December 2021 to review the effectiveness of Statutory and Mandatory Training compliance in improving patient care and staff safety and understand why staff are not engaging. The distributed paper contained the requested action plan describing steps that will be taken after Operation Iris to seek improvement in the compliance figures.</p> <p>Ms McKerron outlined that the '5 Why's' technique had been used to identify the underlying causes for non-completion. The action plan detailed the corresponding actions, the rationale for the actions, the desired outcome and the timescale and took into account existing projects and national work.</p> <p>The Committee asked if there was the ability to resource the action plan. Ms Lawrie responded that the Learning and Development Team would support part of the work through dedication of time from a Project Officer role. There would be a number of other key players such as GAPF and the Learning and Development Sub-group; individual and manager responsibilities.</p> <p>The Committee raised concern that the overall completion date for actions was March 2025. Ms McKerron responded that the date reflected that some aspects of the plan required cultural change and national input. Ms Lawrie added that there was layered improvement with other timescales sooner than 2025. The Committee accepted the action plan contained a lot of work but expressed that the overall timescale was not acceptable. The Committee understood the approach taken to identify causes but felt that an action plan should only be for a twelve to eighteen month period with a targeted approach based on compliance rates, to address the issues now. The Committee was not assured that the action plan addressed the issues present now in relation to staff and patient safety and the responsibilities of both staff and managers.</p> <p>Mr Power stated that he had supported the approach taken, with the aim of it being sustainable and ingrained in the culture, whilst also focussing on addressing the current issues and catching up with the backlog. The Committee agreed that there was an overlap with culture however the action plan did not contain how the risk to the organisation is being managed in the short term.</p> <p>The Committee requested action plans for both the short and long term. Ms Lawrie confirmed that the action plan had been considered at a weekly system connect meeting and after a short discussion with not full attendance, agreed. The Committee agreed that this level of discussion was insufficient to reach a decision that the action plan was acceptable, which as a process issue would be addressed through performance governance. The</p>	

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	<p>topic should return to the weekly system connect meeting to discuss short term risks.</p> <p>The Committee requested an update at the May 2022 meeting with a fuller paper at the August 2022 meeting.</p>	<b>GL/LMcK</b>
	<b>Statutory Information, Reports and Returns</b>	
<b>21/22</b>	<p><b>Scottish Government letter 16 February 2022 – Arrangements for NHS Scotland Staff Governance Standard monitoring Framework and iMatter staff experience 2020/21 and 2021/22</b></p> <p>Mr Power referred to the distributed letter from the Scottish Government which confirmed that a different approach would be taken to conclude the 2020/21 annual exercise. The Scottish Government will be providing a brief written response to each Board identifying information gaps and suggesting areas that could be improved. No further response is required from Boards for the 2020/21 exercise however Boards will be offered the opportunity to meet with Scottish Government officials for a follow up discussion. Boards will be asked to ensure that the areas identified by Scottish Government are included in this year’s Staff Governance Plans. The Scottish Government written response will also include 2021 iMatter scores for each of the five Governance Standard Strands. The 2021/22 annual exercise is expected to follow the same format of highlighting specific issues to Boards.</p>	
<b>22/22</b>	<p><b>iMatter/Staff Experience Report</b></p> <p>Ms Lawrie presented the distributed paper, highlighting the following points:</p> <ul style="list-style-type: none"> <li>• The iMatter questionnaire commenced on 27 June 2022 with the eight week action planning period from 19 July or 1 August 2022, depending on whether questionnaire done electronically or in paper.</li> <li>• Encouraging as many teams to undertake the questionnaire electronically.</li> <li>• Change to reporting functionality with the introduction of sub-reporting. This requires the development of hierarchical structures not previously used and engagement with middle managers across the whole system.</li> <li>• The benefit of the process was where Teams agree to make improvements through action planning.</li> </ul> <p>The Committee referred to the proposal that the structure within iMatter be updated to reflect the current portfolio leadership model and asked if there would be a communication to staff to make them aware that reporting would be under the new structure rather than previous sectors. In addition, due to the change in reporting would this affect the ability to compare with previous years outcomes. Ms Lawrie confirmed that there would be a communication however for many individuals they remained within the same teams, however the services would be aligned to the portfolio structure. Currently there would be comparative data with 2019/20 however it must be</p>	

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	acknowledged that the organisation has continual change, however overall comparative data at Board level would remain.	
<b>23/22</b>	<p><b>Remuneration Committee 16 March 2022 agenda and assurance statement</b></p> <p>Joyce Duncan, Remuneration Committee Chair referred to the distributed agenda and assurance statement.</p>	
<b>24/22</b>	<p><b>Staff Governance Committee Board report content</b></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>Mr Power suggested the inclusion that within the current context of system capacity it may be more relevant to refer to mitigating risks in what is achievable rather than obtaining full assurance.</p>	
	<b>For Information</b>	
<b>25/22</b>	<p><b>a. BMA Joint Negotiating Committee Minutes – 14 December 2021</b></p> <p><b>b. Culture and Staff Experience Oversight Group minutes – no further approved minutes</b></p> <p><b>c. Occupational Health, Wellbeing and Safety Committee – no further approved minutes</b></p> <p>The Committee commented on the update in the BMA JNC minute on Junior Doctor rota monitoring and Job Planning, the progress of which would be followed through in the next minute. Ms Lawrie informed that the pause in monitoring referred to was a second national pause and that the end submission rate for Consultant job plans had been an improved position to that reported in the minute. Mr Power thanked the Committee for highlighting, explaining that Junior Doctor rota monitoring was an area of concern across all Boards. Work was ongoing to encourage trainees to participate in the monitoring and whilst the pause was necessary, NHS Grampian did wish to return to full monitoring.</p>	
<b>26/22</b>	<b>AOCB – none raised.</b>	
<b>27/22</b>	<p><b>Date of next Meeting</b></p> <p>2pm on Wednesday 25 May 2022 by Microsoft Teams.</p>	