

APPROVED

**NHS GRAMPIAN**  
**Minute of the Staff Governance Committee**  
**held on Tuesday 6 July 2021 at 10am**  
**via Microsoft Teams**

Board Meeting 07.10.21 Open Session Item 15.06
---

**Present:**

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

**In Attendance:**

Mr Tom Power, Director of People and Culture  
Ms Gerry Lawrie, Head of Workforce and Development  
Mrs Susan Coull, Head of HR  
Mrs Anne Inglis, Head of Organisational Development (from 10.30am)  
Mr Steven Lindsay, Full Time Partnership Representative  
Dr June Brown, Interim Executive Nurse Director (from 10.40am)  
Mr Jamie Donaldson, Health and Safety Partnership Representative  
Ms Sarah Duncan, Board Secretary (from 10.30am) - Observer  
Mr Preston Gan, System Transformation Programme Manager (for item 6/21)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
1/21	<b>Apologies</b> Apologies were received from Ms Rachael Little, Employee Director; Professor Lynda Lynch, Chair; Professor Caroline Hiscox, Chief Executive; Ms Liz Hancock, RGU representative; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; and Mrs Cheryl Rodriguez, Head of Occupational Health and Safety.	
2/21	<b>Minute of the last meeting – 22 April 2021</b> The Minute was approved as an accurate record.	
3/21	<b>Action Log</b> Mrs Duncan informed that the review of historic actions had been undertaken, resulting in the main the subsuming of historic actions into the current list of open actions. Mrs Annand highlighted to the Committee that two actions, the revamped constitution and a review of the programme of sector attendance to resume Staff Governance Standard monitoring, would be on the September agenda. Other open actions related to workforce management information and the NHS Grampian response to the Sturrock report were on the meeting agenda. The remaining open action was the sharing of the interim	

**APPROVED**

	<p>Workforce Plan with Board members which would occur once feedback had been received from the Scottish Government.</p>	
<p><b>4/21</b></p>	<p><b>Update on Workforce Management Information and development of Workforce Intelligence Unit</b></p> <p>Mr Power highlighted the distributed paper which outlined the plans to develop a Workforce Intelligence Unit; development of the primary data portfolio relevant to the Staff Governance Standard and the prioritisation of data gathering and information production relative to these.</p> <p>Mr Power presented to the Committee data that was currently available from the people &amp; culture management information initial dataset, acknowledging that the data could be further enhanced.</p> <p>For Health, Safety &amp; Wellbeing the initial dataset of completion of mandatory training; annual leave vs target and sickness absence including categories, with the data presented of:</p> <ul style="list-style-type: none"> <li>• Compliance rates for statutory and mandatory modules, applicable to all staff and those applicable only to clinical staff. The reporting from Turas was an area currently being improved. The approach to improve compliance had been discussed at the Chief Executive Team, although rates were presented in the context of the last eighteen months. Although mandatory, staff should be compelled to complete by understanding the benefits of doing so. Fire, which had a new eLearning module, was the only statutory training.</li> <li>• Annual leave taken in 2020 and 2021. In the 2020/21 leave year 80% of annual leave had been taken. All sectors were currently behind the annual leave trajectory for 2021-22 but this was not an uncommon position two months into the leave year, however there was in the context of leave transferred from 2020/21 and the pressure in the system.</li> <li>• Sick leave in 2021 was comparable with the same period in 2020. OHS had prioritised interventions for employees on long term sick leave to allow a return to the workplace however the number of OHS presentations for long term absences had increased to the level previously of long term and short term combined.</li> </ul> <p>For Culture &amp; Staff experience the initial dataset of whistleblowing and HR employee relations cases/Hub data; workforce age and ethnicity profile in a timely way and participation in appraisal, with the data presented of:</p> <ul style="list-style-type: none"> <li>• An analysis of HR guidance, advice and support sought from employees and line manager from the HR Hub, since April 2020. There was low percentages in relation to bullying and harassment, with a higher level of contact in relation to recruitment, payroll and Covid-19. An area of improvement was to reduce the occasions where no activity code was assigned.</li> </ul>	

**APPROVED**

	<ul style="list-style-type: none"><li>• Employee Relations accumulative activity from April 2017, showing open and closed cases by topic. Additional analysis could be the identification of trends and analysis by sector.</li></ul> <p>Ms Lawrie outlined that it was essential to have a consistent and stable team to ensure there was the capacity and capability to provide workforce information. The Workforce Intelligence Unit model will give technical and analytical expertise, with the aim of providing the relevant information presented in a dashboard, accessible to managers and the organisation. Adopting a dashboard produced by another Board was being considered.</p> <p>The Committee asked who was overseeing the work to increase compliance rates given reduced compliance exposed all to a degree of risk. Mr Power explained that he was the Executive Director with oversight, with the Occupational Health, Safety and Wellbeing Committee monitoring compliance, at which Sectors were in attendance. The Committee was assured there was an understanding on the importance however the volume and time available were factors affecting compliance. Work was underway to validate the data through fully understanding, for example, the period of compliancy after completing a module. Mr Power clarified for the Committee that the line manager at operational level is responsible for compliance although there the employee had a responsibility too. The Committee would wish to be more aware of the implications of lower compliance.</p> <p>Mr Power responded to a request from the Committee, explaining that to provide data on the length of time a bullying and harassment or grievance case was open was beyond the minimum viable product however could be a future aim.</p> <p>The Committee requested information on appraisals/PDPs and the periods of times employees are on the redeployment register. Ms Lawrie responded that appraisal completion rates can be provided however the functionality of reporting meant the detail if this included a PDP was not possible. Data provided would be in the context of the decision to pause appraisals, for Agenda for Change and Medical and Dental staff, during the Covid-19 pandemic. Mrs Coull agreed to provide the data from the redeployment register.</p> <p>The Committee gave their support to the work from which assurance would be gained. It was acknowledged that resourcing the Workforce Intelligence Unit was critical and of the constraints working with national and local systems that did not interface.</p> <p>The Committee raised the interdependence between different parts of the system and whether data could evolve to enable being alerted to an issue. This would contribute to NHS Grampian being a learning organisation. Mr Power responded that the more value can be demonstrated from the work of the Workforce Intelligence Unit, additional resource may be obtained to advance the function. He agreed that it was good to triangulate data, for example with employee relations the qualitative data along with the quantitative knowledge of the HR Managers however the key was how to</p>	<p><b>GL</b></p>
--	--	------------------

**APPROVED**

	<p>report this but it could give the opportunity for a deeper dive. The Committee agreed that the triangulation of data was more useful.</p> <p>The Committee was assured by the informed approach being taken, to ensure the most useful data for the Committee and operational managers.</p>	
<p><b>5/21</b></p>	<p><b>a. Response on actions required by the Scottish Government following the Sturrock Report</b></p> <p><b>b. Work done in response to the NHS Grampian 2019 survey</b></p> <p>Mrs Coull and Mr Power referred to the distributed paper which gave the Committee an overview and timeline of actions taken from considering what the Sturrock Report recommendations meant for NHS Grampian and the local actions including engagement with staff through a short questionnaire.</p> <p>The timeline commenced from 10 May 2019 when the Sturrock Report was published along with the Scottish Government response, shared with the System Leadership Team (SLT) and Non-Executive Board Members. SLT agreed that a short life working group (SLWG) be formed. The SLWG lead on the response to a Cabinet Secretary letter, submitted on 24 June 2019 and communication in the organisation. The response detailed actions and the parallel work of considering the commission of a cultural survey.</p> <p>The SLWG devised a staff engagement plan which included the short questionnaire in November and December 2019, discussions with the advisory structure and giving Teams who had discussed the topic the opportunity to submit key points. The survey provided useful information especially from the free text options. The Public Engagement Team analysed the outcomes, producing a report in January 2020. The report was shared and discussed at a SLT Development Session, Staff Governance Committee and Area Clinical Forum, with a resultant decision to action plan using the report contents. The SLWG had begun planning roadshows across the region to allow staff to drop in and influence an action plan and raise awareness of the questionnaire feedback. Also to prompt teams to undertake action planning of their own. In March 2020 work ceased due to the Covid-19 pandemic, however SLT agreed that a short video to staff outlining key points of the report should be produced using Chair of ACF, Chair of GAPF and the Chair of Culture group.</p> <p>Mr Power continued with the timeline from July 2020. Due to the importance of the work in relation to culture, Remobilisation Plan 1 included a specific section on culture, referring Sturrock. Work continued on filming a podcast during November and December 2020 and during this time the Culture and Staff Experience Oversight Group met once. However the work on culture then paused during early stages of Operation Snowdrop in agreement with the Chief Executive to allow appropriate priority to be given to Sustainable Workforce and Support for Staff Health and Wellbeing.</p> <p>The Culture and Staff Experience Oversight Group reconvened in February 2021. The Terms of Reference for the Group was agreed, which included a focus on longstanding themes rather than specific reports/working groups:</p>	

**APPROVED**

	<ul style="list-style-type: none"> <li>• Leadership and Management,</li> <li>• Employee Voice,</li> <li>• Rewards and Recognition,</li> <li>• Surveys and Analysis.</li> </ul> <p>A 'Culture Cabinet' is also planned as a means of enabling broader inputs form out with the formal system. Leadership and Management and Employee Voice are both themes within Sturrock Report. Mr Power gave assurance to the Committee that the work of the Culture and Staff Experience Oversight Group had clear reference back to the actions taken from considering what the Sturrock Report recommendations meant for NHS Grampian, aligning the next steps following the analysis of the short questionnaire with further discussion on culture.</p> <p>Mr Power outlined a series of three short videos during June and July 2021 covering:</p> <ul style="list-style-type: none"> <li>• What you told us matters to you, surveys and what we do with them;</li> <li>• Launching culture matters, acknowledging the Sturrock Survey 2019, Everyone Matters 2020, We Care Pulse Survey 2021, and commitment to keep looking and learning through 2021;</li> <li>• How we are using insights to do things did differently, including introduction of change management oversight group with ref to staff dude feedback and we care pulse survey</li> </ul> <p>Mr Power stated that the timeline illustrated that the feedback received was still being progressed and recorded the amount of work that had taken place. The national Ministerial Short-Life Working Group had started to develop a Charter for appropriate culture and behaviours however the work was in abeyance.</p> <p>The Committee thanked those who had provided the timeline and of the work undertaken. The Committee stated that the approach of a continued focus on culture and behaviours to mitigate against the situation occurring in another Board was that intended by the Sturrock Report.</p> <p>The Committee was assured by the work outlined.</p>	
<p><b>6/21</b></p>	<p><b>Visibility of Workforce concerns</b></p> <p>The Staff Governance Committee seeks assurance on behalf of the Board that effective arrangements are in place in NHS Grampian for identifying, responding to, and learning from workforce concerns.</p> <p>Mr Power highlighted the distributed paper presenting to the Committee the following:</p> <ul style="list-style-type: none"> <li>• The iceberg of ignorance model, which illustrated a gap in the understanding of problems by senior managers thereby reducing their capacity to respond. To avoid this there must be at the Board visibility of workforce concerns and how they are being responded to.</li> </ul>	

## APPROVED

	<p>Limitations however must be acknowledged as 100% awareness may never be achieved.</p> <ul style="list-style-type: none"><li>• Psychological Safety – defrosting the iceberg – where individuals can speak up and have their voice heard.</li><li>• Three broad types of concern – general dissatisfaction (being aggrieved); specific detriment (having a grievance); and public interest (blowing the whistle).</li><li>• It is possible to identify three layers of arrangements for the identification, handling and reporting of workforce concerns:<ul style="list-style-type: none"><li>• Systems, policies and procedures covering all employees</li><li>• Those additional arrangements for regulated professional groups</li><li>• Further mechanisms specific to those in education and training</li></ul></li><li>• Over the last eighteen months different governance arrangements had been in place however reports had previously been provided to the Committee from the annual trainee survey and Deanery visits.</li><li>• A SWOT Analysis - identifying, understanding and responding to workforce concerns in NHS Grampian</li></ul> <p>Mr Gan outlined the process for responding to the system intelligence coming from the review of returns from teams asked to complete readiness to remobilise templates in spring 2021 and how this will be progressed during the remainder of 2021. 160 templates had been received to date. The key points outlined were:</p> <ul style="list-style-type: none"><li>• The first stage after teams complete the readiness template at service level is to assess whether the issues can be dealt with at service level. If this is the case, that feedback is given to the team.</li><li>• If it cannot be dealt with at service level it is escalated to the Information and Navigation Hub. The Hub looks at pressures in the service to allow them to restart services.</li><li>• The Information and Navigation Hub collates and presents the findings and themes from non-escalated issues and escalated issues.</li><li>• For Health and Wellbeing themes the issues are navigated to the We Care Recovery Team to match the themes to recovery needs.</li><li>• Peer System groups (system leaders) are tasked to support and address all other themes affecting health and wellbeing and remobilisation. Depending on the nature of the themes, peer system groups will seek the most appropriate levels for support, prioritisation and decision making in collaboration with portfolios, directorates, recovery of people and services oversight boards; transformation oversight boards; infrastructure oversight boards; other groups and forums (GAPF, ACF etc) and Corporate and professional support. The themes will be understood, assessed, prioritised, clear intent</li></ul>	
--	---	--

**APPROVED**

	<p>established, work commissioned and support given. An action plan will be produced and feedback to the relevant teams.</p> <p>Mr Power stated that a support intervention will be at the appropriate level with the majority at local service level. It must be demonstrated to teams that there is value in raising issues as they will receive feedback from doing so. Some actions have already been identified and are included in the Remobilisation plan. The readiness templates gave valuable data, both for supporting local resolution of challenges, targeting wellbeing support, and identifying issues that require more senior intervention.</p> <p>The Committee noted a stocktake of the current arrangements and how the themes and feedback from the team readiness to remobilise assessments are being responded to. The process for the latter was acknowledged as excellent however a person centred approach was not evident. It was noted that this may become evident by the inclusion of responses from individuals in the reporting from the process. Mr Gan stated that this was available now as it was actively being collected. Mr Power added that he had asked for it not to be included in the report to the Committee at the moment as it was being themed.</p> <p>Mr Power highlighted the recommendation to collectively progress adoption of Trickle App, in 2022/23, for encouraging feedback, comments and ideas in real time, and responding to the workforces' top priorities.</p> <p>The Committee requested the exploration of a way of receiving an account from an employee who had gone through the process. There was no requirement for an employee to attend the meeting to provide this. Mr Power will ask Emma Hepburn, Programme Lead to provide this for the next meeting. In addition the work Mr Gan had undertaken with pilot areas would be presented.</p>	<p><b>EH/PG</b></p>
<p><b>7/21</b></p>	<p><b>Learning from Covid-19 Deployment Hub</b></p> <p>Ms Lawrie referred to the distributed report which captured the feedback and learning from recipients of the process and colleagues who supported the Hub.</p> <p>The aim was to maximise the use of available workforce capacity with a considered, compassionate and personalised approach. A snap survey was used to gather information on skills to assist with deployment however the most useful information came from having a conversation with the member of staff. A flashcard was developed which gave considerations for all those involved in a deployment, to help with adjusting to the change in situation.</p> <p>The key learning was a simplified format to gather all the necessary information from Sectors on their staff capacity and demand; through relationships with other Teams e.g. NMAHP Bank and Recruitment to create an improved flow of information and taking a personalised approach which was beneficial but more resource intensive.</p>	

## APPROVED

	<p>Ms Lawrie outlined to the Committee that it was important to understand the skills individuals have and to help that individual understand what transferrable skills they bring.</p>	
	<p><b>Statutory Information, Reports and Returns</b></p>	
<p><b>8/21</b></p>	<p><b>Whistleblowing in NHS Grampian</b></p> <p>Mr Donald, Whistleblowing Champion briefed the Committee on the progress of the implementation of the Whistleblowing Standards.</p> <p>Quarterly reporting to the Board and IJBs for the period 1 April 2021 to 30 June 2021 was commencing. It was important to ensure that all cases irrespective of to whom it was raised are captured. It was acknowledged that the number of cases progressed through the Standards can convey different messages or level of concern. Mr Power responded that a small number of cases may indicate that other policies had failed.</p> <p>There was the need for continual promotion of the standards to maintain an effective communication strategy. Mr Donald invited the Staff Side representatives present to give their view on the level of awareness of the Standards.</p> <p>Mr Donald offered to meet with middle managers to promote the Standards and how to raise a concern, asking for a cascade in their teams, as an additional method to raise the profile of whistleblowing. He considered whistleblowing to be integrated into ensuring the right culture.</p> <p>Mr Donald outlined that opportunities should be taken to increase the uptake of the training available on Turas for staff and managers. He informed that he is due to respond to an information and feedback request from the Independent National Whistleblowing Officer.</p> <p>Mr Lindsay gave a response to Mr Donald. The awareness and training of frontline staff was linked to the volume of statutory and mandatory training. Under the Staff Governance Standard staff had a right to be well informed however they also had a responsibility to keep themselves up-to-date. There was system work needed to improve both. From discussion at the Staff Side meeting, the Trade Union and Professional Organisations were aware of the Standards and these would be introduced as appropriate into conversation with members.</p> <p>The Committee wished a balanced promotion of the Standards accompanied with promotion of the work being done on culture. It was agreed that awareness raising should be part of the overall culture approach rather than specifically whistleblowing alone. Mr Power stated that whistleblowing could form part of the briefing to staff and be aligned to the communication strategy when launching culture matters.</p> <p>The Committee noted the briefing, awaiting the report at the Board.</p>	

**APPROVED**

<p><b>9/21</b></p>	<p><b>NHS Grampian Equal Pay Monitoring Report 2021</b></p> <p>Ms Lawrie presented the Equal Pay Monitoring Report to the Committee on behalf of Mr Firth, Equality and Diversity Manager. The Report included the Equal Pay Statement, pay analysis by gender, disability and ethnicity and occupational segregation by gender, disability and ethnicity.</p> <p>Ms Lawrie gave assurance to the Committee that practice was challenged and scrutinised. An example was provided of the discretionary points process for career grade Medical and Dental employees, where an equal opportunities analysis was part of the process.</p> <p>The Committee approved the Report on behalf of the Board.</p>	
<p><b>10/21</b></p>	<p><b>National Staff Governance Standard monitoring</b></p> <p>Mr Power referred to the distributed paper which outlined the timeline to achieve submission by 24 September 2021 and as agreed the Committee would receive a final draft for comment by correspondence.</p> <p>The appendix gave an overview of the assurances the Scottish Government has gathered in relation to NHS Grampian, for example for Involved in Decisions and tailored questions where there are potential gaps in the information held by the Scottish Government.</p> <p>The Committee noted the process.</p>	
<p><b>11/21</b></p>	<p><b>Staff Governance Committee Board report content</b></p> <p>Mrs Duncan outlined the content as the approval of NHS Grampian Equal Pay Monitoring Report 2021; update on NHS Grampian actions following the Sturrock Report; and the Committee’s awareness of the points raised in the implementation of the Whistleblowing Standards update.</p> <p>The Committee confirmed that from the information provided throughout the meeting they had been assured of compliance with the Staff Governance Standard.</p>	
	<p><b>For Information</b></p>	
<p><b>12/21</b></p>	<p><b>a. BMA Joint Negotiating Committee Minutes – no approved minutes</b></p> <p><b>b. Culture and Staff Experience Oversight Group minutes – 26 March and 30 April 2021</b></p> <p><b>c. Occupational Health, Wellbeing and Safety Committee – no approved minutes</b></p> <p>The Committee noted the re-launch of the staff awards with a move from the Orange Awards to STAR Awards, asking for clarification on the difference. Ms Lawrie stated that Orange Awards was originally only for the staff categories of nursing, midwifery and AHPs however had been opened to all staff during the Covid-19 pandemic. The STAR Awards had been devised from a commission in 2019 to create one award for all staff.</p>	

**APPROVED**

<b>13/21</b>	<b>AOCB</b> <b>a) Retirement of Susan Coull</b> Mrs Duncan stated that due to Mrs Coull's impending retirement, this would be her last Staff Governance Committee. The Committee thanked Mrs Coull for her important contribution to the meetings and her leadership during her period as Interim Operational Director of Workforce. Mrs Coull acknowledged the Committee's thanks.	
<b>14/21</b>	<b>Date of next Meeting</b> 10am on Tuesday 30 September 2021 by Microsoft Teams.	