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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Friday 24 February 2023 at 10am
via Microsoft Teams

Board Meeting
01.06.23
Open Session
Item 9.4

Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mr Steven Lindsay, Employee Director
Mr Bert Donald, Whistleblowing Champion
Ms Alison Evison, Chair

In Attendance:

Mr Tom Power, Director of People and Culture
Professor Caroline Hiscox, Chief Executive
Ms Gerry Lawrie, Head of Workforce and Development
Mr Ian Cowe, Acting Head of Health and Safety
Mr Jamie Donaldson, Health and Safety Partnership Representative
M Alan Cooper, Head of Strategy, Governance and Performance, Public Health (for agenda item 4/23)
Ms Linda Duthie, Public Health Manager (for agenda item 4/23)
Mr Mike Adams Partnership Representative (for agenda item 4/23 and 6/23)
Dr Emma Hepburn, We Care Programme Lead (for agenda item 6/23)
Ms Lesley Brander, Workforce Intelligence Manager (for agenda item 8/23)
Ms Pauline Rae, Workforce Service Manager (for agenda item 8/23)
Mrs Louise Ballantyne, Head of Engagement (for agenda item 9/23)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
1/23	Apologies Apologies were received from Mr Philip Shipman, Head of People and Change; Mr Alistair Grant, Partnership Representative; Dr Katherine Targett, Consultant Occupational Physician; Professor Lynn Kilbride, RGU representative; Dr June Brown, Executive Nurse Director; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
2/23	Minute of meeting held on 30 November 2022 The minutes as approved as an accurate record.	
3/23	Matters Arising a) Action Log	

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	<p>Mr Power stated that actions SGC29 and SGC30 were on the agenda, with SGC34 on the agenda at the June 2023 meeting. Action SGC33, SGC36 and SGC37 deferred to the April 2023 meeting due to the light governance arrangements during February 2023. For action SGC38, the Committee had been informed by Ms Sarah Duncan, Board Secretary which Delivery Plan priorities the Committee would be seeking assurance on. These were:</p> <ol style="list-style-type: none">1. Pathways<ol style="list-style-type: none">a. Improving access to urgent & unscheduled care by March 2023, through redesign & implementation of urgent pathways of care across all specialties2. People<ol style="list-style-type: none">a. Ensuring that 'We Care' & enhanced wellbeing support is more easily accessible, & that improvements required in respect of prevention & management of violence & aggression addressedb. Extending international recruitment capacity in collaboration with other North of Scotland Boards, & streamlining recruitment, including bulk recruitment & talent postsc. Improving retention of staff through use of available terms & conditions, improved coverage of e-Rostering, & enhanced bank working to reduce use of supplementary staffing & level of vacanciesd. Evidencing positive impact from action taken in respect of Phase 1 Best Practice Australia (BPA) Survey results, agreeing Culture Blueprint & behaviours, & putting a viable plan in place for Phase 2 roll oute. Improving prioritisation of statutory & mandatory training, & develop approaches to ensure protected time & learningf. Delivering key organisational role as a provider of research & education – deferred3. Places<ol style="list-style-type: none">b. Developing, testing & agreeing an approach to service planning which is cohesive with workforce, financial & infrastructure (including digital) planning <p>Mrs Annand to update the Matrix.</p> <p>Mrs Duncan provided an update for action SGC35. Board Chief Executives have been advised by NSS that there would be a national solution in place by May 2023 but it may not cover all the interface requirements.</p>	<p style="text-align: center;">DA</p>
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4/23	<p>Staff Governance Standard Assurance – Public Health</p> <p>Mr Cooper, Ms Duthie and Mr Adams attended the meeting to present to the Committee the distributed Public Health Directorate Staff Governance Standard Assurance report. The following was outlined by Mr Cooper:</p> <ul style="list-style-type: none">• This paper is written in the context of a period of remobilisation and recovery following a prolonged period of response to the pandemic which saw the majority of staff deployed and significant disruption to Public Health work. This had begun to revert back from September 2022.• The workforce expanded from 130 core staff to a headcount of 500, without at times the infrastructure in place to support the expansion.• The employee voice is heard through the Directorate’s Operational Management Team, established in 2020.• Although the Directorate work closely with HR and Staff Side for all matters relating to policy implementation, it is acknowledged that a Directorate Partnership forum is not in place.• iMatter outputs are valued, with an increase in the response rate from 2021 to 2022 and an improvement in four of the five strands of the Staff Governance Standard. Involved in Decision had remained the same. Thirty six engagement events were held with staff to discuss the proposed organisational change ahead of face-to-face workshops to better understand how we work together across the public health system, to promote involvement and transparency in decision making, and to design remobilisation and renewal efforts together.• Monthly staff wellbeing snapshot survey to understand the wellbeing of the team, which enables an appropriate focus in the wellbeing plan. <p>Ms Duthie informed that when notification was received of the closure of the Test and Protect service, a partnership group was set up to ensure the staff felt fully supported and engaged in the process. The working group created weekly newsletters communicating updates, organised meaningful work opportunities for staff (cira 200) whose role had ceased but were still under contract, and resolved any issues as soon as they arose. In addition, there were drop in sessions for staff, at which they appreciated the honesty of the information. The meaningful work benefited the staff as in some occasions it led to a role. Feedback from both Staff Side and the staff reps on the group was very positive agreeing that a Partnership approach had been taken throughout. Local learning and insights were shared through working with National groups.</p> <p>Mr Adams presented the following on the closure of the Test and Protect Service:</p> <ul style="list-style-type: none">• The management of the end of the service was more challenging locally as the national information provided was not timely, decisions were changed and there were slippages in timelines. However the NHS Grampian approach was to do the right thing for the staff.• There was honesty with the staff accompanied by the support, which was appreciated.	
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- The Staff Side view was that how the partnership group worked was exemplary, it was a good example of the partnership model of working, nothing additional could have been asked. Managers were extremely flexible and resolved any issues for the staff.

Mr Power commended the quality of the report and the good examples it contained. The significant increase in service requirements and rapid recruitment of the workforce in response to these was noted, with the complexities that can bring acknowledged. Mr Power asked how engaged the staff were in working with the results of iMatter and the BPA survey. Mr Cooper outlined the limited scope of participation in the BPA survey (12 individuals with a 50% response rate), with the feedback from both surveys not hugely different. Engagement from the staff with iMatter had improved.

In response to Mr Power, Mr Cooper explained the learning from the approach taken to statutory and mandatory training. The Operational Management Team had explored what was preventing the training taking place, did the staff understand the importance and how to address it together. There was first a focus on modules most important to role. Ms Duthie explained that in Health Improvement there is encouragement to undertake one module a week.

Ms Duthie added that with regard to visibility of senior staff, a large informal meeting was introduced, prior to the pandemic, attended by either the Director or Deputy Director, which all parties found useful. These were due to be restarted. There had been discussion on visibility of senior management when undertaking iMatter which was clarified to staff as meaning those in the Public Health Directorate. Mr Cooper added that a dedicated equality and diversity session had been run for the Directorate which had been more efficient than staff attending separate sessions.

The Committee highlighted the mention of diversity in the report. It stated that the Operational Management Team promoted diversity of staff voices; 74% of staff feel they work in an environment where diversity is valued; and 43.21% of staff had completed their equality and diversity training. The Committee asked if there was more work to be undertaken to develop understanding of diversity. Mr Cooper acknowledged there was scope to do more work in this area, clarifying that diversity at the Operational Management Team was in respect of the range of staff who participate, across all paybands. Ms Duthie explained that at the Operational Management Team staff attend rather than managers speaking on their behalf, operating with openness and transparency. Mr Cooper stated that there was already an acknowledgement of the need to improve on staff feeling they have been treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.

The Committee highlighted the in partnership assessment of the confirmation of assurance that the Public Health Directorate was meeting the Staff Governance Standard. Mr Cooper thanked Mrs Annand on her guidance in completing the Report, confirming that the assessment had taken an informal approach. Mr Adams stated that the approach taken to the closure of the Test and Protect Team that benefited the Directorate as it

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	<p>had exposed it to working in partnership and with HR more than normal. Mr Adams had developed a working relationship with a wide number of people in the Directorate, who saw him as accessible and were comfortable in approaching him. This would reap further benefits when the partnership forum was established.</p> <p>The Committee asked if there were mechanisms to provide feedback nationally. Mr Power outlined that the HR Directors have a route through formal meetings with the Scottish Government Health Directorate on a quarterly basis or via the Chief People Officer role. Mr Lindsay stated that he could also escalate through the Employee Directors group and existing national partnership structures, of which there were interim arrangements during the pandemic. Mr Adams added that the national test and protect group also had a debrief at which feedback was given.</p> <p>The Committee confirmed that they were assured.</p>	
<p>4/23</p>	<p>Delivery plan assurance for Objective 2: Colleagues and Culture</p> <p>Mr Power outlined that in accordance with the light governance arrangements agreed for Board Committees in February 2023, the normal approach had been paused therefore flash reports for the three oversight groups and a focus on Health, Safety and Wellbeing had not been provided. The Committee had received an extract from the Quarter 3 (end December 2022) report provided to Scottish Government in January 2023. Mr Power provided an update on the progress since December 2022 in order to assure the Committee:</p> <ul style="list-style-type: none"> • Risks identified in respect of related SG priority areas of focus - <ul style="list-style-type: none"> • Staff wellbeing support – Recurrent funding for enhanced wellbeing support (We Care) allocated in January as part of budget prioritisation process to support We Care beyond 31 March 2023 (GRA 52). • Recruitment and retention – International recruitment target for 93 registered nurses on track, time to hire currently 80 days vs 116 day NHS Scotland average. Further investment in recruitment capacity agreed to provide more hands on support to recruiting managers. • Developments in respect of significant delay items not referenced above - <ul style="list-style-type: none"> • Establish a medical staff bank (GRA58) – Partial funding agreed for work required to establish bank before it can be funded via internal surcharge. Proposals endorsed by Whole System Decision Making Group (WSDMG) February 2023. • Validate BPA Phase 1 results beyond participating directorates (GRA62) – General validation with System Leadership Team and Culture Collaborative. Targeted work will be rolled in to implementation of Phase 2 in 23/24, for which recurrent funding has been allocated in January as part of budget prioritisation process. 	

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	<ul style="list-style-type: none">• Review mandatory training and align to G-OPES Levels (GRA70) – Work undertaken with Subject Matter Experts and proposal prepared for WSDMG consideration. Presents risks that may mean continuing with all topics all the time approach is more appropriate. Will be agreed by end Q4.• Developments in respect of minor delay items -<ul style="list-style-type: none">• Complete We Care wellbeing projects (GRA50) – Confirmation of recurrent funding beyond current financial year reduces risk to completion of these projects from staff attrition. All 40 Horseback UK places offered to Estates and Facilities staff taken, now oversubscribed. Peer support approach evaluated.• Update We Care website to support accessibility (GRA51) – Final snagging being completed following soft launch with We Care Steering Group. Comms plan in place to support launch of refreshed site by end of Q4.• Complete evaluation and regrading of Band 2 Clinical Healthcare Support Workers (GRA57) – After support from GAPF commitments now in place for over 80% of population eligible to be considered. Work continues through Nursing lines to encourage completion. At an advanced stage relative to NHS Scotland.• Progress roll out of Allocate e-Rostering (GRA61) – Ongoing progress with Medical and Unscheduled Care (MUSC) Nursing and initial medical area (Orthopaedics) to balance local and national needs. Need to maintain HRSC data entry capacity in absence of integration with SSTS/ePayroll recognised as cost pressure in 23/24 budget setting. Issue being monitored by Health Board Chief Executives.• Triangulate BPA Survey results with other data (GRA63). Establish Culture Matters Programme Board to progress further Phase 1 and Phase 2 work (GRA64), confirm resourcing and roll out plan for BPA Survey Phase 2 (GRA67) – Funding confirmed as part of budget setting, along with organisational change being progressed to develop new centre of expertise in People & Culture will now allow this activity to proceed through 2023.• Developments in respect of minor delay items -<ul style="list-style-type: none">• Support connection and empowerment of colleagues using Trickle App (GRA68) – Over 500 staff now participating. Support from Endowments being sought to extend test of change as potential has yet to be fully realised/limited opportunity to evidence.• Improve participation in statutory and mandatory training (GRA69) – Continue to see progress, with subject experts group, chaired in Partnership now, formed to help prioritise and drive improvements. Unlikely to meet all targets by March 2023.• Implement arrangements for monthly protected time for learning (GRA71) – Work progressed in Nursing on identifying weekly time for reflection. A focus for newly formed Ministerial Taskforce	
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	<p>on improving experience of Nursing and Midwifery staff, and discussions around broader Agenda for Change reforms.</p> <ul style="list-style-type: none">• Identification of highest risk workforce areas to be prioritised for integrated planning (GRA80) – Workforce Plan Action plan and areas of focus for Workforce Planning support provide some indication. Prioritisation of pathways for transformation required to inform integrated approach. A paper being considered at the next PACFIC meeting will be on the Committee’s April agenda. <p>The Committee commented that the manner the information had been provided as a good use of resources, with the verbal update using slides pre-empting questions on the end of quarter 3 performance report. The Committee would be interested in the outcome of the national discussions on protected time for learning.</p> <p>The Committee was assured by the information provided.</p>	
6/23	<p>Staff Welfare Cell</p> <p>Mr Power outlined that the need for a Staff Welfare Cell had been identified through the preparations for industrial action and had been established in response to this and winter pressures. The Staff Welfare Cell reports into the Tactical Coordinating Group, whose role is to strengthen co-ordination of NHS Grampian’s response to system pressures.</p> <p>Dr Hepburn informed that the objectives of the Staff Welfare Cell were:</p> <ul style="list-style-type: none">• Understand welfare needs that could arise as a result of industrial action in addition to system pressures.• Using intelligence from other Cells, anticipate where welfare challenges may arise.• Identify actions and support required in response to these welfare needs.• Co-ordinate and, if appropriate, identify and commission or develop this support.• Ensure that any available resource provided locally or nationally for colleague welfare is used effectively in this respect. <p><i>Professor Hiscox left the meeting</i></p> <p>Dr Hepburn stated that the actions to date were:</p> <ul style="list-style-type: none">• Completed and distributed one page support available information sheet.• Collated data with the aim to objectively ascertain need.• Development of Brew & Blether sessions – engagement and information provision, with an opportunity to increase visibility.• Options appraisal for provision of hydration/nutrition.• Collating feedback for recommendations/lessons learned document to enable a proactive approach. <p><i>A break was taken</i></p> <p><i>Dr Hepburn left the meeting</i></p>	

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	<p>Mr Power stated that one aspect of the learning was that there may have been conflation of what We Care was – a programme focussed on enhanced wellbeing support - and what the Staff Welfare Cell is – focussed on welfare issues that may impact wellbeing, but have root causes elsewhere. This led to the conclusion that there is probably the requirement for a Staff Welfare Cell all of the time rather than only periodic activation. In addition, there was discussion at the Welfare Cell addressing the perception of the need for equality rather than equity (prioritisation of different things for different groups in different ways to bring provision to a level for all). It was now recognised that the latter is the appropriate frame for the Welfare Cell to use if steps are to be taken to address welfare issues that impact differently across the various staff groups and locations.</p> <p>Mr Donaldson commented that there was the need to ensure the wider workforce is aware of We Care, which could be achieved through inclusion in managers’ induction. He informed that the ‘Brew and Blether’ concept had started at Royal Cornhill Hospital with informal sessions for patients. It was important to visit and speak to the areas where staff cannot get breaks/are short staffed, to highlight initiatives for their consideration, including providing copies of the leaflet on how to access help. Mr Adams informed that the Staff Welfare Cell had been good at eliminating ideas that were well intended but may be perceived as patronising, and had also acknowledged that there was need to ensure those working at home were included. Although the Brew and Blether was a practical example to increase visibility, more should be done to humanise Board members and senior management, explaining to staff that they are under similar pressure.</p> <p>Mr Power stated that the Staff Welfare Cell was a good example of partnership working.</p> <p>The Committee commented that it was good to see the programme actions and were assured by progress made.</p> <p><i>Mr Adams left the meeting</i></p>	
<p>7/23</p>	<p>HSE Prevention and Management of Violence and Aggression (PMVA) update</p> <p>Mr Cowe referred to the distributed report asking the Committee to note that the Improvement Notices related to PMVA had been lifted following a meeting on 19 January 2023 with the Health and Safety Executive. The commitment shown by staff on the front line and within the Health and Safety Team had been appreciated with the Health and Safety Executive who had acknowledged the current climate in NHS Grampian.</p> <p>Mr Cowe asked for confirmation from the Committee that the progress made and the plans described provide assurance that appropriate steps are being taken in respect of managing the risks associated with violence and aggression towards staff and to receive a further update in April 2023.</p> <p>Mr Cowe summarised the work done:</p>	

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- Confirmation of management reporting structures (up to Portfolio Executive Lead level) for reporting of PMVA KPIs for nursing and medical staff groups.
- Carrying out modelling of PMVA Training Team resource versus current demand to provide the HSE with assurances that there is capacity to continue delivering training to the areas covered by the notices after funding for 4 of the fixed term Band 5 posts ends on 31/3/23.
- Developing a plan for rolling out completion of PMVA Training Needs Analysis (TNA) and PMVA training to other areas in ARI where violence and aggression is likely to be a significant issue.

Mr Cowe asked the Committee to note that whilst the notices have been closed off, work was ongoing to complete the initial round of practical PMVA training in the 5 areas covered by the notices, maintain the training in those areas and roll out lessons learnt. Mr Cowe informed that the Health and Safety Executive will in the future monitor progress so it was essential not to lose momentum with the work underway. He summarised the ongoing actions as follows:

- Reporting of the PMVA KPIs (agreed with the HSE) at the Acute H&S Committee, Health and Safety Expert Group, and the Occupational Health, Wellbeing and Safety Committee.
- Completing training needs analysis for the further areas where violence and aggression is a significant issue at ARI and across NHS Grampian.
- Ensure that the tally system for recording low-level verbal abuse is being completed for the 5 areas covered by the notices along with other areas across NHS Grampian where violence and aggression is an issue. Non completion will mean the organisation will have no record of such instances.
- PMVA is a standing item at the Occupational Health, Wellbeing and Safety Committee.
- Share learning with other Boards in a similar position.

Mr Cowe outlined the risk mitigation of the end of the non-recurring funding for 4 x Band 5 trainer posts as of 31 March 2023. However, from the 2023-24 Budget Prioritisation process a bid for 4 x permanent PMVA posts based in the Portfolios and Sectors was 50% funded. The Health and Safety Expert Group, which reports in to the Occupational Health, Wellbeing and Safety Committee will discuss the best use of this funding.

There is also a risk that system pressures impact on the ability of staff who have booked on training to attend these courses, which could have a knock on effect on available capacity after 31 March 2023. In response, the Health and Safety Team will continue to review training capacity versus training demand. Any issues around resource will be escalated via the Health and Safety Expert Group and also discussed with the Director of People and Culture.

The final risk highlighted was that the lifting of Improvement Notices results in attention of colleagues being diverted elsewhere. This could impact on

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both meeting the agreed training milestones by 31 March 2023 and the wider roll out of PMVA support.

Mr Donaldson highlighted a decrease in PMVA training take up. Mr Cowe responded that this may be due to system pressures.

The Committee thanked everyone for the work undertaken to achieve the reported progress, asking about the status in areas not covered by the notices. Mr Cowe responded that it was a priority of the Health and Safety Team to review areas not attending for training and Datix. The identified areas will be approached to undertake a training needs analysis. Mr Power informed that Royal Cornhill Hospital had the highest level of violence and aggression but had good participation in advanced level training providing a level of assurance that the risk was known with appropriate mitigation in place. This was acknowledged by the Health and Safety Executive in their decision not to focus on Royal Cornhill Hospital, instead ARI were violence and aggression incidents are more related to behaviour rather than cognitive impairment.

Mr Power stated that the Chief Executive Team had been receiving monthly updates during the period the notices were in place. These were to continue as it was important to keep the matter visible as the notices had been lifted by the Health and Safety Executive as they had been assured with the plans in place. Mr Power assured that the Occupational Health, Wellbeing and Safety Committee would be reviewing overall progress. In addition, the model of embedded trainer would be monitored to determine if to be used in the future. Mr Cowe added that there required to the renewed organisational monthly monitoring. Mr Donaldson informed that another identifier may be a lower than expected number of Datix.

The Committee commented that not recording low-level verbal abuse helps to create a culture that is not desirable and that staff may be more willing to record if subsequent changes were evident. The Committee asked how staff could be assured that their recording is being taken account of. Mr Cowe responded that staff should be encouraged to use the tally system as it was devised to be simple to use. From more staff attending training, staff will recognise that the reduction and management of violence and aggression is being taken seriously by NHS Grampian. In addition, functionality is developed within Allocate HealthRoster to identify staff who are PMVA trained (including bank staff), along with the level that they have been trained to. There was a very low number of prosecutions across Scotland which may also be a contributory factor to low recording. It was noted that prosecutions could only happen if an incidence was reported to Police Scotland, which was personal choice, and there was sufficiency of evidence. Mr Cowe to review the wording in the NHS Grampian PMVA Policy currently out for Consultation, to ensure covered.

Mrs Duncan left the meeting

Mr Power outlined that staff seeing managers tackling inappropriate behaviour when it occurs gives a positive message. A template for doing so is contained in the active bystander training on how to address equality and

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	<p>diversity incidences when they occur. This may be an appropriate topic to include in the year of the manager, as individuals must be equipped to intervene. Mr Donaldson stated that the tally system was as a result of listening to admin staff who experience low level abuse.</p> <p>The Committee was assured by the progress made.</p>	
8/23	<p>Workforce Information – bi monthly update</p> <p>Ms Lawrie presented sample reports to the Committee. For future meetings the portfolio example would be that of the portfolio/sector attending to provide Staff Governance Standard assurance. The intention was to discuss the report with the portfolio/sector in advance of the meeting, for their addition of risks and mitigations.</p> <p>The report contents was determined from the systems which can be accessed by the Workforce Information Unit and as discussed in the November 2022 meeting. Mr Power outlined that the sample reporting was a work in progress, would be refined as appropriate and had to date yet to be discussed at the Chief Executive Team.</p> <p>The Committee stated that the report format was helpful and detailed. Providing a link to risks and mitigations would aid understanding of the report and be helpful to explain what the report contents means to the organisation. Presentational feedback was to avoid the use of red as a background colour to assist readability and explain in full what a section of a portfolio contains.</p> <p>The Committee highlighted that the high number of part time employees would increase the number of individuals who have to complete statutory and mandatory training, raising whether this was a factor to take into account when considering the organisations expectations. The Committee raised whether commentary when presenting the report dataset could include information on why staff are leaving. The Committee noted the age profile data.</p> <p>Mr Power stated that inclusion of the risks and mitigations would provide the link between the data and the impact on the service. There was a good connection with the recent discussion at the Sustainable Workforce Oversight Group of its tactical risk register and the need for increased focus on factors driving attrition/affecting retention.</p> <p>It was agreed that the dataset would remain as presented however it must be accompanied by commentary. Ms Lawrie commented that the information from the service and the Workforce Information will be presented alongside each other, which would make it a meaningful conversation at the Committee.</p> <p>The Committee suggested establishing a threshold under which there would be no reporting, to avoid potential identification of individuals. Ms Lawrie acknowledged this, noting that the consequence was more aggregated data and less detail.</p>	

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	<p>The Committee was assured that the provision of workforce data was being developed in an appropriate direction. Mr Power noted that the next organisation wide report was due to be provided at the June 2023 meeting, taking into account reporting cycles. Mrs Annand to provide the timetable to Ms Lawrie, Ms Rae and Ms Brander of when portfolios/sectors were due to attend the Committee.</p>	DA
	Statutory Information, Reports and Returns	
9/23	<p>Whistleblowing 2022/23 Quarter 3 report</p> <p>Mrs Ballantyne presented the 2022/23 Quarter 3 report. Within Quarter 3 three concerns had been raised and three closed (two from previous quarters and one from Quarter 3). After the Standards were introduced on 1 April 2021, during 2021/22 14 concerns had been raised with 4 complex cases remaining open going into 2022/23. At the end of Quarter 3, four concerns remained open – two raised during Quarter 3 and two from 2021/22, all anticipated to be concluded by 31 March 2023. A PWC audit on Whistleblowing Arrangements was concluded and this would be included in the Quarter 4 report.</p> <p>Mr Power reported that work on ongoing to triangulate learning from whistleblowing concerns with other sources of intelligence. This was at the informative stage, devising a terms of reference. This work would not change the quarterly reporting to the Committee.</p>	
10/23	<p>Remuneration Committee 8 December 2022 agenda and assurance statement</p> <p>Mr Power referred to the distributed agenda and assurance statement.</p>	
	For Information	
11/23	<p>a. BMA Joint Negotiating Committee Minutes – no new approved minutes</p> <p>b. Culture and Staff Experience Oversight Group minutes – 18 November 2022</p> <p>c. Occupational Health, Wellbeing and Safety Committee – 24 November 2022</p> <p>Noted by the Committee. The minute of the Sustainable Workforce Oversight Group would be provided at future meetings.</p>	DA
12/23	<p>AOCB</p> <p>a. Activation of the Policy for Management of the Workforce during and after Major Incidents including pandemic</p> <p>Mr Power informed the Committee that as a major incident had been declared during the evening of 22 February 2023, the Policy for Management of the Workforce during and after Major Incidents including pandemic had been activated. The activation had been discussed the</p>	

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	following day between Mr Power and Mr Lindsey where it was agreed that despite the major incident being stood down in the early hours of 23 February 2023, the policy would remain activated - as the situation was beyond normal business continuity arrangements - until Monday 27 February 2023. This was to avoid the scenario of potentially activating and deactivating the policy repeatedly over a number of days. The Policy had been previously deactivated on 1 November 2022 after it had been invoked in the early stages of the pandemic in March 2020.	
13/23	Date of next Meeting Tuesday 18 April 2023 2pm to 4.30pm via Teams	