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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Tuesday 22 August 2023 at 2pm
via Microsoft Teams

Board Meeting Open Session 07.12.2023 Item 15.3
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Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mr Bert Donald, Whistleblowing Champion
Mr Steven Lindsay, Employee Director
Mr Derick Murray, Non-Executive Board Member (Deputy for Ms Evison)
Mr Dennis Robertson, Non-Executive Board Member

In Attendance:

Mr Tom Power, Director of People and Culture
Mr Philip Shipman, Head of People and Change
Ms Gerry Lawrie, Head of Workforce and Development
Mr Ian Cowe, Acting Head of Health and Safety
Mr Alistair Grant, Partnership Representative
Mr Jamie Donaldson, Health and Safety Partnership Representative
Dr Katherine Targett, Consultant Occupational Physician
Dr June Brown, Executive Nurse Director
Professor Lynn Kilbride, RGU representative
Professor Mohamed S. Abel-Fattah, Aberdeen University representative
Mr Jason Nicol, Head of Wellbeing, Culture and Development
Mr Chris Middleton, Ops and Performance Lead for MUSC (for agenda item 48/23)
Ms Clare Houston, Programme Manager Unscheduled Care Programme (for agenda item 49/23)
Mr Alex Stephen, Director of Finance (for agenda item 51/23)
Mr Preston Gan, System Transformation Programme Manager (for agenda item 51/23)
Mrs Louise Ballantyne, Head of Engagement (for agenda item 53/23)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
45/23	Apologies Apologies were received from Ms Alison Evison, Chair and Professor Caroline Hiscox, Chief Executive.	
46/23	Minute of meeting held on 22 June 2023 The minutes were approved as an accurate record.	
47/23	Matters Arising a) Action Log	

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Ms Duncan highlighted that SGC41 should be complete following the meeting and SGC43 was complete. Mr Power requested that for SGC42 the date due at Committee be amended to the December 2023 meeting. The aim was to introduce a self-service model through use of Power BI which would enable Portfolios and Directorates to pull reports and interrogate data. Ms Lawrie stated that moving the date to the December meeting would enable this work to be undertaken prior to an update being provided to the Committee. This was agreed.

b) Response to SGC43 action

Ms Lawrie referred to the distributed document which gave responses to the points raised at the 22 June 2023 meeting when the Workforce Information Report was considered by the Committee. Ms Lawrie highlighted the following:

- In order to only produce one set of data the different national timescales were adhered to when reporting on medical consultant vacancies locally, which was a different reporting timescale used for AHPs and Nurses and Midwives.
- From the review of the exit questionnaire process, the subsequent information will be analysed as currently the numbers were insufficient to give useful analytics.
- It is likely that potentially instances of violence and aggression are under reported.
- Improvement work was being undertaken on the administration support for job planning, review of the hierarchy to sign off job plans and additional training.

The Committee asked if staff were aware of the definition of violence and aggression. Mr Cowe explained that the potential under reporting was related to instances of verbal abuse, as staff accepted it as part of their role. A tally system for recording low level verbal abuse had been devised to make it as easy as possible to report, overcoming the barrier for busy teams of having to report each instance separately on Datix. There had been an uptake of the tally system by some but not all wards to date. Mr Power highlighted that the question from the Committee had been related to the under reporting of absences as a result of violence and aggression. It was explained that there had been an additional code created in SSTS to record the reason for the absence as violence and aggression. The original request had been for two additional codes to allow more detailed recording by classifying the cause absences due to violence and aggression as either physical or stress. The use of the new code will be monitored by the Occupational Health, Wellbeing and Safety Committee and local H&S committees. Dr Targett outlined that the information held by the Occupational Health Service system eOPAS can be audited. Absences were recorded related to injury and anxiety, stress and other psychological disorders. There were 60 absences related to stress, none had violence and aggression as a reason although this did not mean it was not a factor.

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	<p>The Committee highlighted that some of the responses reflected action to be taken in the future, requesting an update in six months' time, so assurance cannot be given that the work has been done. This was agreed.</p> <p>The Committee asked why the current exit questionnaire was not fit for purpose and whether any of the information gathered had been analysed. Mr Shipman responded that the current practice of completing the exit questionnaire process was variable across the organisation. There would also be instances of informal conversations between the employee and their manager, not recorded within the process. Participation in the process was discouraged as the current exit questionnaire was too lengthy and cumbersome to complete. A new accessible process was required with key questions to illicit the information of why staff were leaving as the information taken from the small number of staff currently completing an exit questionnaire was not representative of the organisation. The need to improve the process had already been identified by the Operational HR Team, from which a lead had been identified with a commission being finalised.</p>	<p>GL/PS/IC</p>
<p>48/23</p>	<p>Staff Governance Standard Assurance – Medicine and Unscheduled Care</p> <p>a) Staff Governance Standard Assurance b) Workforce Information</p> <p>Mr Middleton and Mr Donaldson presented to the Committee the Medicine and Unscheduled Care (MUSC) Portfolio Staff Governance Standard Assurance report. The following was outlined by Mr Middleton:</p> <ul style="list-style-type: none"> • The report was provided at a period of sustained pressure across the service and pathways, as illustrated by data provided. • The focus of management had been improvement and assurance work, including governance arrangements. • Elected to undertake a number of major changes within a Test of change framework. • People and relationships are the greatest asset. The quality of the relationships will be the factor that defines success going forward; both within the Portfolio and with partners elsewhere in the system. It was essential to provide the skills, knowledge and opportunity to operate confidently and competently within the system. • The Staff Governance Standard was integral to the processes undertaken. • The demands associated with the revised ways of working means that Distributed Leadership will sit at the heart of the approach going forward. • The Organisational Change process, and the Tests of Change within it will be complete early in 2024, with the portfolio operating in the new manner by April 2024. • Acknowledgement of the need to improve statutory and mandatory training compliance. 	

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- There was a need to help and embrace people to be confident in the new way of system working.
- Continue to focus on areas of risk after analysing iMatter outcomes.
- Succession planning to take place after reviewing the demographics of the Portfolio.
- Observation that the data available was not focussed in the way the Portfolio wants going forward. Further articulation to take place on how the Portfolio wants to report.

Mr Donaldson added that when working in partnership there had been long debates, noting it was good not to agree on everything. The Test of Change will be reviewed mid-year to determine if improvements are needed.

The Committee commended the report for both demonstrating shared ownership and excellent use of the template. The communications approach for those not able to attend MUSC SLT was noted. The Committee highlighted the significant change of personnel, noting that the iMatter outcomes were lower regarding trust and confidence in senior managers than line manager. Mr Middleton was asked what actions were being planning to manage assumptions regarding the turnover of SLT members. Mr Middleton responded that SLT members have been there to understand and listen as it was important not to offer a solution without first understanding. To help this regular time is spent with front line teams and feedback is regularly received from the SLT attendees (approximately 40 individuals). When anyone feels not well informed, it is answered visibly to set the culture.

Mr Donaldson stated that a MUSC health and wellbeing committee was in the process of being set up. Mr Middleton outlined the plans to construct an easily accessible wellbeing hub within the Portfolio and engage external expertise to raise the profile and increase tools to support staff, with the ability to solve day to day processes.

The Committee raised the supplementary staff usage. Mr Middleton stated that the use was high and it fluctuated. The drivers were recruitment difficulties and ED challenges. The aim was to have permanently sourced staff in the future given the need to work in a systems manner was more difficult when working on a short term basis. Dr Brown supported Mr Middleton, informing the Committee that newly appointed nursing graduates had filled all band 5 nursing vacancies.

The Committee raised the different levels of compliance with training. Mr Middleton acknowledged this and the intention to address compliance levels.

The Committee asked whether the culture allowed individuals to come forward and speak with honesty, openness, with processes there to use with support. Mr Middleton responded that as a first observation organisational culture was difficult to define and takes a long time to alter. As part of the improvement work, there were plans to make it easier for staff to do the right thing by establishing confidential routes to encourage concerns to be raised. A medium term mitigation was to implement the principles of High Reliability (deference to expertise, safe to speak out) to enhance cognitive diversity.

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	<p>Mr Donald offered to visit MUSC which Mr Middleton accepted, with a wish to have a visit sooner rather than later.</p> <p>Mr Grant asked about communication with services who interface with MUSC. Mr Middleton responded that the Test of Change strategy was about to be issued with included a communication plan covering stakeholders within and outwith MUSC.</p> <p>Dr Brown outlined to the Committee that the Nursing Directors and Chief Nurses were taking forward a rolling programme of training to ensure nursing staff were up-to-date with statutory and mandatory training.</p> <p>The Committee asked if the timetable for the Test of Change was achievable. Mr Middleton outlined that there were three cycles within the overall timeline, with a front loaded process, with some room for opportunity chance. The OMT believed in the change and wanted to deliver it by March 2024. The immediate work was to have performance management in order to establish what development staff would require to work in a pathway model of care.</p> <p>Mr Nicol suggested including examples which staff have given as feedback to provide reassurance. Mr Middleton acknowledged this, explaining that the way to change culture is to tell the stories and it was part of the methodology of the Test of Change to myth bust. Mr Donaldson commented that it was the most open organisational change he had been involved with.</p> <p>The Committee thanked Mr Middleton and Mr Donaldson for their comprehensive, clear and transparent report. The Committee confirmed that they were assured.</p>	
<p>49/23</p>	<p>Delivery plan assurance for <i>Objective 1: Pathways</i></p> <p>a. Improving access to urgent & unscheduled care by March 2023, through redesign & implementation of urgent pathways of care across all specialties</p> <p>Ms Houston presented how the Unscheduled Care Improvement Programme links to the Staff Governance Standard. The following was highlighted:</p> <ul style="list-style-type: none"> • The structure to deliver the nationally driven initiatives was five improvement portfolios to deliver on of: <ul style="list-style-type: none"> • Community Urgent Care • Flow Navigation • Virtual Capacity/Hospital at Home • Front Door Flow • Optimising Flow • The action and learning network was about to be launched • The five improvement portfolios were linked to recovery drivers of reduce attendance, reduce admissions, reduce length of stay and optimising flow. • Well Informed <ul style="list-style-type: none"> • Whole System Representation on USC Programme Board 	

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	<ul style="list-style-type: none"> • Dedicated Teams Channel • Fortnightly Update Sessions • Live Action Plan on teams channel • Appropriately Trained and Developed <ul style="list-style-type: none"> • Enabling Groups for Data/QI/Evaluation and Comms and Engagement – hints, tips and tools, take away learning for other activities • Training & Development Opportunities e.g. ANPs within FNC • Involved In Decisions <ul style="list-style-type: none"> • SRO and Operational Lead aligned to each workstream • 6 weekly Action and Learning Network including representation from National Improvement Advisors • Treated fairly, consistently, with dignity & respect in an environment where diversity is valued <ul style="list-style-type: none"> • System Leadership Approach – those who do the work do the change • Continually collating staff feedback for each workstream • Provided with a continuously improving and safe work environment, promoting the health & wellbeing of staff, patients and the wider community <ul style="list-style-type: none"> • Risk management and escalation via Action & Learn Network and USC Programme Board • Comms and Engagement Enabling Group for staff and community, with staff communicating outwith the health setting <p>All were asked to submit any questions through Mrs Annand.</p>	<p>All</p>
<p>50/23</p>	<p>Delivery plan assurance for Objective 2: People</p> <p>Mr Power referred to the distributed paper.</p> <p>Mr Power began by concluding the performance reporting for 2022/23. Reviewing the deliverables, relevant to the Committee, across all three elements there were 17 either complete or on track and 11 with a minor or significant delay. Delays had been contributed to by a lack of national progress with the integration of business systems and sustained pressure on services impacting the ability of colleagues to engage with the more developmental aspects of the work. Mr Power provided further detail for the two deliverables where there had been significant delay.</p> <p>The first was in relation to establishing a medical staff bank, the first stage to creating a single staff bank, 50% of the requested funding to establish model allocated recurrently from 2023/24 had been received. From the initial scoping the Supplementary Staffing Group indicated this is insufficient. Subsequent discussion between Director of Strategy, Medical Director, Nurse Director and Director of People & Culture identified in July 2023 the need to revisit proposals. A meeting was planned with key project team members in October to review the project initiation document and technical specification to understand and support where possible to address barriers.</p>	

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	<p>The second was in relation to statutory and mandatory training. There had been improvement across all subjects during 2022/23, but levels were not yet at target. As such the deliverable had been carried in to 2023/24. New Partnership co-chairs of SLWG (Chris Middleton and Janine Langler) have been inducted to help build on progress, including implementing Quality & Safety Group recommendations on prioritisation. To be supported by further work on improved local Turas reporting, continuing to include in Workforce Intelligence data shared with Portfolios, pending national system improvements by NHS Education for Scotland (NES). In addition the national Protected Time for Learning work stream is expected to present a Directors Letter and implementation programme to Scottish Terms and Conditions Committee (STAC) in September 2023. This would set clear expectations on Boards to give time for learning.</p> <p>On request of the Committee, Mr Power explained what would be different on this occasion to ensure a sustained increase in statutory and mandatory training compliance. There has been improvement in compliance rates over the last year contributed to by the Chief Nurses taking forward through the professional lead basis. As demonstrated in the presentation from MUSC, there was increased requests for data to manage compliance and a recognition of the management responsibility. The statutory and mandatory data formed part of the system pressures report to give it equal status and visibility alongside other data.</p> <p>For the annual delivery plan deliverables for 2023/24 there were 13 linked directly to people, and thus expected to be part of the Committee's focus, as follows:</p> <p>Culture & Staff Experience</p> <ul style="list-style-type: none">• Improve staff engagement by enhancing managers' access to and understanding of available information, and use of insights.• Increase involvement of colleagues across NHS Grampian and the HSCPs in developing a values based culture that supports our strategic intent.• Broaden our support for people managers and enhance the value placed on effective management practice by colleagues.• Widen the discussion about equality and inclusion to include more colleagues and support increased local ownership of improvement work.• Subject to national resourcing, implement as necessary amendments to terms, conditions and ways of working arising from pay reform. <p>Health, Safety & Wellbeing</p> <ul style="list-style-type: none">• Increase the proportion of colleagues who feel NHS Grampian proactively supports their health, wellbeing and welfare at work.• Embed improvements in Prevention & Management of Violence & Aggression and wide Health & Safety practice and supports.	
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	<ul style="list-style-type: none">• Ensure access to Occupational Health supports is in line with agreed KPIs and widen range of services to support ageing workforce/working longer. <p>Sustainable Workforce</p> <ul style="list-style-type: none">• Widen access to employment through entry level roles, recruitment from diverse backgrounds, and Apprenticeships.• Subject to national system integration, implement Allocate e-Rostering tools to enhance workforce visibility and use of capacity.• Deliver information and service led workforce planning that supports priority transformation programmes, regional working and workforce diversification.• Ensure statutory and mandatory training complete for at least 70% existing staff and 90% new starts, with 80% of colleagues completing appraisal• Reduce reliance on agency staffing as part of supplementary staffing use in line with value and sustainability plan <p>Appendices 3-5 of the paper provided an update of the progress with the deliverables directly aligned to the Health, Safety and Wellbeing area in the current performance year.</p> <p>A tactical risk register would be developed as part of the planned development session with the Occupational Health, Safety & Wellbeing Committee on 23 August, which would help guide risk based planning.</p> <p>Mr Cowe stated that the roll out of the PMVA training to Portfolios continued. There had been a PMVA training needs analysis where it was believed that violence and aggression was a significant risk so that the appropriate level of PMVA training could be identified. In addition there was a pilot of the new organisational H&S monitoring programme currently being undertaken in 11 areas across the Portfolios by three H&S Advisors (Monitoring). The pilot was due to be completed in October 2023 after which the findings will be shared with the H&S Expert Group and OHS&W Committee. Evaluation of the pilot will be used to inform the final version of the monitoring programme.</p> <p>Dr Targett highlighted the following regarding occupational health:</p> <ul style="list-style-type: none">• The number of OHS referrals for the first 7 months of 2023 were now back to pre-pandemic levels, with the majority within the broad category of stress, anxiety and mental health conditions.• OHS will continue to develop the management referral hub to improve the information provided to managers to enable them in their role managing sickness absence or supporting staff health and wellbeing. Work continued with We Care and the national wellbeing hub.• The OHS Occupational Therapy support service for NHS Grampian staff with symptoms of Long Covid will continue beyond November 2023 due to receiving a new funding source, extending the remit to include all staff with chronic fatigue symptoms impacting on their ability to work.	
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	<ul style="list-style-type: none"> • A referral pathway from OHS to the menopause clinic had been agreed for staff experiencing menopausal symptoms impacting on their ability to work, where GP management has not been effective. • Positive feedback received from Charities Together on how investment of monies used which may open the door for a bid for more funding for 2024/25. <p>The Committee noted how aligned the work being undertaken was to the Staff Governance Standard and the improvement over the last couple of years. However was required to confirm that there is awareness of the availability of support for employees. Dr Targett highlighted the promotion of support through the We Care Wednesday feature in the Daily Brief, adding that the effects of chronic stress can be seen months or years after the cause. Mr Grant suggested communicating to staff to raise understanding of the potential impact on relationships and the need for empathy. Mr Power outlined his support. Mr Stephen highlighted that other communication methods would be required in addition to the Daily Brief.</p> <p>The Committee noted the content, agreed the information provided was sufficient and was assured by the progress outlined.</p>	
<p>51/23</p>	<p>Draft Integrated Performance Assurance and Reporting Framework for NHS Grampian</p> <p>Mr Stephen referred to the distributed documents which outlined a draft integrated performance assurance and reporting framework. This had been discussed at PACFIC and feedback was sought from the Committee.</p> <p>The Committee commented that it was a useful way forward and that there would be benefit from having the same template across committees. The work to create a shared culture of compassionate and distributed system leadership approaches at all levels in support of system transformation was noted.</p> <p>Mr Stephen thanked the Committee for the feedback, explaining that work would be undertaken to operationalise the framework.</p>	
<p>52/23</p>	<p>Sharing Cultural intelligence groups - Terms of Reference</p> <p>Mr Power referred to the distributed agreed Terms of Reference for two groups – Executive Leads Group and Board. The Board Intelligence Group gave the opportunity to consider risks, challenges, and opportunities highlighted by the Executive Leads Group by triangulating these with other forms of cultural intelligence gathered by non-executives, including through operation of the national whistleblowing standards, and the rolling programme of portfolio and directorate presentations to the Staff Governance Committee. The intent was to support a joined up Board approach to engagement on cultural issues and provide assurance that these are understood and being addressed. The first cycle of meetings had taken place in June 2023, from which it was identified that there was a need to spend time with teams highlighted through iMatter outcomes. This may be either where support is required or where there had been positive</p>	

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	<p>changes in order to support best practice. An example of when data and intelligence had been used to indicate what may need to be looked into further was a review of the medical national training survey data which confirmed other intelligence that a specialism warranted further discussion with colleagues.</p> <p>The Committee noted the Terms of Reference and was assured that an appropriate Board level focus was being put on organisational culture.</p>	
	<p>Statutory Information, Reports and Returns</p>	
<p>53/23</p>	<p>Whistleblowing Standards 2023/24 Quarter 1 report</p> <p>Mrs Ballantyne presented the 2023/24 Quarter 1 report. At the start of Quarter 1, there were five open cases from previous quarters and during Quarter 1 five new concerns had been raised. During Quarter 1 three concerns were closed, leaving seven active cases. The average time to conclude a concern was 65 working days as in many cases there was a complexity to the concerns being investigated. After a decrease in concerns raised during 2022/23 in comparison to 2021/22, there had been an influx of concerns raised to date in 2023/24.</p> <p>Mr Grant raised whether for an act to be classified as bullying and harassment it required to be an intended act. Mrs Ballantyne explained that although the number of bullying and harassment cases was included in the Whistleblowing quarterly reports, they were dealt with separately from a whistleblowing concern by the Operational HR Team as advised by the Independent National Whistleblowing Officer (INWO).</p> <p>Mr Donald make the following points:</p> <ul style="list-style-type: none"> • An individual with a concern may have different routes to raise it but irrespective of the route, they must see that their concern has been accepted and looked at properly. • The number of Whistleblowing concerns overall were not large, which could be interpreted a number of ways. Although the Standards are there for use the preference would be that concerns are raised with line management at an early a stage as possible for resolution. • Awareness of the Standards and the confidence of staff to raise concerns needs to be raised. • When concerns are raised they should be encouraged and embraced, not seen as negative. • Investigations are always aimed to be completed as quickly thoroughly as possible, although complex cases do take time to complete. The individual raising the concern must be informed if timescales extend beyond the indicative timescales in the Standards (Stage 1 – 5 working days and Stage 2 – 20 working days). The Committee asked if NHS Grampian timescales were comparable to other Boards. Mrs Ballantyne responded that NHS Lothian had found the number of cases had increased year on year, with 1.5wte whistleblowing co-ordinators to manage the process. NHS Grampian 	

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	<p>was currently progressing a 0.4wte co-ordinator role for both whistleblowing and the speak up service.</p> <ul style="list-style-type: none"> • The need to keep track with the progress of the audit recommendations. Mr Power stated that the progress with the audit recommendations would be monitored by the Audit and Risk Committee but it would not be inappropriate for a line of sight to other committees if relevant. Mrs Ballantyne confirmed she had been asked to provide an update to the Audit and Risk Committee. Mr Power informed the Committee that a number of officers had been tasked to agree a model of delivery for the whistleblowing and speak up service. • The need to pause and reflect on the implementation to date to consider progress and improvements to be made. • An awareness was required for the plans for this years Speak Up Week. <p>The Committee raised the need for the data to be interrogated over the next five years to identify any trends, as the current numbers were too low to be meaningful.</p> <p>The Committee raised whether the Whistleblowing quarterly reports should only report on whistleblowing concerns, ceasing the inclusion of grievance and bullying and harassment cases. It was noted that the Committee had previously requested the data to be included, as it was linked and that the INWO may also have requested Boards take cognisance of the number of grievance and bullying and harassment cases. The Committee discussed whether bullying and harassment could be occurring to stop a whistleblowing concern being raised and the need to ensure all routes possible were open for that individual to raise the matter. It was noted that an individual can raise a number of matters through different routes at the same time. The reporting however should be kept separate. It was agreed Mr Coldwells, Executive Lead for whistleblowing would be involved in the decision regarding the inclusion of grievance and bullying and harassment cases in the whistleblowing quarterly reports.</p> <p>The Committee endorsed the 2023/24 Quarter 1 report.</p>	<p>LB/DA</p>
<p>54/23</p>	<p>Remuneration Committee 30 June 2023 agenda and assurance statement</p> <p>Noted by the Committee.</p>	
	<p>For Information</p>	
<p>55/23</p>	<p>a. BMA Joint Negotiating Committee Minutes – no new approved minutes</p> <p>b. Culture and Staff Experience Oversight Group minutes – no new approved minutes</p> <p>c. Occupational Health, Wellbeing and Safety Committee – no new approved minutes</p>	

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	d. Sustainable Workforce Oversight Group – 23 May 2023 Noted by the Committee.	
56/23	AOCB a) Rota gaps Mr Power outlined that the Chief Executive Team (CET) was aware of the impact on the service of unfilled training posts on junior doctor rotas, following the August 2023 changeover. The CET was working with the affected Portfolios and a paper would be provided to the Committee as part of the Sustainable Workforce focus.	
57/23	Date of next Meeting Tuesday 24 October 2023 2pm to 4.30pm via Teams	