APPROVED

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 22 August 2024 at 10am
virtually by MS Teams

Present	Joyce Duncan	Chair
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Dennis Robertson	Non-Executive Board member
Attending	Paul Bachoo	Portfolio Executive Lead & Medical Director (for item 9)
	Louise Ballantyne	Head of Engagement (for item 12)
	June Brown	Executive Nurse Director
	Adam Coldwells	Interim Chief Executive
	Ian Cowe	Head of Health and Safety
	Geraldine Fraser	Interim Portfolio Executive Lead – Medicine 7 Unscheduled Care (MUSC) (for items 9 and 10)
	Alistair Grant	Staff Side
	Denise Johnson	Chief Nurse Integrated Specialist Care Portfolio (for item 9)
	Gerry Lawrie	Head of Workforce and Development
	Janine Langler	Partnership Representative (for items 6.1 and 6.2)
	Kevin Leslie	Senior Public Health Practitioner (for items 6.1 and 6.2)
	Lucy McLeod	Strategic Interface Lead, MUSC (for items 9 and 10)
	Jill Matthew	Head of Occupational Health Services
	Jennifer Matthews	Corporate Risk Advisor (for item 9)
	Jason Nicol	Head of Wellbeing, Culture and Development (item 10 only)
	Tom Power	Director of People and Culture
	Catriona Robbins	Chief Nurse Medicine and Unscheduled Care (for item 9)
	Rachel Soplantila	Chief Nurse Public Health (for items 6.1 and 6.2)
	Philip Shipman	Head of People and Change
	Heather Taylor	HCSA Facilitator (observer)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Jamie Donaldson	Staff Side
	Lynn Kilbride	RGU representative
	Steven Lindsay	Employee Director

Item	Subject	Action

1   Apologies

Noted as above.

2   Declarations of Interest

None raised.

3   Chair's Welcome and Briefing

4   Minutes of Meeting on 6 June 2024

The minutes were approved as an accurate record.

5   Matters Arising

5.1   **Action Log 6 June 2024**

The Chair outlined that action SGC46 was complete. It was noted that the due date for actions SGC47 and SGC59 had been deferred to later than the October 2024 meeting whilst SGC51, SGC54, SGC57, SGC58 remained on the 31 October 2024 meeting agenda.

6   Public Health

6.1   **Staff Governance Standard Assurance**

6.2   **Workforce Information**

The Senior Public Health Practitioner referred to the Public Health Portfolio report, which provided an update from the last attendance at the Committee in February 2023, highlighting the following:

- iMatter 2024 results saw improvements across all strands of the Staff Governance Standard.
- The revised governance structure has given more of an employee voice through increased participation and the ability to discuss matters.
- Following the commitment made the last time Public Health attended the committee, a partnership forum had been established. Co-chairs were the Senior Public Health Practitioner and Deputy Director of Public Health, whilst a Staff Side co-chair was being sought. The Staff Governance Standard was used as the structure for the meeting with identified priorities of analysing the iMatter report in depth and training needs.
- The move to Woodhill House was consistently raised as a concern due to the lack of information and that change causes anxiety. It is hoped that the local partnership forum

can be used to raise and discuss concerns and that there are opportunities for the staff to be more involved going forward.

- There was work to examine barriers to compliance with statutory and mandatory training. In addition there was a Directorate CPD hour weekly, Health Protection specific CPD and other sessions for individual registrations.

The following points were raised in discussion:

- The intended action to see improvement in statutory and mandatory training compliance. The Chief Nurse Public Health responded that from the Workforce information provided it enabled areas of improvement to be identified as previously the alignment of staff within Turas had made reports challenging. Teams should consistently review reports and identify barriers to compliance. In addition timely reminders from Turas to complete training was to be arranged. The Head of Health and Safety explained that statutory and mandatory compliance reports are sent monthly to the Chairs of H&S committees.
- What was being done to improve the communications regarding the move to Woodhill House. The Chief Nurse Public Health responded that it had been requested that the Change Champions process should be used for communication purposes. The Committee noted the need to have learning from this experience.
- Assurance was sought that the lack of a Staff Side co-chair was not due to the inability to be released to undertake such roles. It was confirmed that the Employee Director was aware however there was a lot of call on the time of the Staff Side representatives. The Partnership Representative stated that taking on the role was not due to unwillingness. In their situation, the line manager was supportive however it was not about being released rather there was no backfill to do their substantive role.
- The use of the term reservists was causing concern. The Chief Nurse Public Health explained that at the end of the pandemic NHS Grampian allocated funding to enable the standing up of a pandemic response quickly. Individuals were recruited to essential roles with part of the role to provide the first response at a future pandemic thus automatically stopping their other work. A change of the reservists term would be discussed with the Deputy Director of Public Health.
- The report content was assessed as a good baseline to go forward.

The Committee commended the informative report which showed that compliance with the Staff Governance Standard was taken seriously in Public Health, confirming they were assured.

Item	Subject	Action

7   2024/25 Delivery Plan assurance for Objective 2: People

7.1   Flash reports from the following oversight groups

- Sustainable Workforce and
- Health, Safety & Wellbeing (not available as there has been no additional meetings since the last Staff Governance Committee)
- Culture and Staff Experience

Noted by the Committee.

7.2   In-depth – Occupational Health Wellbeing and Safety

In 2024/25:

Deliverable - A broader range of KPIs and Toolkit for Managers used in support of Health and Safety compliance and improvement.

Deliverable - Take steps to reduce absence in areas that are above average in NHS Grampian, helping keep overall level below 5%.

The Director of People and Culture referred to the progress with the Occupational Health Wellbeing and Safety deliverables in 2023/24. At the end of quarter four, two deliverables were complete and one on track.

In respect of the 2024/25 deliverables, the Head of Health and Safety highlighted the following:

- Health & Safety Toolkit for Managers launched as essential training for all managers, advertised through the Daily Brief and a banner on the intranet. Update of training will be monitored.
- Work was underway to introduce more Health & Safety KPIs to help make areas more accountable. The H&S Monitoring Team are now working with colleagues in the Wellbeing Culture and Development Business Hub, Occupational Health, and Workforce Information Team around the KPIs which they would either have significant input into, or be responsible for reporting.

The Head of Occupational Health Services highlighted the following:

- An initial working group comprising of representatives from the People and Culture Directorate, Occupational Health, Workforce team, HR will review all the available data consider the context, patterns and root causes of absenteeism in NHS Grampian where the absence rate is above 5%. A Proposed Test of change pilot will be implemented within 2 identified areas which have high absenteeism rates, one in a Clinical area and a Non clinical area. The pilot will involve the introduction of targeted support and initiative's specific to the areas identified need, this will then be monitored and evaluated and assessed on the impact of absenteeism. During this process the challenges experienced by services will be understood. This test of change will serve as a model for broader implementation across other departments if successful.

The Director of People and Culture outlined that this work was commencing from a good starting position, as NHS Grampian was the mainland territorial board with the lowest sickness absence.

The following points were raised in discussion:

- Work to identify the causal reasons for absences will be undertaken. It was confirmed a holistic approach will be taken to helping to address these, within the constraints of current resources.
- Request to review the absences of professions also. When the absences within Nursing and Midwifery are analysed the highest sickness absence is within Health Care Support Workers. Work was necessary with Senior Charge Nurses on how to manage the absences with appropriate supportive tools.
- The right level of resource was required with the appropriate level of focus on attendance management. Additional coaching and training of managers may be required.
- Whether the work could be extended to review why staff are leaving both areas and NHS Grampian, as also key data as if reasons know resignations may be prevented. This was acknowledged. The Director of People and Culture highlighted that exit information was required as part of the design for future national business systems. The Head of People and Change updated that the work on devising a new exit questionnaire process was progressing, with their comments having been provided on a draft.

The Head of Occupational Health Services stated that there was the opportunity to raise the profile of Grampian Occupational Health to support managers to have the confidence and competency to make management referrals appropriately. Management training materials would also be updated.

The Director of People and Culture informed that the Terms of Reference for the Occupational Health, Safety & Wellbeing Committee was being reviewed to have the agenda focus more deliberately on key risk areas to ensure these were being addressed/mitigated, especially due to the pressure in the system.

The Committee was assured by the progress outlined at the meeting.

8   Quarterly internal report on The Health and Care (Staffing) (Scotland) Act

The Director of People and Culture introduced the first quarterly internal report by NHS Grampian's Board Level Clinicians (Executive Nurse Director, Director of Public Health and Medical Director). The report was a requirement of the governance arrangements of the Act to demonstrate due regard to their duties under the Act. Internal quarterly reports, which had been agreed would be considered by the Committee, will be used to inform the external annual report, which will go to the full Board in 2025.

Healthcare Improvement Scotland (HIS) will be holding a quarterly engagement meeting in September 2024 with NHS Grampian as part of their regular monitoring. Following the Committee a copy of the Boards Quarterly Report for quarter one will be shared with HIS.

The Head of Workforce and Development stated that the report was the independent views of the Board Level Clinicians on NHS Grampian's compliance with the Act. It was acknowledged this was a learning process with some cross learning with other Boards and HIS, which will form part of the engagement meeting given one purpose was to provide an opportunity to highlight areas of success, good practice and to share learning. At subsequent engagement meetings HIS will monitor progress. Cross system working continued in order to achieve compliance, for example a self-assessment document will be completed by Portfolios, H&SCPs and Public Health; SafeCare roll out; escalation of risk and first external quarterly report of high cost agency usage.

The Committee observed that as the three Board Level Clinicians assurance statements were written differently they were not sure what they were meant to gain from the statements. The Head of Workforce and Development acknowledged the need to format the statement to make it easier for the Board Level Clinicians to provide. It was known that some Boards were using the annual report template of 85 questions for quarterly reporting but NHS Grampian felt this was excessive, and not required.

The Committee highlighted the context of using the wording "appropriate staffing" without the understanding of what this was. The Director of People and Culture responded that it was difficult to generalise, particularly in areas where real time workforce tools have not been introduced. It did not mean rotas were fully staffed, but rather that skill mix is appropriate to the setting concerned. G-OPES assisted but another tool is required, which is where the broader roll out of SafeCare can help.

The Executive Nurse Director outlined that the Board Level Clinicians wrote their statement separately, not collectively. The staff groups had different backgrounds which led to working differently, for example, Nursing and Midwifery had from 2016 a suite of tools and processes on how to manage staff. The definition of "appropriate staffing" was different in different settings. The Director of People and Culture stated that it highlighted the importance of the Board Level Clinicians group which interfaced with both the Clinical Governance Committee and this Committee.

The Committee confirmed they were assured in the context of being at an early stage of implementation. The Head of Workforce and Development declined the request to cease using the word "appropriate" when describing views on staffing, as the term was used in the legislation.

9   **Strategic risks**
- Inability to meet population demand for Planned Care'
- Significant Delays in the delivery of Unscheduled Care'

The Medical Director Acute outlined the Strategic Risk of Inability to meet population demand for Planned Care, giving a presentation from the Staff Governance Standard perspective. The following points were highlighted:

- Integrated Specialist Care Portfolio 2024 and 2023 iMatter statistics which had remained the same over the two year period of a Directorate response rate of 62%, Employee Engagement Index of 76 and overall experience working for NHS Grampian 7/10. This information was provided to give the context in which planned care was delivered.
- Integrated Specialist Care Portfolio senior leadership team iMatter respond rate had increased from 58% in 2023 to 70% in 2024, with an Employee Engagement Index of 82.
- The challenges were:
- Additional & Overtime
  - Differential pay rates for Agenda for Change staff versus medical staff
  - Differing ability to earn overtime through this method (e.g. theatres nurses asked a lot, General Medicine Ward Nurses not asked)
  - Moral injury – overtime is voluntary – but staff know the backlog and are asked frequently therefore how voluntary really.
  - "At your best with rest" policy versus "Could you work your weekend please"
  - Don't forget for every clinic or theatre we run at a weekend there are also receptionists, cleaners, decontamination teams, porters etc also working their weekends – recognise everyone is contributing
- Violence & Aggression & Morale
  - Negative patient reaction due to length of wait. Likely focussed more on booking staff then clinical staff, but will definitely be some clinical staff too
  - Morale: Negative impact on staff of basically having to apologise to every patient about the length of wait that is forecasted/being experienced
- Reduced Working Week for rostered areas
  - How does the reduced working week correspond with the already "intolerable" risk given our current capacity
  - First Risk Registry entry on this is from critical care: Suggestion - 1wte for each 30 mins – so 3wte reduction at the end of the process. If not mitigated then this will reduced beds. The same will apply in all wards. Obvious consequences given bed base and capacity challenges
- The significant extent of non-compliance with mandatory learning for NHS Grampian Medical Staff
- Staff Wellbeing – What we're doing –
  - Well-being Sessions
  - Daily Brief 5/8/2024- At your best with rest. Whilst this is a piece of wider work to help staff breaks, Rest, Recovery, it has also been adopted by the Junior Medical Rota Project
  - Invitation to trainee representation from MDT to attend ISCP formal business SLT meetings
  - Engagement with Advisory committees
  - NHS Grampian supported a Psychologist post in ICU (0.6WTE) to support patients/ families and staff with psychological impact of admission. The long term benefits of reduced psychological

distress and better engagement including return to work and reduce health care utilisation are well documented. We are collecting data via a service evaluation survey.

- We continue to use TRiM for adverse events which have significant impact on staff
- There are now NES funded psychologist imbedded in OHS for longer term psychological care of staff
- Shared Learning
- Open Spaces
- Visible leadership
- Acute specific daily communication
- Support days off and rest to aid resilience
- NHS Grampian supported a post providing staff support to over 25 teams in RACH and ARI in the first year of the post (2022/23)
    - Consultation and formulation meetings with senior leads to consider team needs and develop tailored intervention plan.
    - Team-based discussion sessions to gather information about distress and wellbeing, leading to co-development of a wellbeing plan.
    - Team reflective sessions to make sense of challenges and identify appropriate interventions.
    - Wellbeing psychoeducation sessions (for e.g. emotions and coping strategies; stress).
    - Team wellbeing mapping sessions (Prosocial matrix)
    - Care Spaces
    - Group Supervision and CPD sessions for trained Peer Supporters across NHS Grampian.
    - Mindfulness relaxation drop-in sessions (RACH).
    - Psychology led debriefs for staff groups after a distressing incident (RACH).
    - Brief 1:1 conversations for signposting.
    - Schwartz Rounds – spreading small acts of kindness

The Chief Nurse Integrated Specialist Care Portfolio stated that the Wellbeing, Culture and Development team had been engaged to provide support.

The Committee thanked the Medical Director Acute for the useful presentation.

The Director of People and Culture asked what the appropriate response would be to a request for additional resource to mitigate the impact of the reduced working week given the limited Agenda for Change non pay reform implementation budget from the Scottish Government. The Medical Director Acute responded that firstly the loss of activity required to be understood and whether the impact could be mitigated by for example scheduling of work or directing the work to NHS Highland national treatment centre or Golden Jubilee University National Hospital. The Chief Nurse Integrated Specialist Care Portfolio added that locally it was important to know the gap with current service delivery across all areas then consider what can be done differently to mitigate the gap.

The Committee asked why non-compliance with mandatory learning for NHS Grampian Medical Staff was so significant. The Medical Director Acute

responded that many Medical Staff do not relate to the topics and of their importance to them. Previous approaches had not improved compliance therefore a new approach was being considered.

The Committee was assured by the information in the paper.

The Interim Portfolio Executive Lead for Medicine and Unscheduled Care (MUSC) outlined the Strategic Risk of Significant Delays in the delivery of Unscheduled Care, giving the context on how it impacts on colleagues. Consideration was required on how staff thrive in the environment of increased system pressurise and scrutiny of poor performance, whilst not acknowledging good outcomes from other measures such as lowest number of presentations to head of population. The strategic risk had an impact on staff daily. Taking into account iMatter results organisational development was being planned for the new team along with developing a communication plan to cover visible leadership; matters being raised at the monthly staff governance meeting; support for teams to understand roles and spend time together; consideration of the impact of the reduced working week when individuals are already feeling pressurised to cover the work; and encouragement to take breaks. It was acknowledged that there was work to be undertaken to help staff through difficult times. An open meeting for staff was to take place to share progress, with honesty of what actions can be taken now and later.

The Interim Portfolio Executive Lead – MUSC committed to ensure staff knew of the option to contact a Speak Up Ambassador.

The Director of People and Culture highlighted that whilst there had been a 52% response rate for the recent iMatter survey, this meant that 48% were not participating. What was known about their views was requested to be included in the next portfolio report to the Committee.

GF

The Committee was assured by the information in the paper.

Bert Donald left the meeting (12 noon)

10   MUSC update following joint committee in September 2023 with the Clinical Governance Committee

The Interim Portfolio Executive Lead – MUSC presented an update on the main streams of work. With regard to medical staff the following was highlighted:

- Medical staffing at both junior and middle grade (senior decision makers) had improved since 2023.
- There was one consultant vacancy currently being covered by a locum.
- There had been an improvement in the results of DDiT survey carried out by NES.

The Strategic Interface Lead, MUSC added that a team building event was taking place that day.

The Committee was pleased that there had been an improvement in medical staffing however there had not been a corresponding positive impact on patient flow in Aberdeen Royal Infirmary. The Strategic Interface Lead, MUSC responded there were two issues at play – a coherent MUSC team

and capacity within Aberdeen Royal Infirmary – however performance was only measured at the ED front door. There were regular meetings with the Scottish Government Performance and Improvement team where it had been recognised that NHS Grampian was performing well with the resource available and with the SAS where risks were discussed at a weekly meeting. There was further work planned to review pathways aiming for more streamlined flow.

The Committee was assured with the progress made to date.

11   Agenda for Change Reform Programme flash report

The Head of People and Change referred to the flash report, highlighting the following:

- Good progress to reduce to a 37 hour week with a continual changing percentage of the organisation having completed implementation. National deadlines to reduce to a 37 hour week was 31 August 2024 for non-rostered and 30 November 2024 for rostered staff.
- All managers of rosters had been asked to confirm if implemented the reduced working week for that roster. This was an additional reporting request as it was unknown that the Scottish Government was going to set deadlines based on rosters.
- The Staff Nurseries were an area that was unable to achieve the reduction. It had been recognised nationally that this may occur on a rare basis with a process in place for the STAC Reduced Working Week Implementation Group to engage with Board partnership groups to review such cases and explore options to achieving the reduced working week.
- Band 5 Nursing review was progressing with Job Evaluation process modelling undertaken. At present there was no deadline date for the process to be completed by, with a small amount of applications made to date.
- Sub-group working on confirming local core training requirements covered by Protected Learning time for different Job Families and with NHSS Learning Leads to inform Once for Scotland approach.

The Committee asked if it was known why there had been such a small number of applications under the Band 5 nursing review. The Head of People and Change confirmed that this was the position across the Boards therefore NHS Grampian was not an outlier. Reasons for this may be lack of traction: lack of guidance; the need to complete a 75 question questionnaire; no deadline date; and the misunderstanding that the individual cannot undertake a Band 6 role rather than understanding they are being asked to describe what they are currently doing in their role which will be assessed as to whether it is a Band 6 or not. To encourage applications, the clarity given in the recent Ask Adam had been helpful.

The Director of People and Culture stated that there was a Board session regarding the Agenda for Change non pay reform programme on 12 September 2024.

The Committee confirmed they were assured, endorsing the report.

Item	Subject	Action

Statutory Information, Reports and Returns

12   Whistleblowing 2024/25 Quarter 1 report

The Head of Engagement presented the 2024/25 Quarter 1 report to the Committee, highlighting the following:

- During the period 1 April to 30 June 2024 there were 10 new concerns raised through the whistleblowing route. This was 6 more than last quarter.
- 7 of the 10 met the criteria for whistleblowing. This was 5 more than last quarter.
- Of the 3 concerns which were not handled through the whistleblowing process, 1 was raised directly with a line manager by the concern raiser and dealt with; 1 was about bullying and handled through the bullying and harassment process; 1 saw improvements in their services so decided to pause, hold off raising concerns at this time.
- A breakdown of concerns raised in Quarter 1 that met the whistleblowing criteria, detailing the status, issue, number of concern issues raised within each overall concern and service area.
- A breakdown of the 4 cases concluded during Quarter 1, detailing the issue, number of concern issues raised within each overall concern, outcome and service area.
- There were 2 concerns still open/in progress at the end of 2023/24. One of these was due to close in 2024/24 Quarter 2 and the second was withdrawn from the whistleblowing process and resolved directly with the line manager.
- At the end of 2024/25 Quarter 1, 5 concerns remain open/in progress.
- Yearly summary of whistleblowing concerns received 2021/22 14; 2022/23 8; 2023/24 18 and 2024/25 Quarter 1 7.

The Committee raised whether the introduction of the Speak Up Ambassadors may result in less formally raised whistleblowing concerns and thus the trend of increasing whistleblowing concerns being raised may not continue. The Head of Engagement acknowledged this may be the case. The Speak Up Ambassadors had a wider focus of a healthy speak up culture and providing guidance on the best way forward. An aim would be for staff to have more confidence in speaking to their line manager after seeing no negative impact on colleagues who have done so. The Head of Engagement informed that a pause and reflect on the Speak Up Ambassadors role was taking place in November 2024, one year after being in place.

The Head of Engagement informed the Committee that Speak Up week was the week of 30 September 2024. There would be a face to face session in the Medical Lecture Theatre on the morning of 30 September and in the afternoon a session at the wide Senior Leadership Team meeting to determine what leaders need to create a speak up culture, tied in with the anti-racism work.

The Committee raised whether the whistleblowing pause and reflect which had taken place in June 2024 should be repeated either annually or bi-

annually. The Head of Engagement responded that the session had been helpful as it was good to receive feedback and should be repeated.

The Committee commented that the contents of the report had improved and confirmed that it was assured by its content.

13   Review of Committee governance arrangements

The Director of People and Culture referred to the distributed paper which included an updated forward planner and suggested amendments to the current Terms of Reference. An internal audit review on committee governance arrangements had highlighted a number of areas where practice was not optimal resulting in a number of recommendations. The forward planner had been updated to keep track of agenda items related to ADP objectives and deliverables; scheduled items and items returning to the Committee. The Committee Terms of Reference had been reviewed to take into account the recommendations which included naming the current officers and to reflect current practice. The Committee had previously decided that an annual health and safety report was not required.

The Committee assured by the review of arrangements undertaken, endorsing the amended Terms of Reference, for Board approval. It was noted the Terms of Reference will be reviewed annually.

DA

14   Remuneration Committee 4 June 2024 agenda and assurance statement

Noted by the Committee.

15   Items for Noting

The Committee noted the following approved minutes/report:

15.1   BMA Joint Negotiating Committee Minutes – no new approved minute

15.2   Culture and Staff Experience Oversight Group minutes – 4 March 2024

15.3   Occupational Health, Wellbeing and Safety Committee – no new approved minute

15.4   Sustainable Workforce Oversight Group – no new approved minute

15.5   GAPF Board report – covering April and May 2024 meetings

15.6   Area Clinical Forum – 1 May 2024

16   Any Other Competent Business

None raised

Item	Subject	Action
17	**Date of Next Meeting**	
	Thursday 31 October 2024 2pm to 4.30pm via Teams	