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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Tuesday 24 October 2023 at 2pm
via Microsoft Teams

Board Meeting
14.03.2024
Open Session
Item 11.3.1

Present:

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

In Attendance:

Professor Caroline Hiscox, Chief Executive
Mr Philip Shipman, Head of People and Change
Mr Alistair Grant, Partnership Representative
Mr Jamie Donaldson, Health and Safety Partnership Representative
Dr June Brown, Executive Nurse Director
Mr Jason Nicol, Head of Wellbeing, Culture and Development
Ms Lesley Brander, Workforce Intelligence Manager (deputy for Ms Lawrie)
Mr Stuart Humphreys, Directors of Communications and Marketing
Mr Alan Sharp, Deputy Director of Finance (for agenda item 61/23)
Mr Paul Bachoo, Executive Portfolio Lead
Ms Sandra MacLeod, Executive Portfolio Lead
Ms Kaye Findlay, Assistant HR Manager (Observer)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

| Item | Subject | Action |
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| 58/23 | Apologies Apologies were received from Mr Tom Power, Director of People and Culture; Ms Gerry Lawrie, Head of Workforce and Development; Mr Ian Cowe, Acting Head of Health and Safety; Dr Katherine Targett, Consultant Occupational Physician; Professor Lynn Kilbride, RGU representative; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative. | |
| 59/23 | a. Minute of meeting held on 22 August 2023 The minutes were approved as an accurate record. Ms Evison requested that it be noted that Derick Murray had attended the meeting as a full member, as her deputy. b. Minute of the Joint Staff Governance Committee and Clinical Governance Committee meeting held on 21 September 2023 | |

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| | The Committee had no amendments to propose for the minute, | |
| 60/23 | <p>Matters Arising</p> <p>a) Action Log</p> <p>Ms Duncan highlighted that SGC42 action would be on the agenda for the December 2023 meeting and an update under SGC44 action would be provided at the first meeting in 2024. SGC46 action was in progress.</p> | |
| 61/23 | <p>Staff Governance Standard Assurance – Corporate Services</p> <p>a) Staff Governance Standard Assurance</p> <p>b) Workforce Information</p> <p>Mr Shipman presented to the Committee the People and Culture Staff Governance Standard Assurance report. The following was outlined by Mr Shipman:</p> <ul style="list-style-type: none"> • The Staff Governance Standard is at the heart of how the Directorate works, seeking to be an exemplar in for example the involvement of staff in the decisions that affect them. This included a series of whole Directorate workshops to help shape the specific actions and deliverables which support the “People” element of Plan for the Future. • An area of focus from the raising concerns report was to improve the percentage of staff who are confident concerns will be acted upon. This is in comparison to the majority of staff feeling confident that they can safely raise issues. As this was directorate wide data, the Heads of Service would discuss. • Compliance with the appropriately trained and developed element of the Staff Governance Standard has been assessed as partially assured as statutory and mandatory training compliance was below target. • Escalation of concerns to the Chief Executive Team around the unsustainable pressures by HR Operations being experienced leading to the potential inability to meet legal obligations, to be discussed at the December critical thinking session. <p>The Committee asked why the percentage of staff who are confident concerns will be acted upon was lower and what action was taking taken to improve. Mr Shipman responded that the learning from action learning sets due to commence between the INWO, HR Managers and Mrs Ballantyne, which would cover triaging concerns raised through the whistleblowing route, would be applied in the People and Culture Directorate.</p> <p>Mr Lindsay raised the question posed in the report of - does the absence of a specific Partnership Forum for the Directorate and/or Corporate Support services present any concerns for the Committee? He asked the Committee to note that there was not a centrally funded released full time partnership representative for corporate services and that there had been unsuccessful attempts to have a corporate partnership forum in the past. There was however nothing which unified the services which came under corporate</p> | |

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| <p>services. Mr Lindsay reassured the Committee that any changes which occurred within the directorate followed policy with appropriate partnership involvement. The Committee was asked if they were minded to accept that position. The Committee responded that there was a concern that there was no partnership forum. Mr Shipman stated that after April 2024 there would be the opportunity for a partnership forum to cover Woodhill House, which would create a unity for many within corporate services. It would not cover all corporate services but may give the Committee assurance that there would be less corporate services not covered by a partnership forum. It was agreed this would be discussed outwith the meeting.</p> <p>Mr Sharp presented to the Committee the Finance, Procurement and Performance Staff Governance Standard Assurance report. The following was outlined by Mr Sharp:</p> <ul style="list-style-type: none">• The Finance, Procurement and Performance Directorate had only recently been established, with Alex Stephen as the lead Director.• The Finance team had engaged with iMatter with improving outcomes. There was three areas to improve upon the approach taken:<ul style="list-style-type: none">• Training – widen the focus beyond professional qualifications to all staff through restarting a regular CPD lunchtime session, ensuring statutory and mandatory training compliance and ensuring all staff have personal development plans.• Information sharing – due to hybrid working there had been a reduction in the engagement with the virtual team brief, which before the pandemic had been face to face.• Safe working environment – the accommodation across the Directorate could be improved upon, therefore the move to Woodhill House was welcomed.• As a result of increased workload and complexity of matters there had been an increase in sickness absence which was being monitored. <p>The Committee raised a concern regarding running the CPD session at lunchtime. Mr Sharp stated that before the pandemic the lunchtime slot had generated good attendance however would review the proposal.</p> <p>The Committee asked if there was engagement with external partners to ensure training costs were as cost effective as possible. Mr Sharp responded that the cost of professional studies was shared between NHS Grampian and the individual. In house CPD was at no cost. Mr Shipman stated that in the People and Culture Directorate the cost of professional studies was also shared between NHS Grampian and the individual. Within the HR team, employment law training was provided either by the Central Legal Office or a private provider. Mr Nicol raised the North East Local Collaborative (NELC) where a number of bodies (NHS, Fire, Police, local authorities) worked together to optimise resources.</p> <p>Mr Grant raised the need to promote the Mental Health and Wellbeing policy and the resources it signposted to.</p> | <p>PS/SL</p> |
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| | <p>Mr Humphreys presented to the Committee the Planning, Innovation & Programmes (PIP), Property and Asset Development (PAD) & Communications (Comms) Staff Governance Standard Assurance report. The following was outlined by Mr Humphreys:</p> <ul style="list-style-type: none">• PIP, PAD and Comms all utilise iMatter as a key measure of staff experience, having successfully maintained response rates of above 82%, PAD 95% and 96% respectively over the last three years.• With regard to turnover, stability & vacancy data - these are all either being driven directly or indirectly by the proportion of short-term/fixed contracts - due to non-recurring funding sources. These figures support the feedback heard directly from staff. Whilst we continue to manage this risk, the impact upon service/programme delivery, as well as the loss of skills/expertise and time-consuming process of recruiting to replace should not be underestimated. In some cases this has been the case for the same staff members over multiple years, which not only impacts their wellbeing, morale and feeling valued but also their personal financial planning during a cost of living crisis. This lack of certainty is also inconsistent with developing a long-term strategy for the affected Directorates and the areas of organisational development they are responsible for, since resource capacity and team stability remains uncertain and an ongoing risk to delivery. Despite this there were positive iMatter outcomes to the questions of “I feel my direct line manager cares about my health and wellbeing” and “I feel my organisation cares about my health and wellbeing”.• Routine structures and mechanisms are in place to facilitate communications, support two-way communication, engagement and decision making and support prioritisation of workload as business as usual. Each of the teams have regular meetings and structures/processes to support this at both leadership and team level. iMatter results indicate this approach is leading to improvement:• All Executives recognise the importance of learning and development and have supported individuals within each of their teams to prioritise time to undertake this as well as creating specific opportunities for personal development (courses and opportunities in new areas within the team). However, there is a view some aspects of mandatory training does not link naturally with their roles i.e. working at heights. Work is being undertaken to further understand this. In the meantime, reflecting that these teams also require specialist training relevant to their specific areas of expertise, each has developed solutions relevant to their respective needs. <p>Mr Humphreys responded to the Committee regarding staff leaving. As 18% of the staff across the teams are on fixed term contracts turnover should be expected as they require financial certainty and they feel that care about their wellbeing is not reciprocated. Mr Shipman outlined that useful</p> | |
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| | <p>feedback should become available from the revised exit questionnaire process.</p> <p>The Committee raised that the work to understand the lack of uptake of statutory and mandatory training may be useful across the organisation. The Committee however acknowledged that statutory and mandatory should be undertaken. Mr Nicol stated that there was a working group chaired by Chris Middleton and Janine Langler reviewing aspects related to statutory and mandatory training compliance. Professor Hiscox highlighted that statutory and mandatory training KPIs were deliverables in the annual delivery plan, to be monitored by both this Committee and PACFIC. The Chief Executive Team would be receiving six weekly performance reports on progress.</p> <p>The Committee thanked all for their useful and clear reports. The Committee confirmed that they were assured.</p> | |
| 62/23 | <p>Delivery plan assurance for Objective 2: People</p> <p>Mr Nicol referred to the distributed paper, which was to provide assurance to the Committee on the following Culture & Staff Experience 2023/24 deliverables from the Annual Delivery Plan:</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>Mr Nicol outlined the performance in quarters 1 and 2 of 2023/24. Reviewing the deliverables, relevant to Culture and Staff Experience elements there were 5 milestones either complete or on track and 4 with a minor delay in quarter 1 and in quarter 2, 6 either complete or on track and 3 with a minor delay. There were none with a significant delay in either quarter.</p> <p>The above deliverables are aligned to the 'embedding our values', 'leadership and management', 'diversity and inclusion' and 'how we work' key areas of focus from the Colleagues and Culture component of Plan for the Future, which reflects the long term nature of work. A tactical risk register pending sign off by the Culture & Staff Experience Oversight Group was provided as part of the paper.</p> | |

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| | <p>Mr Nicol referred to the Health, Safety & Wellbeing Committee flash report, highlighting the areas the committee were assured on and the items being kept under review. Mr Donaldson raised the identification of managers responsible for H&S arrangements in common areas at ARI, such as a designated fire officer for the concourse, one of the items being kept under review and the need to continue the good work of the Wellbeing Steering group. Professor Hiscox stated that she would seek to understand the example given by Mr Donaldson outwith the meeting. Mr Nicol confirmed that the Wellbeing Steering group would continue, explaining that one of the drivers for his new department was to respond to the wellbeing needs of staff. Mr Nicol responded to the Committees concern that staff either did not take or have the opportunity to take a break, informing that there was a Staff Rest Breaks and Recovery joint working group between GAPF and the Area Clinical Forum taking this forward.</p> <p>Mr Nicol referred to the Sustainable Workforce Oversight Group flash report highlighting that the percentage of Nursing and Midwifery staff now electronically rostered had risen since the report had been written to 49%; 36 retire and return applications have been accommodated to date; and the workforce planning activity for the National Treatment Centre and the Moray Maternity Review. The Committee raised the risk around insufficient training accommodation post Covid. It was agreed that Ms Lawrie would be asked to provide more information however it was noted that there was the same issue before the pandemic. Dr Brown added that during the pandemic, areas were repurposed for clinical use however the topic of how to improve the learning and educational environment was on the Asset Management Group agenda.</p> <p>Mr Nicol referred to the Culture & Staff Experience Oversight Group flash report highlighting the following:</p> <ul style="list-style-type: none">• Good uptake for Coaching Skills course.• Mapping of the current provision of leadership development with the aim to have a standardised leadership development programme across the organisation to create consistency including a common language used.• Commitment to Culture had been shared in a number of settings and currently working with teams to test resources.• BPA Culture Survey phase 2 will focus on Facilities & Estates and RACH site including NMAHP colleagues who took part in Phase 1. This would give a multi-disciplinary team baseline.• Need clarity around the budget available to provide support to LEO Programme licencing for non NMAHP staff <p>Mr Shipman stated that smarter working would be introduced to a wider group of staff when the move to Woodhill House occurred.</p> <p>The Committee asked if there was ongoing recurrent funding required to run the BPA Culture Survey/Magnet. Mr Nicol confirmed that it was based on recurring resources in the current redesign within the People & Culture Directorate of bringing together specialist development functions that</p> | <p>CH</p> <p>GL</p> |
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| | <p>support Culture and Staff Experience along with Wellbeing and Learning. Dr Brown responded that the Board had agreed to recurring monies to implement Magnet. She informed of appointments to three senior nursing posts, attracted to NHS Grampian due to Magnet.</p> <p>The Committee raised that the number of staff attending the Culture Collaborative remaining low, that there may not be the awareness of its existence in the system and if there was contentment regarding its output. Mr Nicol explained that from an analysis of attendees, there were new individuals attending each meeting, in addition to core attendees. Opportunities would be taken to raise the profile of the Culture Collaborative over the coming year.</p> <p>Due to the lack of time, it was agreed that the following two points from the Committee would be responded to outwith the meeting:</p> <ul style="list-style-type: none"> • Assurance that the Speak Up Ambassadors have come from across the system – i.e. reached across the staff groups/teams. • Assurance that the NHS Grampian anti-racism strategy is reaching right across the organisation. <p>The Committee noted the content, agreed the information provided was sufficient and was assured by the progress outlined at the meeting and on the basis of the responses to the two points above.</p> | <p>DA</p> |
| <p>63/23</p> | <p>Medical Leadership</p> <p>Mr Bachoo referred to the distributed papers, clarifying that the work underway to revise the medical leadership framework was applicable to the areas he was responsible for only (Integrated Family Portfolio, Integrated Specialist Care Services Portfolio, Medicine Unscheduled Care Portfolio and Dr Grays Hospital Portfolio), therefore not covering primary care or mental health and learning disabilities. A medical leadership survey had been undertaken with participants in various leadership posts and the outcomes gave a case for change for the Acute medical leadership framework as follows:</p> <ul style="list-style-type: none"> • 81% of medical leadership thought the Acute Medical Leadership structure was not compatible with the emerging Portfolio structure • 77% of medical leadership thought they required significant support to understand their place in the emerging Portfolio structure • 56% of people still had a desire to be a medical leader either within NHS Grampian or nationally <p>The main changes to the framework would be:</p> <ul style="list-style-type: none"> • Induction programme and buddy system • Greater clarity on function: management vs leadership • Greater need to identify and develop talent at key stages • Secondments, rotations across Portfolios to develop system leadership • SMART objectives aligned to joint appraisals between Portfolio Executive Leads and Medical Director | |

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| | <ul style="list-style-type: none"> • Linkage to senior leaders across the wider system for learning opportunities • Responsibility of medical leadership to staff experience and governance standards <p>What happens next was noted as the following:</p> <ul style="list-style-type: none"> • Develop an implementation plan with Portfolios • Through medical leadership reconnect meetings and cascade systems ensuring continuing communication • To identify talent for the short, medical and long term • Work in partnership with colleagues across directorates and wellbeing, culture and development to update and refresh training and development programmes for those in medical leadership • Engagement with wider leadership teams across all portfolios/systems • Consideration of any organisational change implications in line with policy <p>Mr Donaldson requested that the Mental Health and Wellbeing policy be highlighted to medical managers. Mr Bachoo clarified, for Mr Nicol, that no further investment was required. The change was necessary to ensure delivery of the framework. Mr Nicol suggested enabling access to general management to provide support in the undertaking of management tasks. Mr Bachoo responded that the development of medical managers in process and policy was critical, to enable their involvement and decisions to be as appropriate as possible. In addition a compatible leadership structure may prevent escalations.</p> <p>The Committee asked if the experiences of NHS Grampian were also applicable nationally and whether work should be undertaken with NES to shape learning going forward. Mr Bachoo outlined that Professor Fluck, Medical Director had provided input in his role as chair of the Scottish Medical Directors group and Dr David Caesar, due to his previous roles with the Scottish Government, had provided feedback. Mr Bachoo was happy to contribute to any national work but was unaware of any senior development programme being delivered nationally for medical leaders. Professor Hiscox stated there was recognition of a gap nationally.</p> <p>The Committee raised whether the changes would assist with capacity challenges. Mr Bachoo responded that time to undertake the role was crucial with consideration of the ability to ringfence time. There was however actions such as improving efficiency which required to occur, which would contribute to improving capacity.</p> <p>Professor Hiscox welcomed the leadership piece of work which was shaping the future of working with and engaging the medical workforce.</p> <p>The Committee agreed recommendations outlined in the paper and requested an update in 2024.</p> | <p>PB</p> |
| <p>64/23</p> | <p>Update from the Joint Staff Governance and Clinical Governance 21 September 2023 meeting</p> | |

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Ms MacLeod provided the following update on the work underway across Medicine and Unscheduled Care portfolio and Unscheduled Care Programme Board which has specific relevance to the joint committee meeting on 21 September 2023.

Joint Committee meeting requests:

1. Shared decision making across the System and improved communication routes: -
 - a. Project group is underway to lead the '4 conversation' model which was the agreed approach following the session with Emergency Department and wider system colleagues on the Royal College of Emergency Physicians and Scottish Government feedback as next steps.
 - b. External Neutral Assessors appointed. CMMP Solutions working collaboratively with the programme team to shape the first conversation.
 - c. Initial briefing scheduled for the 1 and 8 November 2023 and has an initial group of forty key stakeholders. This initial 'conversation' will inform conversations 2, 3 and 4. Weekly 3 minute briefs are provided to Chief Executive Team by way of update.
 - d. Written updates to the Staff Governance Committee on 19 December 2023 and the Clinical Governance Committee on 21 November 2023 on progress will be prepared.
 - e. Weekly (and more frequent where required) meetings have been held since July 2023 between Chief Executive Team colleagues, MUSC leadership and Emergency Department colleagues to share the understanding and risk associated with the Emergency Department rotas and the impact on daily operations.
2. Appropriate staffing levels in the Emergency Department, including immediate actions to stabilise the rotas: -
 - a. There is a working group jointly led by the Emergency Department triumvirate and Emergency Department colleagues to look at.
 - I. Immediate issues in rosters across middle grade and senior decision makers.
 - II. Longer term model for improved sustainability via workforce planning and engagement with the Workforce Information Unit to support longer term staff modelling.
 - III. Short term Locum engagement to address immediacy of risk.
 - IV. EDEM Workforce Tool was last used in June 2022. The tool measures all aspects of the Emergency Department's multi-professional work which includes direct care, indirect care, and associated workload.
3. How Emergency Department colleagues are being supported to deal with the pressures described was progressing

Improvement Workstreams:

The Unscheduled Care Improvement Board is aligned to and works with the priorities set by Scottish Government to improve unscheduled performance.

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| | <p>It also supported work with the Scottish Ambulance Service (SAS) to consider how we will meet the new national standard operating policy (STOC) to ensure safe transfer of care from ambulance to hospital in a timely manner.</p> <p>The main workstreams are flow navigation and front door flow.</p> <p>MUSC Operational and Tactical:</p> <p>1. Safe Transfer of Care</p> <ul style="list-style-type: none"> • Initial triage and assessment - work with Emergency Department and Acute Medical Initial Assessment to provide initial triage with SAS and triage to other pathways directly and ensure maximum priority and improvement for SAS turnaround times. This only involves front door services but will require wider system flow and professional standards work to create capacity to deliver different model. • Operational Workstream for communication and development of 'Safe transfer of care' work with SAS and front door services, including escalation, data validation and improvement programme. <p>The Committee asked if a consequence of recruiting staff was the creation of a staffing risk elsewhere in NHS Grampian. Ms MacLeod responded that this was not the case as nursing was at full establishment whilst the medical recruitment was to trainee positions. Work was ongoing with the consultants on changes to, for example, the shift pattern, however the future model required to be more sustainable and not rely on trainees. There was current acceptance from Emergency Department colleagues due to the ongoing actions described above.</p> | |
| | <p>Statutory Information, Reports and Returns</p> | |
| <p>65/23</p> | <p>Scottish Government Staff Governance Monitoring 2022/23 Return</p> <p>Mrs Annand referred to the distributed return, provided to the Committee for final comment before final validation at the 16 November 2023 GAPF and sign off by the Chair of the Staff Governance Committee and Employee Director.</p> <p>Mrs Annand outlined that topic experts provided the information to respond to the questions set by the Scottish Government. The content had been approved by the Chief Executive Team, from which positive feedback had been received. The Chief Executive Team had feedback that the return highlighted the amount of cohesive working being done to comply with the Staff Governance Standard.</p> <p>The Committee asked that the response be checked to the question - Please advise what steps you have taken to identify or measure the impact of these interventions to nurture and support collaboration and compassionate leadership. – to ensure it had been answered.</p> | <p>DA</p> |

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| 66/23 | <p>Whistleblowing Standards 2023/24 Quarter 2 report</p> <p>Mrs Annand presented the 2023/24 Quarter 2 report. During Quarter 2, 7 concerns were raised that met the criteria for whistleblowing. This had been the highest number of concerns raised in any quarter since the Standards were implemented from 1 April 2021. The increase is considered to be due to the increasing awareness of the Standards through department visits by Mr Donald and a group of staff choosing to make it known that they have had a positive experience and outcome after raising a whistleblowing concern.</p> <p>At the beginning of Quarter 2, there were 8 active cases, followed by receipt of 7 new concerns, giving a total of 15 active cases during the quarter. During Quarter 2, 6 cases were concluded, leaving 9 active cases at the end of Quarter 2.</p> <p>Mrs Annand highlighted the additional confidential contacts (renamed as Speak Up Ambassador) recruited with 12 trained by the beginning of November 2023. The promotion of these individuals and the role will be taking place.</p> <p>Mr Donald made the following points:</p> <ul style="list-style-type: none">• The increased number of concerns being raised should be welcomed and appreciated, that individuals have been willing to come forward.• The number of members of staff accessing the Turas training modules was also at its highest since the Standards had been implemented.• It was difficult to comply with the Standards expected response deadlines of 5 working days for Stage 1 and 20 working days for Stage 2. However the average time to respond to concerns closed in Quarter 2 was too long and should be improved upon.• He welcomed the Speak Up Ambassador role and had been encouraged with the number volunteering.• The timeline and how the agreed pause and reflect would be taken forward was required. <p>Mr Shipman informed the Committee of the planned action learning set with representatives from the INWO, HR Managers and Mrs Ballantyne, suggesting that the pause and reflect takes place once this had concluded in April 2024. Mr Donald stated that he understood and agreed with the rationale for the pause and reflect timeline. Mr Lindsay requested that Staff Side colleagues are given the opportunity to engage with the pause and reflect exercise, given they may be supporting a member of staff raising a concern. Mr Donald supported this.</p> <p>The Committee endorsed the 2023/24 Quarter 2 report, noting that the pause and reflect would take place after the conclusion of the action learning set with the INWO.</p> | |
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| 67/23 | Remuneration Committee 19 September 2023 agenda and assurance statement Noted by the Committee. | |
| | For Information | |
| 68/23 | a. BMA Joint Negotiating Committee Minutes – 10 May 2023 b. Culture and Staff Experience Oversight Group minutes – 5 June 2023 c. Occupational Health, Wellbeing and Safety Committee – no new approved minutes d. Sustainable Workforce Oversight Group – no new approved minutes Noted by the Committee. | |
| 69/23 | AOCB – none raised | |
| 70/23 | Date of next Meeting Tuesday 19 December 2023 2pm to 4.30pm via Teams | |