

Minutes of Meeting of Staff Governance Committee held
on 17 December 2024 at 2pm
virtually by MS Teams

Present	Joyce Duncan	Chair
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
	Dennis Robertson	Non-Executive Board member
Attending	Paul Bachoo	Portfolio Executive Lead/Medical Director Acute (for item 6)
	Laura Binnie	RGU representative
	June Brown	Executive Nurse Director
	Adam Coldwells	Interim Chief Executive
	Ian Cowe	Head of Health and Safety
	Jamie Donaldson	Staff Side
	Stuart Humphreys	Director of Marketing and Corporate Communications (for item 10)
	Matthew Jobson	Programme Manager (for item 8.2)
	Gerry Lawrie	Head of Workforce and Development
	Cameron Matthew	Divisional General Manager Surgical Services (for items 7.1 and 7.2)
	Jill Matthew	Head of Occupational Health Services
	Kylie McDonnell	Staff Side
	Jason Nicol	Head of Wellbeing, Culture and Development
	Tom Power	Director of People and Culture
	Philip Shipman	Head of People and Change
	Karen Watson	Partnership Representative (for items 7.1 and 7.2)
	Elizabeth Wilson	HCSA Implementation Programme Manager (for item 13)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative

Item	Subject	Action
1	Apologies	
	Noted as above.	
2	Declarations of Interest	
	None raised.	

Item	Subject	Action
3	Chair's Welcome and Briefing	
4	Minutes of Meeting on 31 October 2024	
	The minutes were approved as an accurate record.	
5	Matters Arising	
5.1	Action Log 31 October 2024	
	The Chair noted that the actions SGC47, SGC51 and SGC59 were on the 17 December 2024 meeting agenda. Actions SGC60, SGC62 and SGC65 were planned for 2025 meetings.	
6	Medical Leadership	
	The Portfolio Executive Lead/Medical Director Acute referred to the distributed paper and presentation which gave an update on medical leadership in the areas of recruitment, communication, education and support along with an update on the medical leadership role in medical agenda locums and DDiT rota banding projects, inviting questions.	
	The following was raised in discussion:	
	<ul style="list-style-type: none"> • There had been increased transfers from being an agency locum to being engaged as a direct engagement in Aberdeen Royal Infirmary with further work required in Dr Gray's and Mental Health and Learning Disabilities Specialist Services. • The extent of engagement in the medical workforce in the future direction of the organisation and whether the current medical leadership arrangements assisted. The Portfolio Executive Lead/Medical Director Acute responded that there was the desire and intent to be engaged but there was not an absolute alignment of all parties involved. Individuals still wish to undertake leadership roles however they experience pressure and tension between delivering patient care and transforming pathways, which has produced an environment in which they have to prioritise what they consider to be of greatest value, which can result in no capacity for longer term work. Due to the demand to deliver clinical care there is diversion of the time away from facilitating change. • From the education undertaken to date with the cohort it was too soon to measure outcomes. It is expected that there will be improvements in the timelines to undertake incident reviews. • The biggest gap in the programme was the ability to protect the time in job plans to undertake the leadership role. There was not the ability to do all the required work with the current resource, therefore the gap was the resource to allow individuals time to undertake their leadership role. • There had been movement with the number of compliant and non-compliant rotas, resulting in a net difference in cost of £700,000. A 	

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	real improvement had resulted from a number of different teams working together as a single team and due to the introduction of break facilitators. It was also important to ensure the rota models were correct for the activity in a particular area.	
	The Committee was assured by the progress made, asking for an update at the 28 August 2025 meeting.	PB

7 Integrated Specialist Care Services Portfolio

7.1 Staff Governance Standard Assurance

7.2 Workforce Information

The Divisional General Manager referred to the Integrated Specialist Care Services report, which provided an update from the last attendance at the Committee in June 2023, highlighting the following:

- There had been a healthy increase across all 5 measures in iMatter and a good increase in the EEI despite operational and system pressures across front line services. The following had contributed to the improvements:
 - A change to more face to face time with teams such as the daily operational huddle, which gives the opportunity for a conversation and intervention as needed. This had resulted in changes such as within Theatres.
 - The Chief Nurse introducing protected learning time as part of the nurses study day. This had opened up communication which had made a difference.
 - Executive Team walkabouts had occurred in a wider range of areas such as orthopaedic wards, the biggest area of unscheduled care within the portfolio.

The following points were raised in discussion:

- The Committee commended the positivity of the report and the shift in ratings. Thanks were given to those delivering visible leadership creating a space to communicate and have a connection with those who manage areas.
- The Portfolio used the red line principle and if for example iMatter action planning fell below the line performance management would occur to improve the situation. This approach had not been discussed to date for appraisal compliance.
- The workforce data was useful as it started a conversation about the situation behind the data and was added to other performance data for accountability discussions.
- How is positively maintained when workload/backlog is larger than the available capacity. The Divisional General Manager responded that there would be meetings with the service, using up-to-date data. A face to face honest discussion with the team would occur consisting of providing reassurance that matters are progressing, time to display frustrations,

manage expectations and ultimately provide support to reach the place of knowing what can be provided.

- Although improved the number of recorded iMatter action plans remained low however this did not mean conversations were not occurring. Further improvement was desired however this would be risk assessed against other performance measures, as iMatter action planning was low risk.
- It was acknowledged that staff may have less operational awareness of the wider site and system, specifically what happens once the patient leaves Aberdeen Royal Infirmary. It was a long term challenge for staff not to just look at their own area.
- Some staff were not on Turas in the correct location to enable accurate reporting. This has resulted in a Senior Charge Nurse reverting to maintaining spreadsheets to track training completion. The Head of Workforce and Development asked to be notified if staff are not in the correct team in Turas. Discussions were ongoing with NES to improve on the reporting functionality.
- It was acknowledged that the concern regarding the new IT ordering system should be raised through a more appropriate route.
- The support for staff working in unscheduled care is embedded in the daily huddle, which sets staff up for the day. Orthopaedics was given as an example of when changes to service delivery are decided at the daily huddle. Proactive changes to the theatre lists can be done as well as adding more lists, maximising theatre slots.
- Access to whistleblowing standards was noted however more information was requested on whether staff are actively encouraged to discuss concerns at meetings. If so, are they being dealt with or referred to the whistleblowing service. In addition how was subsequent learning handled as it was possible to share at no detriment to the individual who raised the concern? The Divisional General Manager responded that staff can be directed to the whistleblowing standards however if they are willing to raise at a meeting, the concern would be handled outwith the standards. Subsequently if they were not satisfied with the outcome, proceeding through the standards remained. Any learning is discussed either at the clinical governance meeting or the daily huddle for onward sharing a local ward huddles for at least the next week to cover all staff. Mr Donald, Whistleblowing Champion offered to visit the Portfolio.

Jamie Donaldson left the meeting

The Committee noted the important work occurring in the Portfolio demonstrated through the approach of having conversations with staff and of their satisfaction with the open and honest content. The Committee noted an improvement since the last discussion in June 2023, confirming that they were now more assured.

8 2024/25 Delivery Plan assurance for Objective 2: People

8.1 Flash reports from the following oversight groups

- Sustainable Workforce and
- Health, Safety & Wellbeing
- Culture and Staff Experience

Noted by the Committee.

The Director of People and Culture informed that the oversight groups were being streamlined. The Colleagues and Culture Oversight group would be formed by merging the Sustainable Workforce and Culture and Staff Experiences oversight groups, with its first meeting on 3 March 2025.

The Committee raised the escalation of the requirement for adverse event data to be discussed at all Portfolio H&S Committees. The Head of Health and Safety explained that the data from Datix was not being used consistently in Portfolios, but the aligned H&S professional would be assisting areas with. The Director of People and Culture suggested that the Committee should seek assurance regarding this matter from portfolios/directorates when they attend future meetings. This was agreed.

8.2 In-depth – Sustainable Workforce

In 2024/25 the following deliverables:

- Implement a medical staff bank to improve supply, governance and reduce costs of medical locums
- Sustain the roll out of e-Rostering tool as far as progress with national integration to Payroll and financial position allows.
- Commence implementation of the Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce.
- Implement, as far as practicable, a reduction in the working week to 37 hours for colleagues on Agenda for Change
- Implement, as far as practicable, a review of Band 5 Nursing roles as part of Agenda for Change reforms.
- Introduce Protected Learning Time component of AfC non-pay reform and adopt a Human Learning Systems approach in support of improving statutory and mandatory training compliance.
- Implement Portfolio/Directorate plans agreed in partnership for reshaping the workforce in support of sustainability.
- Enhance working practice and confidence of staff by ensuring appraisal complete and recorded on Turas or SOAR for 50% of all staff

The Director of People and Culture referred to appendices 1 to 8 which provided an update on current progress of the above deliverables. Six of these were mandated through national policy.

Although there were good examples of progress there was evidence of a number of factors affecting progress. These were reduced

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ability for the services to engage due to system pressures; impact of the financial position; and lack of progress nationally such as the work on integration of business systems which had stalled e-Rostering rollout. This was reflected in changes to the tactical risks. The Committee acknowledged the reliance on national work in order to progress matters locally.

Staff Side raised that all Band 5 nurses were eligible to apply for a review of their band, therefore the comment in the report that the national portal did not have the functionality to identify those who are eligible was not relevant. Aberdeen City HSCP had listed the Band 5 review as a risk due to the impact on staff morale. In addition there had been feedback from current Band 6 nurses on the implication for their banding. The Partnership Representative reminded of the communication through the Daily Brief and Ask Adam which stressed all Band 5 nurses were eligible. The Interim Chief Executive commented that the most recently filmed Ask Adam again included the all are eligible message. The Head of People and Change explained that the report comment had referred to a technical aspect of the portal which would allow any employee to make an application (i.e. not just a nurse), with no check on eligibility. There was organisational awareness of the feedback from current Band 6 nurses. The Committee agreed that future messaging should be as clear as possible regarding eligibility. Further ideas to emphasis eligibility was welcomed.

Adam Coldwells left the meeting.

9 Putting People First – colleague engagement

The Director of People and Culture stated that the Putting People First initiative supported the Plan for the Future by engaging citizens and colleagues in preventative measures. For assurance purposes the initiative reported to the Population Health Committee. If there was a successful outcome of the bid to NHS Charities work would continue, and it was proposed that from 2025 an update on the engagement of colleagues would be provided to the Staff Governance Committee as part of routine cycle of ADP reporting assurance. Mr Robertson in asking the question – what risk is there for the initiative if the bid was unsuccessful - declared that he was the chair of NHSG Charities Committee. The Director of People and Culture stated that they wished to demonstrate objectivity in their response so as not to influence the bid outcome. There was risk to the pace and breadth of progression if not able to secure a successful NHSG Charity bid as the scope for innovation was limited by capacity.

10 Equality, Diversity and Inclusion plan

The Director of Marketing and Corporate Communications referred to the distributed plan. The plan captured in one place work taking place across a number of services, teams and workstreams, allowing the identification of any gaps and to ensure that each piece of work is aligned appropriately for monitoring, reporting and assurance purposes. An example of work

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requiring additional alignment was the anti-racism work, which currently only reported annually to the Population Health Committee. The Director of People and Culture added that the plan was relevant to this Committee due to the intent it should include and support colleagues not just citizens, and that it aligns to different aspects of the Staff Governance Standard.

The following feedback on the plan was raised in discussion:

- Third sector existing databases should be utilised to fulfil the action to create a database of contacts for community engagement, as an alternative to creating a new database.
- Consider changing the use of the word “training” to for example “raising awareness” as its use added to the burden of achieving all the desired training. Managers did require however to be aware of the implications of actions and be able to support staff in the widest sense.
- Equality and diversity with non-discriminatory practices should be embedded in all work and be included as a key induction topic. Undertaking values based recruitment was an appropriate step prior to inclusion in the Boards corporate induction.
- The plan was welcomed as the governance arrangements had been requiring to be addressed.
- Anti-racism was one protected characteristic, with a requirement to undertake work on the other protected characteristics.
- An Equality, Diversity and Inclusion policy, a racism guide and sexual harassment guide were within the next phase of Once for Scotland policies, launching in February 2025.
- The Committee had an important role to seek assurance on these pieces of work.
- Referencing the paper at the Committee regarding Anchors Employability work, it was important to consider NHS Grampian’s potential workforce.
- It was good to see included that the individual activities within the plan would require impact assessment.
- Separate asylum seekers from action 5.2.
- The considerable work within the plan was noted with the suggestion of the need to prioritise and sequence actions.

The Committee was assured by the information provided with an update to be provided in 2025.

SH

11 Corporate Services Partnership Forum update

The Head of People and Change updated the Committee that the proposed timeline to propose away forward for a Corporate Services local partnership forum had been aligned to the move to a single location, initially anticipated as Woodhill House. The timeline had been delayed given the location change to Summerfield House. The Committee asked for a further update in late spring 2025.

PS/SL

12 Anchors Employability work

The Head of Workforce and Development referred to the report, highlighting the following:

- NHS Grampian has influence as a large organisation as the way “we spend money, use our land and buildings and provide jobs supports everyone in our communities to stay in good health”.
- Work had been undertaken with the contracts team in procurement to ensure contracts are sustainable for local communities.
- Being the largest local employer, NHS Grampian can impact the health of our current and future workforce through employment which supports a sustainable workforce and enables vacancies to be filled from the local labour market.
- Implementation of the “LOIP” Project Plan and the project of “25 by 26” within Aberdeen City. Individuals are identified with the DWP and offered a supported 12 week paid placement with pre-employment; and support sessions built-in to maximise the potential of the participants to be appointed to an appropriate role within the organisation.
- The success of the Graduate and Modern Apprenticeship schemes.
- Review of the current level of support offered to the 39 secondary schools in the area to determine added value activities.
- Capacity was a challenge to progress all areas of work.

The Committee commended the “LOIP” project and the work undertaken at St Machar Grammar School, asking if outcomes were monitored and going to be replicated in other areas. The Head of Workforce and Development responded that replication was desirable however funding was required in order to achieve this. It was too early to monitor outcomes however the routes chosen by some of the children at St Machar were known in that there had been employment within NHS Grampian as Healthcare Support Workers and applications to attend University. The Committee noted the different recruitment methods for the “LOIP” project which could be beneficial for other staff categories.

The Committee confirmed they were assured, requesting an update in 2025. The Director of People and Culture outlined that this would be a deliverable in the 2025 ADP which would enable regular reporting to the Committee.

GL

13 HCSA Quarter 2 update

The Director of People and Culture introduced the second quarterly internal report by NHS Grampian’s Board Level Clinicians (Executive Nurse Director, Director of Public Health and Medical Director) to the Committee on behalf of the Board. Due to the stage of implementation there had been minimal change between quarters. At the next meeting of the Committee the quarter 3 report will be provided along with the draft annual report prior to its presentation to the Board and submission to the Scottish Government by end April 2025.

The Head of Workforce and Development commented that the reporting was quite frequent and the annual report would require to be completed prior to the end of quarter 4. During quarter 2 a self-assessment was undertaken by each Portfolio, HSCP and Public Health, with the level of evidence and

assurance across the 10 duties remaining limited at this stage. From the monitoring of high cost agency, defined as costs greater than 150% of equivalent NHS costs, overall costs had dropped due to recruitment to vacancies or use of direct engagement rather than through an agency.

The Committee commended the thoroughness of the report. The Director of People and Culture outlined that the supporting team (Geraldine Lawrie, Elizabeth Wilson and Heather Tennant), should be credited with that. However the funding from the Scottish Government to enact the HCSA did not extend beyond this financial year which was inconsistent when compared with the funding provided for the implementation of the Agenda for Change non-pay reforms and presents a risk to implementation

Due to the stage of implementation the Committee were assured by the work done to date, expressing appreciation at the work done.

Statutory Information, Reports and Returns – none

14 Items for Noting

The Committee noted the following approved minutes/report:

- 14.1 BMA Joint Negotiating Committee Minutes – 26 September 2024
- 14.2 Culture and Staff Experience Oversight Group minutes – 4 September 2024
- 14.3 Occupational Health, Wellbeing and Safety Committee – 29 August 2024
- 14.4 Sustainable Workforce Oversight Group – 20 August 2024
- 14.5 GAPF Board report – covering November 2024 meeting
- 14.6 Area Clinical Forum – 18 September 2024

15 Any Other Competent Business

None raised

16 Date of Next Meeting

Tuesday 25 February 2025 2pm to 4.30pm via Teams