

APPROVED**NHS GRAMPIAN**

Minutes of Meeting of Staff Governance Committee held
on 25 February 2025 at 2pm
virtually by MS Teams

Board Meeting 12.06.24 Open Session Item 13.2
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Present	Joyce Duncan Alison Evison Steven Lindsay Colette Backwood	Chair Board Chair Employee Director Non-Executive Board member
Attending	Louise Ballantyne Roda Bird Clare Bonnar Ian Cowe Jamie Donaldson Geraldine Fraser Stuart Humphreys Gerry Lawrie Jennifer Matthews Kylie McDonnell Chris Middleton Jason Nicol Tom Power Stuart Stephen Elizabeth Wilson Diane Annand	Head of Engagement (for item 12) Interim Equality and Diversity Manager(for item 13) Nurse Manager (Deputy for Jill Matthew) Head of Health and Safety Staff Side Portfolio Executive Lead for MUSC and Integrated Family Services (for item 6) Director of Marketing and Corporate Communications (for item 13) Head of Workforce and Development (from 3pm) Corporate Risk Advisor (for item 9) Staff Side Ops and Performance Lead for MUSC (for item 6) Head of Wellbeing, Culture and Development Director of People and Culture Acting Strategic Interface Lead (for item 6) HCSA Implementation Programme Manager (for items 10 and 11) Staff Governance Manager (notetaker)
Apologies	Bert Donald Mohamed S. Abdel-Fattah Laura Binnie June Brown Adam Coldwells Jill Matthew Philip Shipman	Non-Executive Board member/Whistleblowing Champion Aberdeen University representative RGU representative Executive Nurse Director Interim Chief Executive Head of Occupational Health Services Head of People and Change

Item	Subject	Action
1	Apologies Noted as above.	

Item	Subject	Action
2	Declarations of Interest	
	None raised.	
3	Chair's Welcome and Briefing	
4	Minutes of Meeting on 17 December 2024	
	The minutes were approved as an accurate record.	
5	Matters Arising	
5.1	Action Log 17 December 2024	
	The Chair noted that the action SGC60 was on the 25 February 2025 meeting agenda. All other actions were planned for future 2025 meetings.	
6	Medicine and Unscheduled Care (MUSC) Portfolio	
6.1	Staff Governance Standard Assurance	
6.2	Workforce Information	
	The Ops and Performance Lead referred to the MUSC report, which provided an update from the last attendance at the Committee in August 2023, highlighting the following:	
	<ul style="list-style-type: none"> • The report was being provided in a different landscape to 18 months ago which had impacted on the MUSC development process having fully delivered on its original intent. After identifying the need for change there was frustration for the teams on the inability to deliver and sustain. • The MUSC Senior Leadership Team had a period of relative stability following high turnover experienced in 2023. Recent appointments to Portfolio Medical Directors and Chief Nurse roles had completed the senior leadership structure. • It was challenging to manage change programmes in addition to internal and external demands. This included the scrutiny from the Scottish Government with four urgent improvement plans required over a 12 month period. • There had been an impact on relationships within the Portfolio as it was acknowledged that the management team lost the initiative to deliver the required changes due to the external demands on how the Portfolio operated. • In comparing the 2023 and 2024 iMatter Directorate reports there were marginal changes during the periods of extreme organisational pressure and whilst there had been a slight deterioration in engagement, this has not been significant indicating a high level of resilience in staff groups. 	

- The Staff Governance Standard is more central in moving forward to the management of external and operational demand after a year of learning and refinement of the approach taken by the Portfolio.

The following points were raised in discussion:

- The Committee highlighted that the score for 'Involved in Decisions' had deteriorated since 2023, however this aspect of the Staff Governance Standard was even more important in the environment described. The Ops and Performance Lead responded that the opportunities to be involved and influence had decreased due to the more directive and constrained working environment. For example: the impact of the financial position therefore the decreased score had not been a surprise. The Portfolio Executive Lead added that this was also linked to teams not having the head space to be involved. Work was underway to establish what was needed from leadership to help staff be more involved.
- The Portfolio Executive Lead stated that in comparing across both of her portfolios, MUSC staff felt they were holding a large risk on behalf of the organisation and that the risk was higher than in other parts of the organisation. There required to be wider acknowledgement of that risk to ensure not held by each of the clinicians, so individuals know the wider organisation is doing what they can do to support. The Director of People and Culture noted the benefits of having a comparative perspective over two portfolios. The Committee commented the level of risk being coped with was understood.
- The Head of Health and Safety asked that the corporate Health and Safety Team be involved in changes to the Portfolio Health and Safety governance meeting. The Ops and Performance Lead acknowledged this, recognising that there was urgent work to be done, after reshaping the health and safety and staff governance standard meetings. It was confirmed that wellbeing would also be included.
- The Head of Wellbeing, Culture and Development asked how the importance of relationships work would be prioritised. The Ops and Performance Lead thanked the Head of Wellbeing, Culture and Development for the two sessions they had provided. Trust required to be reinstated through for example operational clarity of roles. The pathways should be able to operate in their own space but know where to obtain support. Separate pathways meetings are in place so time can be devoted to each pathway, important in an environment of difficult decision making.
- The Head of Wellbeing, Culture and Development commented that colleagues had valued coming together to get to know each other more without a transactional agenda to cover. The Ops and Performance Lead stated that this had been recognised as monthly free time to catch up had

been put in place. There was no agenda but half of the time was themed.

- The Committee acknowledged that when presenting the MUSC report in August 2023 the turn of events around Whistleblowing had not been expected. This had caused decisions to be made quickly however there was honesty in reviewing whether these had been correct.
- The Ops and Performance Lead explained that last year there had been more engagement within the Portfolio development process through which there was a ground swell of opportunity to be involved compared to 12 months ago. How this could be sustained in the further required to be considered.
- The Director of People and Culture stated that as Portfolios/ Sectors attended the Committee on more than one occasion, the continued conversation and hearing about experiences with things that were planned was helpful.
- The Director of People and Culture asked to what extent does the Committee feel that the elevated level of pressure justifies lower KPI performance, for example those related to appraisal and iMatter, or should the organisation look for what more the Portfolio can do to meet KPIs. It was noted that the PAFIC committee was the following day.
- The Committee noted the achievements made in the landscape described but queried how long it would be sustainable. The Ops and Performance Lead responded that things that give colleagues a sense of professional achievement were not being done and as such it did make the situation unsustainable. The significant prioritisation inevitably resulted in micro managing flow.
- The Portfolio Executive Lead stated that despite the situation, there were standards and requirements that apply to all staff. It was important to be thoughtful when asking staff to do something when there are a number of significant demands. The Committee acknowledged this, asking where the demands were from. The Portfolio Executive Lead responded that it was a mixture of internal and external demands but these could be competing. There was demands which required prompt completion from the Scottish Government and internally, for example identification of savings. There was the need to manage these requests in a more supportive and productive way as currently the senior team retain the requests rather than pass to the team due to their workload.
- The Ops and Performance Lead explained that the assessment in Section B was undertaken by management only, not in partnership. The assessment took into account the iMatter outcome and other insights.
- The Director of People and Culture had explored the reference to the current exit interview process with HR colleagues and there was no feedback to share. Currently, a leaver completing the exit questionnaire required to indicate

they wish contact from the HR Team but there can be no feedback to the service unless the leaver agrees. A new exit questionnaire process was currently being tested before its launch.

The Committee noted the realistic and clear report, confirming that they were assured.

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

7.1 Flash reports from the following oversight groups

- Health, Safety & Wellbeing

The Director of People and Culture informed that there was no flash report as the group had only met on 13 February 2025, this would be shared at the next meeting.

- Sustainable Workforce and
- Culture and Staff Experience

The Director of People and Culture informed that the oversight groups had been streamlined, to form a Colleagues and Culture Oversight Group, with its first meeting on 3 March 2025. At the December 2024 meeting, the flash reports for the last meetings of the previous oversight groups had been shared.

7.2 In-depth – Occupational Health Wellbeing and Safety

In 2024/25 the following deliverables:

- 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 appendices 1 to 8 which provided an update on current progress of the above deliverables, some mandated through national policy. The tactical risks had been reviewed at the last Health, Safety & Wellbeing oversight group.

The Head of Health and Safety highlighted the following for the deliverable of - A broader range of KPIs and Toolkit for Managers used in support of Health and Safety compliance and improvement:

- The H&S Toolkit for Managers was launched in June 2024 as essential training for NHS Grampian staff with line management duties. As of 30 January 2025, 24% of managers have completed the Toolkit since the launch in June 2024. However this figure did not include those managers who completed the programme prior to June 2024, therefore the compliance figure will be higher.
- Health and Safety KPIs were being introduced into relevant meetings. The H&S Team had developed and populated a

matrix which provided an overview of the factors that needed to be in place to be able to report on each. The report gave the record of progress to date with the KPI project as of January 2025.

The Committee noted that the H&S Toolkit had not been taken up across the system and asked what more could be done to achieve higher compliance, querying whether it should be escalated if deemed to be essential training for managers. The Head of Health and Safety responded that he would raise at a future meeting of the Heads of Health and Safety from the NHS, Councils and Bon Accord Care. The H&S Toolkit however had been agreed for NHS staff only and it had not been agreed to use in any other organisation. Other employers may have something similar however the H&S Toolkit could be used but may require adaptation. The Director of People and Culture stated it may be appropriate to escalate a lack of partner organisations' engagement in the Health and Safety GAP Analysis Group recently to the Chief Officers. The Committee noted this would be a good example of collaboration.

The Nurse Manager highlighted the following for the deliverable of - Take steps to reduce absence in areas that are above average in NHS Grampian, helping keep overall level below 5%.

- Work was underway with Wellbeing Culture and Development to identify if there were opportunities for support.
- Implement a stronger work-related focus to the Occupational Health Services hub acceptance of referrals.
- Increase awareness of the need to provide the correct information to Occupational Health to increase chances of staff remaining in work, for example risk assessment of posts.

The Head of Wellbeing, Culture and Development outlined that there was collaboration across the People and Culture Directorate triangulating data including high absence, turnover, and cultural intelligence to understand underlying cause of absences.

The Director of People and Culture stated that there was a spotlight report in PAFIC papers on absence as it was above the target level. It had increased notably in Q3 due to earlier onset of flu than expected and norovirus. There was a keenness to understand avoidable absences in order to determine what was acceptable in parts of the organisation so this could be taken into account and inform steps to provide support for staff to remain in the workplace. This deliverable would be rolled forward into 2025/26 however there had been a positive start despite the pressure in the system.

- Escalated issue to GAPF regarding staff experience

The Director of People and Culture informed that a commitment had been made in December 2024 to look, in partnership, at a number of issues and provide monthly updates to GAPF. The Director of People and Culture, Employee Director, Head of Wellbeing, Culture and Development and the General Manager, Facilities and Estates reviewed the list which had a focus on hygiene factors such as break areas and private changing areas. Appropriate handling of

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these issues would give a positive signal of the intent to improve staff experience. A questionnaire was previewed at February's GAPF which will be used to establish perceptions on the issues. The Head of Wellbeing, Culture and Development added that there was agreement to have an initial focus on Aberdeen Royal Infirmary and Dr Gray's where the baseline will be established through the questionnaire. Distribution would use the iMatter hierarchy. Work thereafter would be to explore barriers, available space and the culture of the use of current space. The Employee Director added that similar concerns had been raised previously with GAPF concerning availability of changing spaces and lockers, resulting in an audit undertaken by two Staff Side representatives and the work across GAPF and ACF that led to the 'At Your Best with Rest' initiative. Once the fact finding was complete, it may be appropriate to ask Portfolios/Directorates attending the Committee to provide an update on the work they are undertaking.

8 **Agenda for Change Reform Programme flash report**

The Director of People and Culture referred to the flash report. However since produced, a Scottish Government circular had been received which confirmed that the next reduction in the working week would be 60 minutes from 1 April 2026, with deadlines in place for Boards agreeing plans in partnership for this. The Reduction in Working Week group would take forward implementation planning. The Programme Manager was quantifying the actual number of staff who were yet to reduce to 37 hours a week and then work with services. It was detailed as 7% of staff from the April 2024 baseline data, but this is likely to be an over-estimate given the workforce changes that have occurred since then. The overall approach had been excellent which should give assurance for the work required for the final reduction.

The Director of People and Culture stated that progress with the Band 5 nursing review and the Protected Learning Time was on track with national expectations.

The Employee Director commented that national Staff Side would have a view on the decision made with regard to the reduction in the working week by the Cabinet Secretary, given the range of options available. This added to the complex employee relations landscape.

The Committee commented that from the first reduction in the working week, the challenges were known and should be recognised nationally. The Director of People and Culture responded that NES had undertaken a lessons learnt exercise, with the report awaited. Boards were learning from each other. However, whilst use of the funding to Boards to implement the Agenda for Change non-pay reforms was lower than expected for 2025/26., concern remained on the overall affordability and capacity of the service to implement the Agenda for Change non-pay reforms.

The Committee was assured by the information provided.

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9	<p>Updated Risk Appetite Statement and proposed format of Strategic Risk Reporting</p> <p>The Corporate Risk Advisor referred to the distributed paper highlighting two points:</p> <ul style="list-style-type: none"> • To support the effective assessment and management of risk within NHS Grampian, a Risk Appetite Statement is used to articulate the level and type of risk that the Board aims and is willing (or unwilling) to accept in pursuit of achieving its strategic objectives. Provisional updated levels for each of the categories were devised at a Board Seminar, further considered by the Chief Executive Team. • Strategic Risk Management Process, including the handling of intolerable risks had been reviewed to provide additional robustness regarding assurance in this area. It was proposed that the three strategic risks which were the responsibility of the Committee are each to be reviewed twice a year. • The process and the draft Risk Appetite Statement is being presented to the relevant Board Committees for consideration and comment prior to returning to the Chief Executive Team and being presented to the Board in April 2025. <p>The Committee recalled a discussion about the risk appetite level for service/business interruption to support a culture of innovation. The Corporate Risk Advisor responded that on reflection the level had been determined as the category included business continuity arrangements however feedback would be collated from all the relevant Board Committee before consideration by the Chief Executive Team. The Committee suggested that the Service/Business Interruption category be split, having business continuity arrangements separate. The Head of Wellbeing, Culture and Development suggested that the definition could be clarified; there is a difference between the need for services to have business continuity plans whereas an active decision to cease some provision in order to innovate might be the area that we are more open to. The Director of People and Culture stated there was a need to understand the relationship and independencies between the categories as if reviewed in isolation the linkages may not be seen. Innovation was required with consideration on how it impacted on staff and patients. The Committee asked that the suggestion be considered.</p> <p>The Committee endorsed the rest of the paper.</p>	
10	<p>2024/24 Quarter 3 internal report The Health and Care (Staffing) (Scotland) Act</p> <p>The Director of People and Culture introduced the third 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 however there had been lots of programme activity to support services and professional leads to understand the provisions of the Act. After discussion with HIS there was the possibility that the frequency of internal reporting may decrease.</p>	

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	<p>The new Executive Medical Director had spent time with the HCSA Implementation Programme Manager to understand their role and that of all in medical leadership positions.</p> <p>The funding for the project team had been supported by the Scottish Government to mid-year 2025 however there would be further conversations in an attempt to extend the funding.</p> <p>The HCSA Implementation Programme Manager stated that the quarterly report outlined the self-assessment process and themes, which had also informed the annual report.</p> <p>The Committee queried the limited assurance of compliance across the Act and individual duties as at Quarter 3 of 2024/25. It was felt it was too low an assessment. The Head of Workforce and Development explained that within the legislation, descriptors accompanied each of the levels. Upon assessment NHS Grampian did not meet the descriptor for the next level due to the inclusion of “all” in the descriptor as it could not be said that it applied across all areas of the organisation. There was good practice but not replicated everywhere. This was noted by the Committee however the narrative did not support the limited assurance level. The Director of People and Culture stated that as two of the relevant strategic risks had been assessed as being at an intolerable level, it would be problematic to self-assess beyond limited assurance, due to the linkages. The Committee suggested it may be helpful to include this in the report.</p> <p>The Committee asked how NHS Grampian was placed in relation to other Boards. The Head of Workforce and Development responded that the position with other Boards was not known however this would be known once the annual reports had been published in April 2025. The reporting on the intent of the Act (to improve patient care, safety and wellbeing of staff) was considered to be more complex than it needed to be.</p> <p>The Committee were assured by the work done to date.</p>	

11 The Health and Care (Staffing) (Scotland) Act Annual Report

The HCSA Implementation Programme Manager delivered a presentation highlighting the following:

- Overall NHS Grampian position was Limited Assurance across the individual duties of the Act due to the lack of consistency in which systems and processes are robustly applied and in use, across all roles in scope and lack of governance mechanisms identified in self-assessment process.
- Across the individual duties of the Act the levels of assurance was 1 at reasonable assurance and 9 at limited assurance, with the expectation that there will be a shift to a greater number at reasonable assurance over the next six months.
- A range of red, amber, yellow and green status had been aligned to the various subsections across all duties. Zero red, 54 amber, 26 yellow and 2 green.
- There are 18 separate areas of success, achievement or learning and 24 areas of challenge, risk and/or where compliance has been unable to be achieved.

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- The journey towards full compliance will continue beyond the first year of commencement which actualised the organisational risk of non-compliance against the legislation.
- The challenging financial position continues to have the potential to impact the Board's progression to full compliance.
- Competing priorities, system pressures, financial position and impact of non-pay reforms.
- NHS Grampian was clear that implementation would build on existing processes rather than create new ones as had been the approach in other Boards.

The Committee endorsed the report for submission to the Board. The Committee thanked all involved in devising the report.

The HCSA Implementation Programme Manager stated that the report would ultimately be published in full as required however a citizen and colleague summary was being produced, hopefully available in draft at the forthcoming Board briefing session.

Statutory Information, Reports and Returns

12 Whistleblowing 2024/25 Quarter 3 report

The Head of Engagement presented the 2024/25 Quarter 3 report to the Committee, highlighting the following:

- During the period 1 October to 31 December 2024 there were 8 new concerns raised through the whistleblowing route. 2 of the 8 met the criteria for whistleblowing.
- Number of concerns still active/open at the start of Quarter 3 was 3; during Quarter 2, 2 concerns were raised, 2 were closed, resulting in 3 concerns still active/open at the end of the quarter.
- Yearly summary of whistleblowing concerns received 2021/22 14; 2022/23 8; 2023/24 18 and 2024/25 Quarters 1, 2 and 3 12.
- The increased number of staff getting in touch to discuss concerns with Speak Up Ambassadors continued in Q3. Feedback from the Speak Up Ambassadors is that staff have tried to raise concerns however they have not been heard, therefore it would be good to understand why business as usual processes are not effective. One cause may be manager skills in seeking to understand the concern. Speak Up Ambassadors encourage staff to raise concerns through management channels and redirecting to HR colleagues as appropriate.
- The INWO had concluded an investigation during Quarter 3, concluding that clinical care had not met expected levels. The INWO were to commence a further investigation. This would be the 4th INWO investigation for NHS Grampian from 50 whistleblowing cases. The learning from the first two investigations was improved communication with regard to the level of information offered to the concern raiser as they had not felt assured.

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	<p>The Director of People and Culture commented the work NHS Grampian had done with the INWO to date had been invaluable. NHS Grampian was currently working with the INWO on the handling of a complex case.</p> <p>The Director of People and Culture asked if a heat map could be created from the concerns raised with the Speak Up Ambassadors, illustrating frequency of service location and subject of concern. The Head of Engagement stated that she was already in discussion with the Lead Specialist – Culture and Experience regarding what the soft intelligence was telling us. The Committee felt the heat map may be false as it only represented areas where the concept of speak up was understood and occurred. The Director of People and Culture stated that consideration would need to be given to what zero concerns being raised from some areas meant. Data may allow appropriate targeting of resource to raise awareness of the standards and arrangements to support those with a concern.</p> <p>The Committee agreed that managers in all areas should have the right skills to respond appropriately to concerns.</p> <p>The Committee highlighted that the resource to support whistleblowing two days a week was ending on 30 September 2025. The Head of Engagement responded that additional resource was required, ideally a full time individual to manage the workload. This would enable the appropriate handling of concerns building on the work done to date. The Director of People and Culture commented that he was not aware of the funding provided from within the workforce strategic intent funding for the 2 day a week resource was ending in September 2025.</p> <p>The Head of Wellbeing, Culture and Development offered support on the visualisation of the data given several years worth had been collected. The Head of Engagement responded that the annual report did include both whistleblowing and other concerns data raised with the Speak Up Ambassadors, however would consider the offer.</p> <p>The Committee confirmed that it was assured by the reports content.</p>	

13 Statutory Equality & Diversity Reporting

The Director of People and Culture outlined that four statutory reports required to be published by end April 2025. In order to allow the Committee sufficient time to scrutinise and discuss the reports, draft versions of the reports will be published by the April deadline, with an accompanying narrative explaining they have yet to be formally received and accepted by the Staff Governance Committee as part of NHS Grampian's assurance and governance process. Due to the volume of reports it was decided to split the reports between meetings. The Equality Outcomes Report and Mainstreaming Report would come to the 1 May 2025 meeting with the Gender Pay Gap Report/Equal Pay Statement and Diversity Workforce Monitoring Report to the 28 August 2025 meeting.

NHS Grampian had prepared an Equal Pay Statement as required, however work was ongoing at national level to develop a single statement for adoption by all Health Boards. Upon receipt it will supersede previous statements.

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	The Committee endorsed the process.	
14	Committee Terms of Reference update from 12 December 2024 Board meeting	
	The Committee noted the Terms of Reference approved by the Board.	
15	Remuneration Committee 20 December 2024 agenda and assurance statement	
	Noted by the Committee.	
16	Items for Noting	
	The Committee noted the following approved minutes/report:	
16.1	BMA Joint Negotiating Committee Minutes – 6 December 2024	
16.2	Culture and Staff Experience Oversight Group minutes – no new approved minute	
16.3	Occupational Health, Wellbeing and Safety Committee – 7 November 2024	
16.4	Sustainable Workforce Oversight Group – no new approved minute	
16.5	GAPF Board report – covering December 2024 and January 2025 meeting	
16.6	Area Clinical Forum – 6 November 2024	
17	Any Other Competent Business	
	None raised	
18	Date of Next Meeting	
	Thursday 1 May 2025 10am to 12.30pm via Teams	