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NNS GRAMPIAN
Minute of the Staff Governance Committee
held on Wednesday 5 October 2022 at 10.30am
via Microsoft Teams

Present:
Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mr Dennis Robertson, Non-Executive Board Member
Mr Steven Lindsay, Employee Director
Mr Bert Donald, Whistleblowing Champion
Dr John Tomlinson, Interim Chair

In Attendance:
Mr Tom Power, Director of People and Culture
Mr Alistair Grant, Partnership Representative
Ms Gerry Lawrie, Head of Workforce and Development
Dr June Brown, Executive Nurse Director
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
Professor Lynn Kilbride, RGU representative (from 11am)
Mr Philip Shipman, Acting Head of People and Change
Ms Trish Morgan, Service Manager, Moray Portfolio (for agenda item 59/22)
Ms Deirdre McIntyre, Partnership Representative (for agenda item 59/22)
Ms Pauline Rae, Workforce Service Manager (for agenda item 64/22)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
56/22	**Apologies** Apologies were received from Mrs Rhona Atkinson, Non-Executive Board Member; Professor Caroline Hiscox, Chief Executive; Mr Jamie Donaldson, Health and Safety Partnership Representative; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
57/22	**Minute of meeting held on 10 August 2022** The minutes as approved as an accurate record.	
58/22	**Matters Arising** **a) Action Log** Mrs Joyce Duncan stated SGC27 was on the agenda and SGC28 related to the Staff Governance Standard Monitoring return, which the Committee had agreed to review by correspondence as timeline was between meetings. **b) HSE update prevention and management of violence and aggression (PVMA) Intervention**	

	Mrs Rodriquez provided an update on the report provided at the last meeting:	
	- A key recommendation from the challenging behaviour group was how to manage the behaviour, acknowledging the complexity. There was a clear pathway in Acute and support available of staff training, support to families and communities and embedded trainers. The Committee was informed that the detail as to whether the training extended out with wards to outpatients, would be discussed at the Whole System Decision Making Group (WSDMG). - Security Team, within Facilities and Estates, review – three additional staff to help reduce lone working, with a bid for the funding for two addition staff from 2023/24, to include an embedded trainer. In addition there would be better alarm management and control of CCTV. - KPIs (leading and lagging) – the HSE was content with the compliance figures presented of the percentage who had completed training, no shows and near miss events. - New SSTS code to accurately record an absence from violence and aggression (through either physical injury or stress).	
	The Committee requested regular reviews.	**IC**
59/22	**Staff Governance Standard Assurance – Moray portfolio** Ms Morgan and Ms McIntyre attended the meeting to present to the Committee the distributed Moray Portfolio (including Dr Gray's hospital) Staff Governance Standard Assurance report. The following was outlined: - There was a challenge engaging with staff side representatives at a number of meetings due partly to workload, which meant at times information was not shared. These meetings included the Moray Partnership Forum, Moray Workforce Forum and H&S Committee, Dr Gray's Partnership forum and H&S Committee. - Smarter Working was an example of a misalignment between new systems and processes being developed at a Grampian level and the desire/perceived need for things to develop at a local level at a quicker pace, superseding NHS Grampian work. There was the risk that action could be taken on issues not yet agreed on a NHS Grampian wide basis. - Partnership representatives often felt not included or consulted at the appropriate time and therefore not being able to represent the width of information from staff. - Measured through iMatter - approximately 60% of the Portfolio felt well informed; appropriately trained and developed (although some felt there were no protected time to consolidate training); treated fairly and consistently and provided with a safe working environment but 48% of the Portfolio felt involved in decisions. There were a variety of briefings from regular sessions which managers cascaded with the ability for any issues to be raised back up through the group.	

- There are challenges with Moray Council and NHS IT systems not being linked together.

The Committee asked whether any consideration had been given to alternatives methods to hear the employee voice, such as digitally through the Trickle App pilot and the use of the iMatter data locally. Ms Morgan responded that the Committee should be assured that Moray was working hard on how to get partnership arrangements working effectively, taking advice from another area of NHS Grampian. A paper was currently being written on how staff can better engage with senior managers and there was work underway on how to increase participation in iMatter. A Trickle presentation had been arranged locally, with Ms Morgan herself a Trickle Champion.

The Committee raised the feedback of local work superseding NHS Grampian. Ms Morgan responded that the Moray short life working group had wished to progress before feedback was received from the NHS Grampian smarter working pilots however that situation had been rectified as feedback had now been received. In response to the Committee, Ms Morgan felt there was not a cultural issue underpinning the actions within Moray for the situation described. It was a combination of pressure of workload and the need to prioritise smarter working. Ms McIntyre agreed that it was not cultural. She had taken the lack of engagement from staff side representatives to the wider staff side meeting for discussion, as wider attendance was sought. There was a concern that if the staff side representative was the only source of information for a member of staff, the member of staff would not be receiving information.

Professor Kilbride joined the meeting

The Committee acknowledged the ongoing challenges in Dr Gray's, asking if there had been detrimental impact on staff and of the support they may have required. Ms Morgan and Ms McIntyre were not aware of specific detriment but Mr Alastair Pattinson, Hospital General Manager may have prioritised the health and wellbeing of the staff. Ms McIntyre explained that she attended meetings representing Moray so could not comment on staff at Dr Gray's. Mr Power advised that from discussion with Mr Pattinson, he understood that the senior management team at Dr Gray's regularly discuss the pressure on staff, providing support as appropriate.

Mr Shipman joined the meeting

Dr Brown raised that the report had not been presented as a portfolio which should include Dr Gray's. Ms Morgan acknowledged this, explaining that she had attempted to obtain input from Dr Gray's but had not had a response. She was very willing to do anything to ensure Dr Gray's was involved. The Committee acknowledged that the portfolios were taking time to embed.

The Committee revisited the point raised of work undertaken by Moray superseding that of NHS Grampian, and considered whether if intentional then it was cultural. Ms Morgan reviewed the use of the word 'supersede' explaining that the actions were due to wanting to make progress as quickly

	as possible but making sure NHS Grampian decisions were followed. An example was wishing to progress desk usage but knowing there was a pilot of a desk booking system. Mr Power raised reviewing the iMatter data through the lens of culture, to consider what it was reflecting about the culture locally. Ms Morgan explained that the iMatter report covered the whole Portfolio but could not be broken down to Dr Gray's and the H&SCP to fully understand where any issues may exist. The Committee acknowledged that different cultures can exist when there are multiply sites. The Committee thanked Ms Morgan and Ms McIntyre for their input, noting the requirement to develop the report contents for future presentation to the Committee. The Committee was not completely assured, noting the intent of the Portfolio to integrate arrangements.	
60/22	**Delivery plan assurance for *Objective 2: By the 31 March 2023 support colleagues to be safe & well at work*** a. Ensuring that 'We Care' & enhanced wellbeing support is more easily accessible, & that improvements required in respect of prevention & management of violence & aggression addressed b. Extending international recruitment capacity in collaboration with other North of Scotland Boards, & streamlining recruitment, including bulk recruitment & talent posts c. Improving retention of staff through use of available terms & conditions, improved coverage of e-Rostering, & enhanced bank working to reduce use of supplementary staffing & level of vacancies d. Evidencing positive impact from action taken in respect of Phase 1 Best Practice Australia (BPA) Survey results, agreeing Culture Blueprint & behaviours, & putting a viable plan in place for Phase 2 roll out e. Improving prioritisation of statutory & mandatory training, & develop approaches to ensure protected time & learning f. Delivering key organisational role as a provider of research & education Covering paper and flash reports from the following oversight groups: • Culture and Staff Experience • Sustainable Workforce • Occupational Health Wellbeing and Safety Mr Power outlined that the Committee is required to seek assurance on behalf of the NHS Grampian Board regarding progress with objectives within the Delivery Plan supporting Plan for the Future. Confirmation was awaited as to whether the Committee will be asked to cover some or all of these deliverables however, it is expected that a *de-minimis* position will be for the Committee to seek assurance on the above areas relating to Colleagues and Culture, alongside the domains of the Staff Governance Standard. The flash Reports produced in respect of the three Oversight Groups established for the People & Culture Portfolio were presented to the Committee as a means of providing the basis for this assurance. The flash reports covered the key areas of discussion; key decisions; areas where the	

	group was assured; escalations to the WSDMG or Chief Executive Team and summary of progress against the Plan for the Future Delivery Plan. The Committee was asked for a view if the flash reports provided sufficient information to provide assurance.	
	The Committee stated that the flash reports succinctly covered a lot of information to enable an overview however for the specific deliverables, it would have been expected that clarity of what trying to change through each strand would have been provided. Mr Power responded that within the NHS Grampian Delivery Plan, there is for each of the deliverables linked to an oversight group's a set of milestones which give more detail on progress. In addition there could periodically be a more in-depth update, for example on a HSE visit along with minutes of meetings.	
	Mr Power posed whether a summary position statement would assure the Committee with the knowledge that each oversight group was reviewing the detail. It was clarified that the Committee would receive information at the conclusion of the delivery plan in March 2023 on, for example, the level of improvement of violence and aggression against staff or be informed that the enforcement notice had been lifted however the strategic aim was to be overall achieved by 2028. Over the next two to three years there would be a shifting description of what is to be achieved such as KPIs developed to show progress and have deliverables on which to report.	
	The Committee felt the flash reports did not state if the short term progress meant it was on the right trajectory to achieve the 2028 strategic aim. Mr Power stated that it may be helpful to share the bowtie work on risks and hazards with the Committee and that the deliverables from 1 April 2023 were still to be written as part of developing the three year delivery plan, which will be aligned to the strategic aim.	
	The Committee felt that additional information was required to ensure the correct interpretation, given the Committee was seeking assurance on behalf of the Board. The Committee agreed that for assurance purposes a flash report for each oversight group would be presented at every meeting, with an in-depth focus for each Oversight Group twice a year.	
	Mr Power outlined work was underway to secure longer term funding for the We Care Programme.	
61/22	**Committee Matrix**	
	Mr Power outlined that the Committee is required to produce a matrix that will support monitoring of the extent to which each element of the Terms of Reference are being delivered and assurance obtained from during a performance and assurance cycle. The presented draft matrix detailed each element of the role and remit and when it would be considered.	
	The Committee asked for clarification of the purpose of keeping track of the attendance of other Non-Executive Board Members at this Committee. Mr Power explained that all Non-Executive Board Members are able to attend any Board committee and whether this had been exercised should be periodically monitored to ensure the Committee was creating the correct	

	environment to encourage attendance and cross fertilisation between committees. Mrs Duncan to raise clarification of the role of those attending to ensure consistency at the Chairs meeting. Mr Power suggested asking for feedback from those who do attend.	
	The matrix was agreed for submission to Mrs Sarah Duncan, Board Secretary.	**DA**
62/22	**People and Culture Directorate Management information**	
	Ms Lawrie asked the Committee to note the progress of the Workforce Intelligence Unit in developing workforce reporting capabilities to provide evidence-based workforce information/intelligence. The proposal presented to the Committee was to provide a framework for assurance to support the Staff Governance Committee in understanding whether both the strategic aims of the organisation are being met and the domains of the Standard adhered to. Ms Lawrie highlighted that the data comes from a number of sources, in the majority from national systems, with the paper giving examples of workforce data available to date, which workforce system the data is derived, caveats, structure and format. Ms Lawrie proposed that the Committee be provided with workforce data on a regular basis, with data brought together to present a full analysis.	
	The Committee acknowledged the progress made and that information was presented using the linkages between data. Ms Lawrie gave the example of the age profile where the analysis of age profile by job families is essential to identify and predict scenarios which may impact on services.	
	Mr Power stated that the Workforce Information Unit will align data to the progress of delivery plan deliverables.	
	The Committee stated that it was an excellent model, one which other committees may wish to adopt.	
	Ms Lawrie stated that it is known that the organisation undulates through a year therefore data would be presented at a frequency that is meaningful to see a change. Ms Lawrie proposed that workforce information be presented at every second meeting. This was agreed. The Committee notes the progress made.	**GL**
63/22	**Staffing level adverse events summary**	
	Mr Power asked the Committee to note the data presented in the monthly Adverse Events Related to Staffing summary report developed for the Clinical Risk Management meeting and an example of data being of benefit to more than one committee. The information was reviewed weekly by the Clinical Risk Management meeting with monthly summary updates produced since May 2022 to monitor trends over time and understand the impact of changes in the system as they are made. He asked if the information would be helpful for assurance purposes if reviewed by the Committee through a Staff Governance lens and what would they wish to understand about the data in any future papers accompanying it.	

	The Committee agreed this was an example of a need to correlate data and trends from already produced reports but the data would need linked to the information from, for example, the BPA survey and absence data to bring out the real information.	
	Mr Power outlined that the Committee should be considering as to whether there are trends or hot spots and to understand how the organisation is responding to the higher prevalence of incidents. There was also the opportunity through portfolio/sector attendance at the meeting to ask how the data is being used at a local level. Dr Brown suggested that the Committee may want to know if the incidents above moderate severity are being adequately managed. The Committee agreed that a narrative around the data was key and an explanation of action taken. Dr Brown explained that when an adverse event is recorded on Datix the severity is reviewed a level 1 reviewer to make a decision if a risk or has it been mitigated or change the severity. Clinical risks are reviewed to ensure appropriate management. The Committee would wish an overview and not the operational detail.	
	The Committee agreed that it would be useful to ask the portfolio/sectors as part of their presentation regarding their management of adverse events trends, highlighting those out with the norm.	**DA**
	Statutory Information, Reports and Returns	
64/22	**Workforce Plan – for approval prior to publication including the written feedback from Scottish Government**	
	Ms Rae stated that subsequent to approval of the draft 3 Year Workforce Plan at the 4 August 2022 Board meeting, the Committee was asked to note the actions proposed in relation to feedback from Scottish Government prior to publication by 31 October 2022, and provide approval on behalf of the Board to publish the Plan and submit to Scottish Government once actioned.	
	Ms Rae outlined that the headline feedback from the Scottish Government was that the plan was comprehensive and a good high level plan. The Scottish Government had said it was not their role to approve or not the plan as it belonged to the Board. Additional detail was requested on vacancies for other job families and inclusion of projected workforce requirements. Projections will be worked on over the next 12-18 months as there is a requirement to have service led redesign plans developed to enable the required workforce to be accurately reported.	
	Ms Rae advised that an action Plan is to be devised from the actions across the five pillars which will help the Sustainable Workforce Oversight Group and others monitor delivery over time. In addition development work with NHS Grampian Planning colleagues has commenced to scope the processes and guidance required to work with Portfolios and Services to integrate workforce planning activity to create the next iteration of the plan in 2023.	

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	Ms Lawrie confirmed that there was national dialogue about developments such as the National Care Service, which would also be taken into account in the future integrated workplace plan. Mr Power added that at a national level the HR Directors received a quarterly strategic update. In additional a session was planned for December 2022 with Care Sector counterparts. Ms Lawrie clarified that the Committee was receiving the Workforce Plan to be assured for all NHS Grampian staff irrespective of which portfolio or partnership they are employed within. The H&SCPs use the same data for their workforce plan creating an overlap currently The Committee approved the Report for publication.	**PR**
65/22	**Remuneration Committee 16 August 2022 agenda and assurance statement** Mr Power referred to the distributed agenda and assurance statement.	
	For Information	
66/22	**a. BMA Joint Negotiating Committee Minutes –** 23 May 2022 **b. Culture and Staff Experience Oversight Group minutes –** 20 April 2022 **c. Occupational Health, Wellbeing and Safety Committee –** 28 April 2022 Noted by the Committee.	
67/22	**AOCB** – none raised The Chair confirmed that the Committee was assured by the information and progression presented at the meeting, with no matter requiring escalation to the Board.	
68/22	**Date of next Meeting** Wednesday 30 November 2022 2pm to 4pm via Teams	