NHS GRAMPIAN
Minutes of Meeting of Staff Governance Committee held
on 24 April 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	Louse Ballantyne	Head of Engagement
	Karen Bell	Unit Operational Manager (for item 7.1 and 7.2)
	Adam Coldwells	Interim Chief Executive
	Ian Cowe	Head of Health and Safety
	Jane Ewen	Executive Nurse Director
	Kimberley Falconer	Partnership Rep (for item 7.1 and 7.2)
	Alistair Grant	Staff Side
	Luan Grugeon	Strategic Development Manager, Colleagues and Citizens Engagement
	Natalie Jeffery	Business Manager (for item 7.1 and 7.2)
	Gerry Lawrie	Head of Workforce
	Deirdre McIntyre	Partnership Rep (for item 7.1 and 7.2)
	Jill Matthew	Head of Occupational Health Services
	Jennifer Matthews	Corporate Risk Advisor
	Jason Nicol	Head of Wellbeing, Culture and Development
	Tom Power	Director of People and Culture
	Philip Shipman	Head of People and Change
	Fiona Soutar	Lead Specialist, Management & Leadership Development
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Jamie Donaldson	Staff Side
	Lynn Kilbride	RGU representative

Item	Subject	Action

1 Apologies

Noted as above.

2 Declarations of Interest

None declared. At agenda item 6 Mr Dennis Robertson declared that he was deputy chair of the Moray IJB.

Item	Subject	Action

3   **Chair's Welcome and Briefing**

4   **Minutes of Meeting on 20 February 2024**

The minutes were approved as an accurate record.

5   **Matters Arising**

5.1   **Action Log 20 February 2024**

The Chair outlined that actions SGC44, SGC52, SGC53 and SGC55 were complete. It was noted that the due date for actions SGC46, SGC47, SGC51, SGC54 and SGC57 were for later 2024 meetings.

6

6.1   **Staff Governance Standard Assurance**

6.2   **Workforce Information**

The Business Manager delivered the following presentation:

- The report was informed by the BPA Culture survey, iMatter, Dr Gray's and Moray strategy, workforce delivery plans and the workforce flash report.
- All services and teams were asked to provide feedback.
- Staff governance delivery plan sits underneath the Workforce Delivery plans.
- Points relevant to well informed
  - Separate meetings but good communication as the Business Manager chairs all Moray meetings.
  - Wider distribution for meetings as some Moray meetings can have less attendees in comparison to those in Dr Gray's.
  - Shared newsletters.
  - Briefs.
  - Best Practice – development days.
  - Reps from both Moray and Partnership at meetings to share information.
  - Information cascade on multiple forums as standing agenda items.
  - Reinforced at team and 1:1s.
  - Barriers are cancellation of meetings and non attendance due to operational pressures.
- Points relevant to appropriately trained and developed
  - Staff training statistics are monitored via Health and Safety, workforce, clinical governance, Assurance and Accountability and Operational Management Teams. Audit days are carried out.

- TURAS made available to all staff.
- All requests for funding for training are considered at Resource Management for scrutiny – a Resource Management group look at all non-mandatory training requests against the financial situation and to ensure equity across teams.
- Teams encouraged to do training needs analysis to identify gaps.
- Protected learning time encouraged.
- Barriers are financial, and time due to operational pressures.
- Points relevant to involved in decisions
  - Key for staff to be involved and contribute to decisions. If cannot attend a meeting papers widely shared.
  - Realisation that relied heavily on manager feedback so a change in the past few months to encourage all staff to feedback via generic inboxes, jamboards and face to face engagement. This has been successful and the feedback is really valuable.
  - Drop in sessions have been facilitated at Dr Gray's.
  - Barriers – how do you encourage those that don't want to engage to do so?
  - Fear of retaliation: culture.
- Points relevant to Treated Fairly and Consistently
  - Continuous workforce pressures across the portfolio with capacity and how staff are feeling discussed at 1-1s.
  - Regular absence snapshots and actions encouraged.
  - Bank and covering staff inducted properly into areas and kept updated.
  - RAG system of escalation in place for all services and capacity discussed at daily huddles. Dr Gray's huddle is at 8.30am followed by the portfolio huddle at 9am which is helpful to provide cross service cover/support.
  - Information flow through meetings allows for escalations to be made straight away.
  - Embed volunteers as an integral part of our workforce. There are 75 volunteers across the portfolio with Volunteer Co-ordinators attending all meetings to contribute their view point.
  - EQIA in place and risk assessments where appropriate, with a sharepoint site being set up.
  - Barrier – operational pressures.
- Points relevant to provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community
  - Develop cross service cover including volunteers and 3rd sector.
  - Monitor retention and vacancies to deliver appropriate cover.
  - Plans are achievable.
  - Use of appropriate workforce tools.

- Ensure compliance with the HCSA. Elizabeth Wilson had attended a workforce meeting with attendance at the next local partnership forum.
- RAG service.
- Barriers – finances and absences, service demands exceeding resources.
- Workforce snapshot
  - Both Dr Gray's and Moray saw an increase in staff – the vaccination team was incorporated into the HSCP which has raised the workforce significantly. Where multiple skilled there has been cross over, reducing staffing gaps.
  - Dr Gray's and Moray workforces are ageing – which makes succession models more important. Maternity services have produced an excellent Moray document for those thinking of coming to work in Moray which all services can use. Moray HSCP has become increasingly aware of personnel taking on additional work in silo.
  - Absences are 2nd highest in Grampian (7.75%) for Dr Gray's and 5th for Moray (5.75&). Stress and anxiety are the main reasons for long term absence. Mitigations are in Dr Gray's and Moray delivery plans: wellbeing is a standard item for 1:1 and team meetings and self-recognition is encouraged.
- The Committee may have concerns that there are not integrated meetings across the portfolio however it was recognised that the focus may be different between Dr Gray's and community, for example clinical aspects. The separate meetings should not be interpreted as not working together.

The following points were raised in discussion:

- The next iMatter cycle outcome will give an indication of the impact of the work outlined.
- It was noted that in Dr Gray's the reason cited as 'unknown cases' accounted for the highest amount of short-term absence hours, with a request to be informed of any work to improve recording short term absence reasons. The Unit Operational Manager outlined that they had been reviewing their obligations to record as per the Attendance Policy and stressing the importance of absence management, as without it absences increase.
- It was noted that the management teams were not compliant in a high number of statutory and mandatory training, raising the need to role model. The Unit Operational Manager stated that it had already been raised as managers were equally obliged to complete the training, with work ongoing to complete. The Committee would review compliance levels when the portfolio returns at a future meeting. The Unit Operational Manager will inform the team that it has been highlighted. The Business Manager stated that there was awareness of a gap in management training due to an element of firefighting and forgetting to lead by example. To

assist team meetings had been cancelled to give time to undertake statutory and mandatory training.

- Retention of social and personal care staff. The Business Manager outlined excessive turnover in the care at home service due in part by cost of living, reliance on own vehicles with the view that reimbursement of fuel costs is making it not viable and that more pay can be received working for an agency. It was deemed to be a Healthcare Support Worker market at the moment, with a change noticed pre and post the pandemic of the pattern of applications. Previously there had been application to one post but now multiple posts were applied for at the same time. There was an increased need to acknowledge how valued they are and saying thank you for everything they do. When done, this has been appreciated. As the management team are part of the duty manager roster it gave the opportunity to speak to staff and see first-hand what they are experiencing.

- Assurance was sought if the Dr Gray's HIS report was being taken cognisance of in the process used to decide the prioritisation of training. The Business Manager responded that the Resources Management group only had a role in the participation in non-essential training. The authorisation had moved from the line manager to allow control of the budget overall. The Unit Operational Manager stated that Dr Gray's did not have a similar process.

- How do staff in the portfolio identify themselves, as the report infers Dr Gray's is not part of NHS Grampian. The Unit Operational Manager stated that Dr Gray's staff very much identify themselves as NHS Grampian employees. This is due to the involvement with and support from Aberdeen colleagues through such things as M&M meetings and safety huddles therefore not perceived to be an issue. The Business Manager outlined, as an example, that a carer at the council might not recognise being part of portfolio but would recognise being part of the partnership. Staff may say they are either council or NHS staff rather than partnership staff. There was however a changing culture to a portfolio, having a common goal, working inclusively across the meeting structure.

- The multi skilling of staff to cover other jobs, with the appropriate skills. The Unit Operational Manager gave an example within Theatres. Traditionally a theatre nurse would be only recovery or only scrub etc however they were now trained in multiply areas to give flexibility. The Business Manager stated that it was always checked if the employee had the appropriate skills. Another example for was admin posts ensuring skills to undertaken SSTS or JobTrain input to avoid gaps.

- A spreadsheet was maintained by the Business Manager to aid succession planning as it was acknowledged that departing staff take experience with them. When it is known

that an employee is leaving a replacement is discussed at the Resource Management group to try and capture experience.

- As capacity to attend meetings had been raised the Unit Operational Manager explained that decreasing frequency of meetings had been looked at, with the outcome that frequency would be maintained however currently on the agenda to decide if can spread meetings out with a mechanism to trigger a meeting if needed earlier.

- How a change in culture would be measured particularly in relation to the comment that there was a fear of retaliation. The Committee gave thanks for the honestly of the statement. The Business Manager stated that it had been included in the presentation as it had been said by staff, clarifying that it was a perceived fear. This came from a feeling that their comment was not of the same value, they did not have the right to speak up and they would be treated differently if they spoke up. A measurement of change was the participation of staff in responding, on a not anonymous basis, to efficiencies ideas. The Committee was assured that staff were not getting into trouble when speaking up. The Unit Operational Manager stated that measurement would be through KPIs such as sickness absence and adverse events which are monitored closely. It was important that staff are given the ability to speak to management teams to encourage open and honest feedback.

- Whistleblowing is an integral part of culture and how was awareness of the whistleblowing standards being increased. The Whistleblowing Champion outlined that on a visit to Dr Gray's only 2 of the 30 individuals spoken to were aware of the standards (one student and one in a managerial position). The Unit Operational Manager stated that the existence of the standards had been raised at staff meetings but would take it back to the team to inform that the messaging had not been as wished.

The Committee commented the report and presentation were exceptionally useful and comprehensive and confirmed they were assured.

7   2023/24 Delivery Plan assurance for Objective 2: People

7.1   Flash reports from the following oversight groups

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

7.2   In-depth – Culture and Staff Experience

In 2023/24:

a. Improve staff engagement by enhancing managers' access to and understanding of available information, and use of insights.

b. Increase involvement of colleagues across NHSG and the HSCPs in developing a values based culture that supports our strategic intent.

c. Broaden our support for people managers and enhance the value placed on effective management practice by colleagues.

d. Widen the discussion about equality and inclusion to include more colleagues and support increased local ownership of improvement work.

e. Subject to national resourcing, implement as necessary amendments to terms, conditions and ways of working arising from pay reform.

The Director of People and Culture referred to the distributed report highlighting a quarter 4 milestone, not a focus in the report, which was experiencing a significant delay. The milestone was to agree proposals for implementing a single NHS Grampian Staff Bank and resourcing this sustainably, which had not been possible to create due to partial funding from 2023/24 budget setting. Work is being progressed by medical management, supported by the Head of Workforce, with a regional and national dimension. The mitigation currently was provision of clear and consistent rates of pay locally for medical staff agreeing to undertake locum work and use of allocated funding to strengthen locum booking desk capacity in support of increased Direct Engagement of medical locums, rather than via agency/third party agreements.

The Head of Wellbeing, Culture and Development informed the Committee of the conclusion of the organisational change of his team, which would now allow progress in launching a refreshed leadership and management development pathway. The delay had presented an opportunity to consider new connections locally. The Head of Wellbeing, Culture and Development outlined that phase 2 of the BPA survey had occurred in February and March 2024 in Facilities and Estates and Combined Child Health with encouraging levels of staff engagement.

The Head of People and Change outlined to the Committee the governance arrangements for implementing the reduced working week aspect of the Agenda for Change non-pay elements of pay reform, covering approximately 14,000 staff. A summary is as follows:

- The Agenda for Change Pay Reform Steering Group reported to the Sustainable Workforce Oversight Group for planned oversight and tactical risk management and the Chief Executive Team for time critical/strategic risk escalation/annual delivery plan and thereafter to the Staff Governance Committee to seek assurance on behalf of the NHS Grampian Board.
- Reporting into the Agenda for Change Pay Reform Steering Group was a number of sub-groups covering the reduced

working week, protected learning time, band 5 nursing job description reviews and business systems.

- Key Points from the Circular -
  - Boards should work locally through their Area Partnership Forum (GAPF) to implement the reduced working week, as soon as practicably possible.
  - If, due to service pressures, safety or wellbeing issues determined within Boards, it is not possible to implement the reduced working week, on 1st April 2024, then staff will be recompensed until such times as the reduction can be accommodated.
  - Managers and staff are encouraged to think innovatively about how to implement the reduced working week, across all working patterns, but any implementation must be made locally by mutual agreement and be consistent with the intent of the reforms to provide all staff with the benefits of the reduced working week.
  - A target date for fully implementing the reduced working week, in all Boards is likely to be set by the Scottish Government, and this will be communicated at a later date.
- Progress to date -
  - Reduced working week Sub Group set up - Partnership Group with representation from across the system.
  - Usual Sub Group machinery in place – Action Tracker, Issues Log, ToR (to be finalised), weekly calendar invites, active conversations.
  - Agreed a process to balance requirements for appropriate governance, progress reporting alongside innovative local decision making, with the knowledge that at some point there will be an implementation deadline.
  - Agreed a range of standard reduced working week options through T&Cs Sub Group.
  - Developed guidance to support the process.
  - A number of Early Adopters from across the system working through the process and guidance (covering clinical, support services, admin, management, H&SCPs, secondary care, mental health services, AHPs, corporate services).
- Governance checks were in place throughout the process with regard to identifying standard options to reduce the working week; the GAPF Terms and Conditions Sub-group checking new options against the intent of the circular; confirmation if had a meaningful discussion in partnership; and a final check that all actions are in place. The reduced working week groupings are decided by the services and these are not necessarily hierarchical by department rather by a staff grouping basis.
- Progress tracking built into process which gives the opportunity to target support if low engagement/progress.
- A summary was shown of the submissions by job family, of the method to make the reduction in working week and the

options for recovering capacity, which may or may not remain the case with the further planned reductions in the working week.

The Director of People and Culture informed that updates on the implementation of the reduced working week would be reported under Sustainable Workforce in 2024/25.

The Director of People and Culture advised that the Culture & Staff Experience Tactical Risk Register had been endorsed by the Culture & Staff Experience Oversight Group at its March 2024 meeting, with the Culture Matters Programme Board asked to review the control measures to determine if the interventions listed are effective in responding to the risks. Noting the very high risk of colleagues not feeling their feedback is responded to, the Director of People and Culture confirmed that the Staff Experience Manager was preparing a campaign to inform what the organisational actions have been taken following 2023 iMatter results.

The Committee raised whether the risk to NHS Grampian of the resource required to take forward the work outlined connected to Agenda for Change reform and the resultant impact on culture had been raised with the Scottish Government. The Director of People and Culture confirmed that this was the case, and the opportunity would be taken to raise specific financial and other aspects of the programme at the Chief Executive Team's sponsorship meeting with the Scottish Government's Chief Operating Officer for NHS Scotland in May. Additionally, the Director of People and Culture was preparing a paper to the Chief Executive Team regarding the mismatch between the Scottish Government and employers working assumptions about the implications of the Agenda for Change reform strands. Following conclusion of the organisational change for wellbeing, culture and development, there would be enhanced capacity to support work on embedding values within NHS Grampian, which is key to culture development. The Committee was assured that there were conversations regarding this.

The Committee noted the content of the comprehensive paper, agreed the information provided was sufficient and was assured by the progress outlined at the meeting.

8   Strategic risk on deteriorating workforce engagement

The Corporate Risk Advisor referred to the distributed paper which outlined that the Chief Executive Team have accountability for the development and management of strategic risk within NHS Grampian, with each aligned to a committee for assurance purposes. The strategic risks of deteriorating workforce engagement and inability to effectively deliver planned and unplanned clinical services had been aligned to the Staff Governance Committee. The paper had a focus on deteriorating workforce engagement, asking the Committee to confirm that the information in the paper provided assurance that processes regarding the management of the risk are in place and are working effectively and any gaps in controls are identified are being

addressed. Thereafter the information on the risk will be submitted to the Audit and Risk Committee as they have final accountability.

The Director of People and Culture informed that the deteriorating workforce engagement risk covers both the engagement of our Workforce within the context of (i) their employment with NHS Grampian, and (ii) their involvement in and being equipped to support broader citizen engagement with the changes required by Plan for the Future in the relationship we have with communities and ensuring an appropriate focus on prevention. The link between the tactical risks presented under objective 2: People and this risk was highlighted to the Committee.

The Director of People and Culture stated that the current financial outlook, demands on the service, and the degree of change required is expected to increase the level of risk. The risk is just outwith NHS Grampian's risk appetite but is within a level of tolerance. There is currently an acceptable level of risk exposure, subject to active risk monitoring measures. This will be affected by the ability to implement barriers and/or mitigations. The Director of People and Culture stated that the sustained increase in employee relations casework observed recently will feature at the next assessment of risk, but is likely to contribute to an increase given the limits on the capacity of the specialist Human Resources teams.

The risk level had been assessed as high, with a risk score of 11, based on cumulative assessment of aligned tactical risks, with a cautious risk appetite level. A number of controls were in place, some assessed as effective whilst others incomplete (controls are appropriately designed but not consistently applied). The paper outlined a number of actions for officers in the People and Culture Directorate and that the reasonable assurance level assigned to the management of the risk had been supported by the Chief Executive Team in early March.

The following points were raised in discussion:

- There may not be an improving picture given the current context and the introduction of non-pay Agenda for Change reforms. The Director of People and Culture stated that his Chief Executive Team paper referred to earlier will cover the impact of the non-pay Agenda for Change reforms on this and other strategic risks.
- It was acknowledged that the reasonable assessment was determined before Boards were notified from the Cabinet Secretary to implement Agenda for Change non-pay reforms from 1 April 2024, therefore the Committee was correct to raise this may tip the balance. This would be monitored through assessment metrics such as turnover. Turnover would ideally be 10-11% however a tolerance level would be 15%. For Absence levels 5% or lower is wished but the tolerance level would be 6%. For iMatter an Employee Engagement Index of 75 and above, with a tolerance level of 70. The Corporate Risk Advisor stated that in handling strategic risk the environment is changing constantly therefore good data is required to monitor the risk level, tolerance and appetite.
- Some factors affecting the risk of workforce engagement were acknowledged as being outwith the control of NHS Grampian and this should be articulated within the risk information.

The Committee agreed there was the expectation of a regular risk review cycle and that an update of the strategic risk of deteriorating workforce engagement would be provided to the Committee at the October 2024 meeting.

TP/JM

The Committee confirmed they were assured and their agreement that the assurance level assigned to the management of the risk (reasonable) was appropriate.

9   Strategic approach to colleagues and citizens engagement

The Strategic Development Manager referred to the distributed documents, informing the Committee that phase I of the project had been concluded, with the Putting People First approach the focus of the 9 May 2024 board seminar and the Framework presented at the June 2024 NHS Grampian board for consideration.

This initial 6 month piece of work had been undertaken to help shape a new and shared strategic ambition to how we want to involve and listen to people in line with Plan for the Future. The Framework gave a direction of travel which will evolve with feedback from staff and external partners, with the ambition for NHS Grampian to lead the way in how we welcome, involve and invite all people to contribute to improved services and to improving the health of people locally.

The Strategic Development Manager stated that this was a long term commitment using the three horizons model to create large scale change over the duration of the Plan for the Future, including a pathway to connect to communities through a Community Champions network. If the approach was successful there would be reduced complaints, individuals would be more satisfied with their care, workforce more motivated and help shape more preventative approaches. Implementation will commence with tangible actions to set the foundations over the first two years.

The following points were raised in discussion:

- As the approach required strong staff support, how were staff being supported to ensure all were on-board. The Strategic Development Manager responded that the approach was to start where energy is so the approach would be talked about, converting staff through the impact on staff morale and patient satisfaction. Rapid cycle feedback loops will be tested to support teams to focus on what really matters to patient/service users and to provide teams the skills to take action on feedback however there was the opportunity to be deliberate on which teams, therefore including areas where staff were potentially not on board.
- How essential it was to listen to people to improve communication. The Strategic Development Manager responded that there was no better time to listen but be clear what can be delivered. Health Psychologists had been involved to help frame messages to have honest and focussed communication to get a call for action from the community.
- Opportunity to have increased staff experience, through the rapid cycle feedback method to share back to the team.

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The Committee agreed to consider how they wished to be kept up-to-date acknowledging that the Population Health committee is the core governance route for Putting People First. **JD/TP**

The Committee acknowledged the approach as exciting and ambitious, noting the contents of the paper and endorsing the new Putting People First approach.

10   Update on Doctors and Dentists in Training (DDiT) national Staff experience report

The Director of People and Culture referred to the distributed paper, thanking the Staff Experience Manager for authoring the report. The report gave the outcome of a survey undertaken in November 2023 and published in the NHS Scotland Doctors and Dentists in Training Staff Experience Report 2024 on 28 February 2024. It provided a comparison across NHS Scotland and the wider staff population in NHS Grampian. The Director of People and Culture highlighted the following from the report:

- Across all but one areas, NHS Grampian DDiT report a less positive experience than NHS Grampian iMatter 2023, but a more positive experience than NHS Scotland DDiT iMatter 2023. NHS Grampian is not an outlier in either results.
- DDiT undertake an abridged version of the iMatter questionnaire as they also undertake the Scottish Training Survey (STS) issued by NHS Education for Scotland. DDiT's are required to complete the STS to move to their next placement.
- As with NHS Grampian iMatter, NHS Grampian DDiT's have a higher engagement of participation in the survey than with action planning. However, the difference between participation and action planning is much more pronounced for DDiTs. This may be a reflection on the fluidity of team members and feeling of being part of a team which is key for action planning.
- There were two notable areas of difference with NHS Grampian iMatter responses, with reference to relevant 2023 STS results. These were health and wellbeing and dignity and respect.
- In preparation for re-monitoring Junior Doctors' Rota's in the current training year and in light of the rota banding challenges the Chief Executive Team has set out expectations of the different relevant roles at service level for the management of different aspects of DDiT workplace experience.
- Work is ongoing to re-establish meetings between NES and NHS Grampian to support information sharing about DDiT long-term absences.
- As the Committee were advised in December 2023, there has been a gradual rise in non-compliant junior medical rotas, largely due to insufficient or delayed breaks being taken by DDiTs. Ongoing actions include a standard operating procedure to provide further clarity on roles and responsibilities; identification of DDiT lifecycle communication "touch points" to reinforce health and wellbeing along with sustainable good work practice; and the current Scottish Clinical Leadership Fellow is scoping how the Trickle App could be used to support improved DDiT engagement and experience.

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The Director of People and Culture clarified that the survey had been undertaken in November 2023 with the report published by Scottish Government in February 2024. There had been a delay in reporting in comparison to the NHS Grampian iMatter cycle which gave instantaneous results, as work is done by the Scottish Government to produce the Board and national report. An interesting future comparison would be the next survey after negotiations around terms and conditions for junior doctors due to commence in May were concluded.

The Head of Workforce clarified that FY1's have a 4 month training placement whilst there is a relatively small cohort of those with 6 and 12 months training placements. It was acknowledged that the short term nature of rotations may influence the outcomes.

The Committee was assured by the work outlined in the paper.

11   Remuneration Committee 28 February 2024 agenda and assurance statement

Noted by the Committee

12   Whistleblowing Standards 2023/24 Quarter 4 report

The Head of Engagement referred to the distributed report and highlighted the following:

- During the period 1 January to 31 March 2024 four new concerns were raised through the whistleblowing process, which is 9 less than last quarter. Two of the new concerns met the criteria for whistleblowing.
- Overall in 2023/24 there were 18 confirmed whistleblowing concerns, which is the highest number in a year since the standards were implemented in 2021. During 2021/22 there were 14 and in 2022/23 8 confirmed whistleblowing cases.
- Thirteen whistleblowing cases were handled during Quarter 4 as there was eleven open cases as at 1 January 2024 with the addition of two new whistleblowing concerns during the quarter.
- Cases had increased in acute areas and adult mental health whilst numbers in the partnerships had largely stayed the same.
- The increases are attributed to increased awareness and individuals using the standards more than once.
- The recommendations from the internal audit carried out in 2022 had been to ensure less person dependency. This recommendation had been made as the Head of Engagement had supported the whistleblowing process for three years, which had been a huge undertaking whilst carrying out their substantive role. The recommendation had been achieved in part through funding for the new Whistleblowing and Speak-up manager to work 2 days per week since 1 November 2023 and the network of Speak Up Ambassadors. As a lot of the manager's role is to allocate new Speak-up Ambassadors cases, prepare them for this, arranging learning sessions and supporting them as required, there is additional

workload, especially around the handling of the concerns that still needs to be considered further to ensure single point of failure is minimised.

- At a national network meeting, there was a lack of recognition of the resources required across all Boards. There was the example in one Board of the Board Secretary role hosting the service. It was important that there was awareness of what resource NHS Grampian has committed to implementing the standards when considering the outcomes achieved.

The Head of Wellbeing, Culture and Development highlighted the two culture reviews undertaken, offering the opportunity to connect to use the NHS Grampian Commitment to Culture Resource Pack.

The Head of Engagement stated that a concern had been from an individual with whom a concern had been raised regarding their behaviour, asking how they are supported as Standards focus on supporting the whistleblower.

The Committee highlighted that there had been progress made with the contents of the quarterly report as some of the feedback given at the last meeting has been included. The Staff Governance Manager clarified that currently there had not been an increase in bullying and harassment cases corresponding with a decrease whistleblowing although quarter 4 figures were awaited.

The Committee endorsed the report.

13   Items for Noting

The Committee noted the following approved minutes/report:

13.1   BMA Joint Negotiating Committee Minutes – 25 January 2024

13.2   Culture and Staff Experience Oversight Group minutes – 4 December 2023

13.3   Occupational Health, Wellbeing and Safety Committee – 23 November 2023

13.4   Sustainable Workforce Oversight Group – 21 November 2023

13.5   GAPF Board report – covering the meetings of December 2023, January and February 2024

13.6   Area Clinical Forum – 17 January 2024

14   Any Other Competent Business

None raised

Item	Subject	Action
15	**Date of Next Meeting**	
	Thursday 6 June 2024 1.30pm to 4pm in the Conference Room, Summerfield House	