

APPROVED

Board Meeting
12.09.24
Open Session
Item 13.6.2

NHS GRAMPIAN
Minutes of Meeting of Staff Governance Committee held
on 6 June 2024 at 1.30pm
hybrid meeting – in person in the Conference Room
Summerfield House or 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	June Barnard	Nurse Director, Secondary and Tertiary Care (for item 7.2)
	Laura Binnie	RGU representative (deputy for Lynn Kilbride)
	Roda Bird	Interim Equality and Diversity Manager (for item 11)
	Shelagh Bonner	Interim General Manager (for item 6)
	June Brown	Executive Nurse Director
	Caroline Clark	Chief Nurse (for item 6)
	Adam Coldwells	Interim Chief Executive
	Jamie Donaldson	Staff Side
	Alistair Grant	Staff Side
	Stuart Humphreys	Director of Marketing & Corporate Communications (for item 11)
	Gerry Lawrie	Head of Workforce
	Kevin Leslie	Senior Public Health Practitioner (observer)
	Jill Matthew	Head of Occupational Health Services
	Jason Nicol	Head of Wellbeing, Culture and Development
Tom Power	Director of People and Culture	
Michael Ritchie	Staff Side (for item 6)	
Philip Shipman	Head of People and Change	
Elizabeth Wilson	HCSA Implementation Programme Manager (for item 11)	
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Lynn Kilbride	RGU representative
	Ian Cowe	Head of Health and Safety

Item	Subject	Action
1	<p data-bbox="288 181 448 226">Apologies</p> <p data-bbox="288 248 528 293">Noted as above.</p>	
2	<p data-bbox="288 322 655 367">Declarations of Interest</p> <p data-bbox="288 389 1417 472">The Head of Workforce declared their role as a non-executive board member of NESCOL (related to education).</p>	
3	<p data-bbox="288 533 751 577">Chair's Welcome and Briefing</p>	
4	<p data-bbox="288 638 839 683">Minutes of Meeting on 24 April 2024</p> <p data-bbox="288 705 1023 750">The minutes were approved as an accurate record.</p>	
5	<p data-bbox="288 810 528 855">Matters Arising</p> <p data-bbox="288 878 791 922">5.1 Action Log 24 April 2024</p> <p data-bbox="408 934 1417 1048">The Chair outlined that actions SGC46 was complete. It was noted that the due date for actions SGC47, SGC51, SGC54, SGC57, SGC58, SGC59 were the 31 October 2024 meeting.</p>	
6	<p data-bbox="288 1108 842 1153">Family Integrated Services Portfolio</p> <p data-bbox="288 1176 1002 1220">6.1 Staff Governance Standard Assurance</p> <p data-bbox="288 1243 759 1288">6.2 Workforce Information</p> <p data-bbox="408 1319 1345 1467">The Interim General Manager and the Chief Nurse referred to the Family Integrated Services Portfolio report, which provided an update from the last attendance at the Committee in November 2022, highlighting the following:</p> <ul data-bbox="459 1485 1362 2069" style="list-style-type: none"> <li data-bbox="459 1485 1362 1960">• There had been a number of actions taken to improve matters within RACH Theatres reaching the position in October 2023 that the external team was no longer required as on course to meet the two year trajectory. Actions had included an office presence in RACH and AMH instead of Ashgrove House and one hour drop in sessions over lunchtime to allow staff the opportunity to ask the Portfolio Leadership Team any question. This had worked well however it was not an alternative to over escalating and not using normal processes. The impact of these actions was reflected in the positive changes to the 2024 Culture Survey results, making RACH Theatres on par with the rest of RACH. <li data-bbox="459 1966 1362 2069">• Organograms illustrating the management and support structure have been developed and circulated to all staff to aid understanding of roles. 	

- There was the need to improve on the commitment to have walk arounds.
- Following the raising of a whistleblowing concern within Maternity Theatres in August 2023, an action plan had been developed against the Staff Governance Standard, which is kept track of at the Integrated Family Service Portfolio meeting.
- When the Whistleblowing Champion had visited both RACH and AMH there was a lack of awareness of the Whistleblowing Standards. Following this the Standards are raised at meetings with the potential to display posters.
- Since the Staff Governance meeting was re-instated in 2022 after the pandemic, attendance has been low and as a result its effectiveness as a forum is under review. This may be due to the topics being sufficiently covered elsewhere. The terms of reference will be reviewed to ensure the forum meets the required need.
- Compliance with statutory and mandatory training was low in some areas. Following discussion with teams this was due to the inability to take time to undertake the training. A point raised for discussion with the Committee was whether there could be assurance of competency even if the level of compliance was significantly higher.

The following points were raised in discussion:

- The good BPA Culture Survey participation was noted. The Committee asked what work was being done to ensure good iMatter participation given both surveys were being undertaken in the first half of 2024. The Chief Nurse acknowledged the timing was not ideal however there had been no feedback from staff that they would not participate in iMatter. Communication had been clear that it was not one survey or the other. It was acknowledged that each survey had different purposes, illustrated in the estimated length of time to complete.
- It was noted that the compliance of management teams with statutory and mandatory training was low in comparison to other areas in the portfolio, raising the need to role model. The Committee asked what work was being done to improve compliance. The Interim General Manager responded that currently it was challenging to obtain compliance from Medical Managers therefore an understanding of who was in the management cohort in Turas was required. The Chief Nurse stated that this was connected with having good appraisal as the conversation covered more than the basics of statutory and mandatory training, with work underway to increase the number of appraisals. It was acknowledged that it was appropriate to use appraisal for competency, if used correctly.
- The Committee noted that there should be consideration on the effect on practice if not undertaking statutory and

mandatory training as an alternative to reviewing percentage compliance only.

- The statement within the report that “Information and access to information is provided however whether it is read and understood cannot be assured” did not provide assurance to the Committee. The Interim General Manager responded to what could be done differently. Online training does not give a way to check understanding or to reflect back and ask questions. It was acknowledged that undertaking training on line was a standard way of delivery however as people take on information differently it may not be suitable for all.
- The Interim Chief Executive stated that the steps of assurance has been discussed at his team meeting. These were to: understand the problem; have a clear plan to address; and measure progress against the plan. The maturity of questioning if there is understanding following training was commended. The Head of Workforce raised that a learning outcome can be used to check understanding.
- The Interim General Manager stated that assurance was lacking in relation to complaints training as see the same complaints and adverse events. There was training on Turas and a series of face to face training for portfolio staff on what is it like to receive a complaint or contact from SPSO. Currently Turas modules did not ask the participant to confirm their understanding or ask for more information. If this was available it would assist with valued based reflective practice as staff have a professional responsibility to meet capabilities.
- The Head of Workforce raised that the pattern of the compliance of statutory and mandatory training data should be reviewed as the three newest modules were affecting compliance.
- The Chief Nurse outlined that for Magnet accreditation a nurse will need to demonstrate three aspects, one being peer feedback which would help with assessment of competence and adverse events.

Jason Nicol joined the meeting

- The Committee commended the exceptional directional move for RACH Theatres.
- The Staff Governance Standard was suggested as being the golden thread at other meetings, perhaps negating the need for a specific Portfolio Staff Governance meeting. The Interim General Manager acknowledged this as a potential way forward as staff groups could be captured over a number of meetings to give assurance.
- The Whistleblowing Champion reflected on the low awareness of the Whistleblowing Standards when they visited the Portfolio. Although the visit raised awareness of the Standards other methods should be used. It was noted at the visit that feedback to the reporter on Datix was not consistent but this was not conveyed in the report. The

Interim General Manager responded that providing a response to the reporter had improved since taking this as an action after the visit to ensure when an adverse event is closed off there is a mechanism to give feedback to the reporter. With regard to Whistleblowing Standards, awareness had been increased through the meet the leadership team drop in sessions and at the governance and portfolio meeting where there is a section to assure of a mechanism to raise concerns. The Chief Nurse added that the drop in sessions had helped as they created an open dialogue to have conversations with staff to avoid reaching the stage of whistleblowing.

- The Head of People and Change asked if there were any lessons, from the changes made, that could be shared in the organisation. The Chief Nurse responded that visibility of senior management was key, aided by a change in some personnel. The timing of the appointment of Geraldine Fraser to the Portfolio Executive Lead role assisted too. Progress was made with sustained effort with the assistance of the PIP team who undertook demand and capability work, allowing staff to get real data, not hearsay. The Interim General Manager stated there was focus on the situation, with a team dedicated. The Interim Chief Executive asked if the same level of achievement would have been made without the investment in the external team. The Chief Nurse responded that the ability to focus was key. The Interim General Manager stated that the external team gave others head space, allowing them to do that work to take a step back.
- The Committee reflected on the ingredients for transformation.
- The Chief Nurse stated that a gap may be regarding how information is conveyed and holding a courageous conversation.

The Committee commended the positive report and significant improvement made, confirming they were assured.

7 2024/25 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 (not available as there has been no additional meeting since the last Staff Governance Committee)

7.2 In-depth – Sustainable Workforce

In 2024/25:

- a) Implement a medical staff bank to improve supply, governance and reduce costs of medical locums

- b) Ensure statutory/mandatory training complete for 90/70% of new starts respectively, and appraisal for 50% of all staff
- c) Sustain the roll out of e-Rostering tool as far as progress with national integration to Payroll and financial position allows
- d) Commence implementation of the Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce
- e) Implement, as far as practicable, a reduction in the working week to 37 hours for colleagues on Agenda for Change
- f) Implement, as far as practicable, a review of Band 5 Nursing roles as part of Agenda for Change reforms
- g) Implement Portfolio/Directorate plans agreed in partnership for reshaping the workforce in support of sustainability

The Director of People and Culture referred to the distributed report highlighting the milestones for the deliverables in the draft 2024/25 Annual Delivery Plan with a focus on Sustainable Workforce. These are aligned to the 'workforce planning & redesign', 'attraction and resourcing', 'skills & capability', 'employability' and 'how we work (utilisation)' key areas of focus from the Colleagues and Culture component of Plan for the Future. Due to the timing of the focus on Sustainable Workforce, performance reported formally against the milestones for quarters 1 and 2 will be shared at the December 2024 Staff Governance Committee.

The Director of People and Culture referred to the deliverable to implement a medical staff bank which had been subject to significant delay at 2023/24 quarter 4. Appendix 1 of the report outlined the milestones for 2024/25. The Committee raised that investment to improve the situation may be appropriate as despite not having a medical staff bank there were still a cost to the organisation. The Director of People and Culture responded that a resource was required to achieve a medical staff bank, however currently NHS Grampian was collaborating with other North of Scotland Boards regarding a potential regional medical staff bank. The Interim Chief Executive stated that there needed to be a clear recording of the unrealised benefits of not having a medical staff bank.

The tactical risk register was to be reviewed by the Sustainable Workforce Oversight Group before being uploaded to Datix.

The Director of People and Culture confirmed that the Review of Band 5 nursing roles Scottish Government Directors letter had been received two days previously. The Sub-group was currently reviewing the implications and the process outlined, which included that from 17 June 2024 the national submission portal would be open to fir a Band 5 nurse to make an application.

The Committee highlighted that a cause within the tactical risk register was "We do not have data that indicates what future health trends require in workforce terms". The Head of Workforce explained that this was in relation to not having a projection of the future required workforce locally or within NHS Scotland. The Director of People and Culture outlined that the requirement to have

a more coherent workforce planning process had been raised at the recent annual review/sponsor meeting with Scottish Government.

The Committee asked if there was a way of directing managers to focus on training with their teams. The Head of Wellbeing, Culture and Development responded that there was the opportunity for data analysis to target areas, however the approach to be taken to improve compliance with statutory and mandatory training was key. The Human Learning Systems approach was being used to plan work on improving statutory and mandatory training compliance and implementation of protected learning time over the next six months. The Director of People and Culture noted that there would be the opportunity to inform the national work as they were co-chairing the recently re-convened national protected learning time group.

The Head of Workforce informed the Committee of the pilot work using PowerBI (Microsoft app), giving live accessible data, which can be interrogated by professional group, wards, bands etc. A stakeholder session had taken place the previous week to obtain views on improvements and future use. The Head of Workforce confirmed that there had been conversations with other Boards to enable sharing of the coding and definitions used. The Interim Chief Executive stated that there had been sharing already with Aberdeenshire Council around using different aspects of Microsoft Office 365, stressing the need to undertake this work on a once for Scotland basis rather than having duplication within Boards.

Jill Mathews joined the meeting

The Interim Chief Executive raised the NHS reform agenda letter from Caroline Lamb, Director-General for Health & Social Care and Chief Executive of NHS Scotland. There was the need to triangulate the reform agenda with the Plan for the Future to ensure consistency. There was the need to consider financial planning alongside workforce planning, acknowledging the capacity to do was challenging. The Director of People and Culture informed that in light of the limited specialist capacity available, and drawing on learning from the adoption of workforce planning in NHS Grampian and Aberdeenshire HSCP, the Sustainable Workforce Oversight Group had made the decision that those undertaking transformational change would be given priority for workforce planning support.

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.

Philip Shipman, Jason Nicol, June Barnard and Shelagh Bonner left the meeting

8 HCSA implementation update

The Head of Workforce and HCSA Implementation Programme Manager referred to the distributed paper on the implementation of the Health and Care (Staffing) (Scotland) Act 2019 highlighting that the intent of the act was

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to enable safe, high-quality care and improved outcomes for people and support the health, well-being and safety of patients and the well-being of staff. The paper and presentation given outlined the internal and external reporting requirements, which included:

- Internal quarterly report by Board Level Clinical Leaders (Medical Director, Executive Nurse Director and Director of Public Health) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing. The reporting template was for local Board determination.
- External quarterly report to Scottish Government related to the principle of agency workers being engaged with costs no greater than 150% of equivalent NHS costs. Reporting covers the number of occasions in that period which an organisation has paid more than 150%; the amount paid on each occasion (as percentage against NHS costs); and the circumstances that have required the higher amount to be paid. A national reporting template had been provided.
- External annual report to the Scottish Government, Patient Safety Commissioner and published by 30 April on the NHS Grampian website. A national reporting template had been provided to reporting on the 10 duties and a RAG status for each of the 82 sections. The narrative would include description of successes, challenges and example of improved outcomes for service users.

The associated reporting requirements of the Act will require Staff Governance Committee to receive reports for assurance in two different ways:

- Assurance on behalf of Board for the Internal Quarterly Report (including external quarterly reporting on appropriate staffing: agency worker)
- Assurance prior to presentation to Board (and submission to Scottish Government) for the Annual Report

The following points were raised in discussion:

- The Interim Chief Executive raised how there could be a line up against outputs not outcomes given the reporting were process measures.
- The Interim Chief Executive asked if NHS Grampian could be compliant in current context of using high value staff. The HCSA Implementation Programme Manager responded that this was possible as when reporting against four levels of compliance, there could be compliance in the mitigation report despite using high cost staff, after reviewing the duties of the act.
- The Interim Chief Executive highlighted that the expected feedback from staff on staffing levels would be that these are not correct irrespective of the situation. The HCSA Implementation Programme Manager responded that the process to ensure the employee voice is heard was yet to be determined.
- The Committee asked if the report was NHS Grampian or system wide. The HCSA Implementation Programme Manager responded that there were representative from the three H&SCPs on the Programme Board, which gave the opportunity to influence how

implementation was progressed. In addition there had been engagement sessions with all Portfolio, HSCP and Public Health Directorates and Advisory Committees to ensure all stakeholders have their voice in the single submitted report.

- The Head of Workforce referred to the Board briefing session the following week at which more information would be shared. The input of H&SCPs was valued with Aberdeen City and Aberdeenshire providing good practice to share with others to replicate or adapt.
- The Executive Nurse Director confirmed that they, the Medical Director and Director of Public Health hold the responsibility if an individual is employed by NHS Grampian. The Local Authority will be responsible for Social Care.
- The HCSA Implementation Programme Manager outlined that NHS Grampian is also required to consider the guiding principles and the requirement for appropriate staffing when planning and/or securing a service from a third party; this could be from a private or third sector party, from another Health Board or through local or national agreements. The act does not supersede any current contracts.

The Committee confirmed they were assured and agreed to receive the quarterly reports whilst the annual report would be submitted to the Board.

9 Decision regarding the inclusion of grievance and bullying and harassment cases in the whistleblowing quarterly reports

The Director of People and Culture referred to a discussion between himself, Head of People and Change and Mr Alistair Grant regarding whether bullying and harassment cases would be reported in the same way as Whistleblowing cases. It had been agreed that it was good practice to review the number of and learning and themes from bullying and harassment cases and this would be done as part of the Culture and Staff Experience focus, commencing from the 31 October 2024 meeting. The data would be reported on a longitudinal basis to examine how it was evolving over time and how it linked with other activities in the organisation, therefore requiring input from the HR Team, Staff Side and the Speak Up Ambassadors. Mr Grant added that the proposal was a good start and would give a greater understanding of the cultural aspects. The Committee was asked for comment on the approach outlined.

The following points were raised in discussion:

- It was a sensible approach.
- The involvement of the Speak Up Ambassadors was good given their role in other processes.
- Given the concerns raised previously regarding the timescales for Whistleblowing cases, whether the timeline to conclude bullying and harassment cases was to be measured as anecdotally processes were reported to take a long time to complete. The Director of People and Culture responded that there was a need to understand the timeline but in the first instance the number of cases would be reported, outcomes and appeals.
- The Whistleblowing framework would be used as a guide for reporting but reporting would be separate from the quarterly whistleblowing

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report but with the aim was to report at same time/same cycle to aid understanding.

- From the Whistleblowing Pause and Reflect session it was recognised that whistleblowing is a symptom of things not working well. It would be useful to understand this from the bullying and harassment perspective.
- Following INWO guidance there should be reference to this reporting in the Whistleblowing annual report.
- The approach would give more transparency.

The Committee agreed the proposed approach.

10 Scottish Government response to NHS Grampian 2022/23 Staff Governance Monitoring return

Staff Governance Monitoring Update Letter 2023-2024 - NHS Grampian

The Director of People and Culture referred to the feedback provided by the Scottish Government on the 2022/23 Staff Governance Monitoring return. Thanks were given to those who contributed to completing the return. The feedback consisted of what worked well and could be shared as good practice and areas of focus in the coming year.

What worked well and could be shared as good practice:

- iMatter Questionnaire: Training and support for wider senior leadership to ensure structures are accurate to increase engagement and response rate.
- Communication: Innovative communication methods hosted by senior management with staff perspective and partnership work to identify and resolve concerns relating to Staff Governance Standard adherence.
- Partnership Engagement: A collaborative approach to partnership and staff engagement to organisational and culture improvements in line with Once for Scotland Workforce Policies.
- Staff Governance Committee: Portfolio completed template to provide assurance that consistent practice and standards are being met.
- Staff Wellbeing: A digital approach through the Trickle app to increase awareness and implement improvements.
- Staff Safety: Bespoke training to enhance de-escalation techniques to encourage safe working environments.
- Culture: Programmes of work with positive involvement to identify and enhance culture in the workplace, including Chief Executive engagement.
- Recruitment: A wide range of apprenticeships recruited to address recruitment needs.

Areas that NHS Grampian may wish to feed into a Staff Governance Action Plan and subsequent return for 2023/24:

- Culture: Progress and actions taken as a result of Board Commitment to Culture resource pack.
- Recruitment: Involvement with Local Outcome Improvement work and ABZ Network to increase apprenticeship employment and continue to

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provide access and development opportunities for new and existing staff.

- Bullying and Harassment: Progress of formal and informal training to increase early resolution of bullying and harassment cases.
- Staff Safety: Impact of engagement with National Assault Pledge: Violence and Aggression towards NHS Staff. Consideration of Trauma informed approaches within violence and aggression training and how staff participation is tracked.
- Leadership: Outcomes and impact of Leadership and Management forum.

The Director of People and Culture referred to the Scottish Government letter which confirmed the decision of the Scottish Workforce and Staff Governance Committee (SWAG) to pause the 2023/24 Staff Governance monitoring exercise. A tripartite working group was to review the annual monitoring exercise and bring recommendations back to SWAG.

The Director of People and Culture stated that it was evident from the Health and Social Care Staff Experience report that the NHS Grampian 2023 iMatter results were above average across the five elements of the Staff Governance Standard, in comparison to other Boards. 2024 results would be available in late June.

The Committee noted the Scottish Government correspondence.

11 Equality and Diversity Workforce Monitoring Report 2023

The Interim Equality and Diversity Manager referred to the distributed NHS Grampian Equality and Diversity Workforce Monitoring Report 2023, produced in compliance with the Equality Act 2010, covering all nine of the protected characteristics. As previously agreed by the Staff Governance Committee, the reporting period had changed from the financial year to the calendar year, therefore the report was based on employee data provided for the period of January 2023 to December 2023. To comply with the mandatory publication date, a draft diversity workforce report was uploaded to the NHS Grampian website on 1 April 2024 pending formal approval from the Committee.

The Interim Equality and Diversity Manager highlighted the following:

Ethnicity:

- Data is taken from that provided by the employee when they complete a staff engagement form with no system to update this through their employment.
- The purpose of reporting was to compare the NHS Grampian workforce with the population of Grampian. The data showed that the workforce was ethnically diverse.
- There were more New Starts than Leavers and for most ethnic groups new starts were higher than leavers indicating a good retention of staff from ethnic minority groups.
- Staff from all ethnic groups had received promotion in 2023.

Disability:

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- As the declaration was at the beginning of employment, the actual number of employees recognised with a disabled may be higher. Work to be undertaken through the Equalities Data Group on more timeous monitoring. A potential source may be utilising referral data held by the Occupational Health Service.

Sex:

- Split between 81.94% female and 18.06% male.
- There was a higher proportion of male starters and leavers compared to the overall male workforce and a proportionate ratio of male and female staff for both starters and leavers.
- A slightly higher percentage of male staff promoted in 2023.
- The Gender Representation on Public Boards (Scotland) Act 2018 sets a “gender representation objective” that a board has 50% of non-executive members who are women. This had not been achieved in the period to December 2023.

Religion or faith:

- The NHS Grampian workforce is religiously/faith diverse.
- There was a general decreasing number of staff preferring not to state their religion in the last 5 years.
- Data indicated that the NHS Grampian recruitment processes are free from discrimination on the grounds of religion or faith or a lack of religion or faith.
- Promotions within each category of religion or faith is nearly proportional to the total number of staff in each category.

Sexual orientation:

- As 66.18% of staff answered the information on sexual orientation there was confidence that staff were happy to declare their sexual orientation although the percentage who preferred not to say had increased in 2023. How this could be monitored and declaration improved needs to be explored.
- All groups represented in starters and leavers and promotions.

Gender reassignment:

- The Notice of Engagement and Change Form asks the question “Do you consider yourself transgendered?” with option to answer yes, no or prefer not to answer. However no data was collected with regard to promotion.

Age:

- Employment is encouraged in all ages.
- The profile of the workforce by age allows the organisation to look at the current workforce and in the future at an organisation, departmental or team level. Age profiling can assist in workforce planning and looking at patterns and trends across the workforce.
- Starters and leavers are represented across the age range and in promotions.

Pregnancy and Maternity:

- For the reporting period there were 464 applications for maternity leave made by staff. The number of staff who chose to “Return to

work” option is 457.

Marriage and civil partnership:

- The figures show that staff in different marital status are proportionately promoted and this may indicate that the NHS Grampian promotion processes are free from discrimination on the grounds marriage and civil partnership and provides equality of opportunity for promotion.

Staff who completed training:

- Staff were given equal opportunity to attend training and no discrimination to access training with regard to ethnicity, sexual orientation and age.

Conclusion:

- NHS Grampian is a fair and equitable employer in terms of the nine “protected characteristics”
- The information shows that NHS Grampian has in place fair staff management arrangements
- The data gathered fulfils our duty to report the requirements set out in the Equality Act 2010 General Duty and the Specific Duties Scotland Regulations 2012.
- The diversity data showed proportionate promotion and completion of training in all protected characteristics. This indicates an equal opportunities employer and promoting a non-discriminatory workplace.
- The diversity data provided is a tool to monitor impact and outcome for different groups of employee. It helps identify current and future needs and possible inequalities.
- Any gaps identified may be investigated to understand causes and solutions.

The Committee was asked to endorse the report.

The following points were raised in the discussion:

- The Interim Equality and Diversity Manager confirmed that only the options of male or female was provided in line with the Equality Act. A change to the national data would subsequently change local reporting.
- Verbal reference to the 2022 census was useful however no requirement to make any amendments to the report.
- Polish ethnicity was noted as 0.23% of the NHS Grampian workforce whilst other white ethnic group category was 639 employees. The Interim Equality and Diversity confirmed there was no ability to drill further down as the options provided were based on national census data set. From the 2022 census Aberdeen had the most number of Polish in Scotland.
- As the “prefer not to say” option when declaring sexual orientation was increasing there was the need to be alert to a potential trend.
- The Committee raised that for gender reassignment there was no prefer not to say option. The Interim Equality and Diversity Manager confirmed that no such option was provided on the Staff Engagement Form however as this was a national document the options could not

be changed locally.

- The Interim Chief Executive raised that reporting should be mindful that NHS Grampian had acknowledged racism, with the Anti-racism group were exploring options to increase reporting. The Interim Equality and Diversity Manager responded that it was key to change attitudes of new starts to declaring protective characteristics. It was believed that other Boards used the self-service option to change data through eESS. The Head of Workforce explained that the EDI was not connecting to eESS file to update. There was therefore the need to recreate the dataset in eESS before self-service could be introduced, which was a significant piece of work.

Jamie Donaldson and Adam Coldwells left the meeting

- Benchmarking nationally would establish if an outlier on the “prefer not to say” options.
- Whether there was any significance to the percentage of males being promoted.
- Check that the last three sentences in the pregnancy and maternity section reflected the information in the table. It was acknowledged that if this was an issue with changing the reporting period, this should be noted in the report.
- Whether the number not returning from maternity leave was an effect of government policy on childcare. The Interim Equality and Diversity Manager responded that currently staff are not asked why they are not returning to work.

The Director of Marketing & Corporate Communications stated that from the data there was the ability to gauge whether treating employee fairly acknowledging that the data was only as good as that provided or where there were further investigates. The Interim Equality and Diversity Manager and Head of People and Change were forming group to improve quality of data with the aim to achieve tracking data real time.

The Interim Equality and Diversity Manager to consider the comments from the Committee and publish a finalised report.

RB

The Committee confirmed they were assured, endorsing the report.

12 Items for Noting

The Committee noted the following approved minutes/report:

- 12.1 BMA Joint Negotiating Committee Minutes – 20 March 2024
- 12.2 Culture and Staff Experience Oversight Group minutes – no new approved minute
- 12.3 Occupational Health, Wellbeing and Safety Committee – 29 February 2024

The Committee raised the high number of members of the Occupational Health, Wellbeing and Safety Committee; as a consequence the resultant capacity used to attend and whether there was appropriate follow up with those that are not attending.

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	The Employee Director responded that they along with the Head of People and Change, Head of Occupational Health Services and Head of Health and Safety and Mr Donaldson had agreed to review terms of reference and the structure, noting there required more interaction between the Health and Safety Expert group and Health and Wellbeing group.	
12.4	Sustainable Workforce Oversight Group – 28 February 2024	
12.5	GAPF Board report – no new report	
12.6	Area Clinical Forum – 6 March 2024	
13	Any Other Competent Business	
	None raised	
14	Date of Next Meeting	
	Thursday 22 August 2024 10am to 12.30pm via Teams	