

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 20 February 2024 at 2pm
virtually by MS Teams

Board Meeting
13.06.24
Open Session
Item 13.5

Present	Joyce Duncan Bert Donald Alison Evison Steven Lindsay Dennis Robertson	Chair Non-Executive Board member/Whistleblowing Champion Board Chair Employee Director Non-Executive Board member
Attending	Adeyinka Adeyumi Laura Binnie Ian Cowe Jane Ewen Jane Gibson Alistair Grant Gerry Lawrie Jill Matthew Martin McKay Judith McLenan Jason Nicol Tom Power Sandy Reid Kerry Ross Philip Shipman Claire Smith Diane Annand	Assistant Business Manager (for item 6.1) Dean School of Health Sciences Deputy for Lynn Kilbride Head of Health and Safety Nurse Director – Excellence & Innovation Deputy for June Brown Staff Partnership Lead Aberdeen City H&SCP (for item 6.1) Staff Side Head of Workforce Head of Occupational Health Services Partnership Representative (for item 6.1) Lead for Mental Health & Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) (for item 6.1) Head of Wellbeing, Culture and Development Director of People and Culture Lead - People & Organisation (for item 6.1) Business Manager (for item 6.1) Head of People and Change Lead Nurse (for item 6.1) Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah June Brown Adam Coldwells Jamie Donaldson Lynn Kilbride	Aberdeen University representative Executive Nurse Director Interim Chief Executive Staff Side RGU representative

Item	Subject	Action
1	Apologies Noted as above.	

Item	Subject	Action
2	Declarations of Interest	
	None declared	
3	Chair's Welcome and Briefing	
4	Minutes of Meeting on 19 December 2023	
	The minutes were approved as an accurate record.	
5	Matters Arising	
5.1	Action Log 19 December 2023	
	The Chair outlined that action SGC44 was on the agenda. The Staff Governance Manager briefed that Mr Grant was planning to raise the inclusion of grievance and bullying and harassment cases in the Whistleblowing quarterly report for discussion under item 10. It was noted that the due date for actions SGC47, SGC51 and SGC52 were for later 2024 meetings.	
5.2	Update on actions raised at 22 August 2023 meeting	
	The Head of Workforce referred to the distributed update highlighting the following:	
	<ul style="list-style-type: none"> • Definition of a medical consultant vacancy was when approved to be recruited to, to the day before the new appointments first day. Standard requirement for many years of how a medical consultant vacancy is calculated. In response to the Committee it was confirmed only national requirement for vacancy data is for the categories of medical consultants, nursing and AHPs. These are reported in different ways, making comparisons difficult. • Conclusion of the Exit interviews commission with a draft being presented to the Head of People and Change by end of March 2024. • Two Associate Medical Directors appointed to support services with the job planning process, commissioned to do work by the Medical Director - Acute. Level of sign off – currently 70% for 2023/24 - discussed at the BMA JNC. 	
	The Head of Health and Safety referred to the distributed update highlighting the following:	
	<ul style="list-style-type: none"> • Although SSTS had been amended to allow an absence reason to be violence and aggression it was too early to make conclusions from any reporting. Does provide potential to make comparison on such things as hours lost to violence and aggression. Improving the data was to be a deliverable in 2024/2025. 	

6 Aberdeen City and Mental Health Services

6.1 Staff Governance Standard Assurance

6.2 Workforce Information

The Lead - People & Organisation and Staff Partnership Lead referred the Aberdeenshire H&SCP report highlighting the following:

- Prioritisation of funding to replace full time staff partnership lead in summer 2023, following the retirement of previous Staff Side Lead. Only IJB to fund such a post. Jane Gibson appointed after staff side election process.
- Significant staff side involvement in the recruitment of the new Chief Officer.
- Strong culture of involving staff in decisions with lessons learnt from a specific team. Comparison between two organisational changes that affected the staff, the first not carried out to optimise staff wellbeing with the second which had full staff input. Positive feedback received from the second change illustrated the importance of adhering to the Staff Governance Standard, acknowledging that poor experiences can make a tangible difference, for example affecting retention.
- In 2023 over 1100 staff attended staff wellbeing activities.
- As the sickness absence of the healthcare staff (80% of the partnership) was above the NHS Grampian average cannot be complacent therefore work to be done.

The following points were raised in discussion:

- To ensure engagement happened at all levels the available tools, policies and the Staff Governance Standard should be applied as this definitely improved culture. If there were barriers to do so these required to be identified.
- Factors affecting the absence level was a low uptake of the vaccination programme, both flu and covid. Anxiety and stress, some outwith work, cost of living and family circumstances all contributed to absences. It was important to enforce taking breaks, show leadership and prioritise education and training for staff to encourage a strong culture of ongoing training.
- Staff were involved in meetings in order not to fall below the Standard with the partnership meeting following the Standard structure. Ensuring collaboration from a meeting had not been evaluated. The IJB open session agenda and minute was shared with staff to inform about matters such as finance and strategic planning, with encouragement to attend and hear the part they are interested in. One element of the Staff Partnership Lead role was collaboration, meeting staff, being accessible, co-ordinating front line staff and managers, giving the opportunity to make sure voices are heard, hearing and listening what is important to them.

- Aberdeen City H&SCP setting a target for next year of 40% (from the current 22.5%) of staff to have recorded appraisals, whilst trying to balance all service pressures. It was acknowledged that there was no easy way to increase the percentage however it was of high benefit to undertake appraisal. Having appropriately trained staff was an obligation of the Health and Care (Staffing) (Scotland) Act. The level of risk with the 40% target was acknowledged however there were other ways of measuring performance, for example picking up on a regular basis performance management matters which was different to less frequent appraisal. Statutory and mandatory training and appraisal needed to be more joined up to make sure staff are being supported to develop. It was understood that there was to be an organisational target of 50% next year, with consideration given on the approach for engagement to ensure a meaningful appraisal and conversation.
- Aberdeen City H&SCP had supported the whistleblowing standards through undertaking an investigation in two areas outwith the partnership. There had been promotion of what whistleblowing means and where the Standards can be accessed but more to be done to ensure all staff aware. It was acknowledged that a time commitment was required to create a culture where people feel able to speak up. Actions being undertaken to increase awareness and encourage people to speak up was to empower staff, give them the confidence to utilise the policies, and signpost to where concerns can be raised and support obtained. A point to consider was the culture when a concern was raised in order to normalise the process when staff speak up.

The Lead for MHLID Inpatient, Specialist Services and CAMHS hosted by Aberdeen H&SCP invited questions from the Committee on the distributed report.

The following points were raised in discussion:

- The pressure in the services was acknowledged during the period of time there was improvement in the iMatter response rate and employee engagement index (EEI). Various interventions were occurring to achieve the level of employee engagement which being at G-OPS level 4 for the majority of the last 18 to 24 months. Staff had been asked to tell what makes a difference as they felt they were not seen by the system wide support meeting colleagues as help could not be offered as not trained in mental health or violence and aggression. There was a culture of doing it together, with a community feeling, looking out for each other and getting to know patients.
- Although there was turnover there was the need to understand the destination of staff which in many cases was to other mental health areas e.g. community or linked services therefore not leaving the speciality. It was acknowledged that inward migration was an interesting point

with exit interviews a potential way of capturing that information.

- Data was being gathered on the usage of the staff support hub.
- There had been benefit in SafeCare being in place since August 2022. It was a transparent way of producing a RAG and the required skill mix e.g. violence and aggression to deal with hospital situation for discussion at the 8.30am hospital huddle.
- There had been strong partnership working for a long time, never any issue engaging Trade Unions and members, as there was the highest density of Trade Union membership. There was a culture if don't listen, can't change anything.
- The report had made a specific request for consideration by the Committee "The current financial pressure is having an impact on the service generally - having to adjust to the vacancy control, financial saving plan, staff unable to travel for training, etc. Any form of support to cushion the effect of the above would be appreciated." The Lead for MHLI Inpatient, Specialist Services and CAMHS responded that it was a joint ask of the Committee. iMatter asked about the visibility of leaders. There were visits from Board members already organised and that visibility contributed to staff knowing they are doing a great job. Any visits whether virtual for face to face would be welcome given period of pressure in the services the culture may be impacted.
- Support was provided to international recruits in their transition phase with preceptorship in place, working with practice education colleagues on boundaries, self-disclosures; care planning, cultural aspects and differences.
- There was participation in two national projects as pilot sites to improve standard of care as there was a wish to empower staff to support them to improve care.

The Committee commented the reports were an interesting read and confirmed they were assured.

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

7.1 Flash reports were not available from the following oversight groups as there has been no additional meetings since the last Staff Governance Committee

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

7.2 In-depth – Occupational Health, Safety and Wellbeing

In 2023/24:

a) Increase the proportion of colleagues who feel NHSG proactively supports their health, wellbeing and welfare at work.

b) Embed improvements in Prevention & Management of Violence & Aggression and wide Health & Safety practice and supports.

c) Ensure access to Occupational Health supports is in line with agreed KPIs and widen range of services to support ageing workforce/working longer.

The Director of People and Culture referred to the distributed report highlighting the progress with the Annual Delivery Plan (ADP) Deliverables in Quarter 1 and Quarter 2. Quarter 3 progress will be provided by services by end March 2024. For the areas of focus there had been a small number of delays in the first six months but no significant delays, with the appendices showing the detail of the good progress.

There was a number of risks reflected in the tactical risk register being signed off by the Occupational Health, Wellbeing and Safety Committee the following week. There was the need to manage national investment and disinvestment decisions that appeared to contradict e.g. absences to reduce but psychological support had stopped. In addition there was limited system functionality to support the work of capturing and reporting on H&S related data and limited resources at service levels for health, safety and wellbeing interventions.

The following points were raised in discussion:

- There had only been an initial small scale evaluation of the introduction of Psychological First Aid peer support in ED from which it had been assessed there had been a positive impact. There had been significant growth in the number participating since, which has included a number of medical wards during this winter in response to system pressures. There were discussions ongoing regarding the potential for supporting further roll out with a bid to Charities Together.
- Schwarz Rounds provided a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare, similar to Values Based Reflective Practice and Spaces for Listening. A decision was required on what tool was the most appropriate taking into account whether a licence was required to operate and capacity to operate the tool.
- The Head of Health and Safety highlighted a challenge with obtaining reports from Turas Learn covering specialist areas and staff groups. NHS Grampian and other Boards were in discussion with NES for appropriate developments to occur.
- Concern was raised with wording in the tactical risk register of “Sustained operational pressures, acceptance of risks (part of the job) and lack of understanding of benefits of engagement.” The concern was that there had been an acceptance of the risk. The Director of People and Culture reassured that there had not been an acceptance of risk but the wording could be clearer, also contributed to by the responses to the risk not being part of the appendix. The risk

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is that the risks from sustained organisational pressures are normalised. 'Staff not raising concerns' would be added to the consequence column before sign off at the Occupational Health, Wellbeing and Safety Committee.

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 Three year Workforce Plan 2024 progress update

The Head of Workforce referred to the distributed report which gave an annual update to Scottish Government as part of the annual planning cycle on the actions set out over the 3 year Integrated Workforce Plan. The Committee was given the opportunity to provide input with a view to endorsing the update for submission alongside the draft ADP to the Scottish Government on 7 March 2024.

The plan continued to focus on five pillars of the national Health and Social Care Workforce Strategy as agreed previously in approval of the NHS Grampian Integrated Workforce Plan 2022-25 (Plan, Attract, Train, Employ and Nurture). It was also aligned to the requirements of different sections of the Scottish Government's ADP guidance, giving an update on: nursing agency spend; medical agency spend; achieving further reductions in agency staffing use; optimisation of staff bank arrangements; and achieving reductions in medical locum spend amongst others.

An increase in the organisation's workforce stability rate was highlighted. This was noted as positive in that it indicates retention beyond 12 months is high. However, it may also be a limiting factor in redesigning the workforce as part of change. Workforce redesign was of high importance when an organisation is reshaping.

The Committee asked if the future areas of change could be identified. The Head of Workforce responded that this was not the stage the organisation was at with workforce planning, the majority of focus being on changes that are known. There is a need to look at the skills set, skills gap and what is required going forward, with reference to a clearer understanding of what future delivery models could look like. The Director of People and Culture highlighted that in the Area Clinical Forum 1 November 2023 minute the long term future of healthcare was discussed with a commitment to look at what services could look like in 20 years time. Another example was the Executive Nurse Director was looking at the future ward team to understand what could change in terms of which roles do what.

Thanks was given to the Nurse Director - Excellence and Innovation for the recent collaboration with The Wood Foundation and the Excelerate Schools: and in particular St Machar Academy where there is now a teaching room which simulates a healthcare facility for scenarios ranging from maternity to older adults.

The Committee asked if the correct conversations were occurring with the Robert Gordon University (RGU) about future workforce requirements. The Nurse Director – Excellence & Innovation informed that there were quarterly meetings with RGU for the development of current and future workforce and

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	<p>projection of courses for advanced practice and leadership, to which RGU had been responsive with extensive development. There had been similar discussions with the University of Aberdeen. The Dean School of Health Sciences added there were close links with Susan Carr and the Workforce group leads, building on AHP education and how to broaden awareness of professions.</p> <p>Reference to the Empowered Multicultural Staff (GEMS) group in the Workforce Plan update was highlighted. The Head of People and Change informed that NHS Grampian was testing a new equality diversity and inclusion criteria which would identify what action was needed once data was collected. The Director of People and Culture agreed to add reference to this in the update however duplication of reporting with the ADP was to be avoided as the workforce plan was a subset of ADP. The Head of People and Change stated that gaps had been identified in the anti-racism action plan which would be reported to this Committee at the next meeting as the appropriate governance route for work in this area affecting colleagues.</p> <p>The Committee was assured and endorsed the Workforce Plan update.</p>	<p>TP PS</p>
9	<p>Forward Planner of the Committee</p> <p>The Director of People and Culture referred to the distributed paper and the proposed 2024 workplan. The Committee was required to develop a workplan as one of a number of changes to standardise documents used at assurance committees. The workplan was split into sections:</p> <ul style="list-style-type: none"> • ADP objectives and deliverables – indicates the scheduling of the deep dives, with each being covered 6 monthly. • Sector/Portfolio attendance and other standard reporting e.g. Staff Governance Standard monitoring and topic specific follow up i.e. ED whistleblowing and Medical Leadership Framework. There would be two additions of clinical education and training and equality and diversity monitoring. • How Committee discharges role over the year. <p>The Committee agreed that there was no requirement for an annual Health and Safety report in addition to the six monthly deep dives.</p> <p>The Committee endorsed the workplan.</p>	<p>DA</p>
10	<p>Whistleblowing Standards 2023/24 Quarter 3 report</p> <p>The Staff Governance Manager referred to the distributed report and highlighted the following:</p> <ul style="list-style-type: none"> • Nine open cases as at 1 October 2023. • Nine new whistleblowing concerns raised during quarter 3. • Eight concerns closed during quarter 3 of which 4 were upheld, 3 partly upheld and 1 not upheld. • Eleven open cases as at 31 December 2023. • Average time to respond to concerns closed in quarter 3 - 296 days affected by 2 very complex cases. The average time would have reduced to 114 days when the 2 very complex cases were excluded. The Whistleblowing Champion stated that the Committee should be concerned with the time taken to respond to concerns raised however the timescales in the Standard were unrealistic at 20 days. The 	

extended time was in relation to complex cases however there was the need to be mindful of the impact on the individual who raised the concern. The Committee stated that due to the length of time to conclude a whistleblowing concern work should be done to deal with matters before the whistleblowing process due to the impact on staff and patients. The Committee did not understand why a concern was being described as complex and was not comfortable with that description as it could be being used as an easy explanation for the timelines. The Whistleblowing Champion stated that this can be looked at more closely.

- The response time should be improved by the recruitment of the Speak Up Ambassadors and the Whistleblowing and Speak up Manager two days a week along with the commissioning of an independent manager to investigate. Not having a whole-time Whistleblowing and Speak up Manager continued to be a challenge. The Whistleblowing Champion agreed that with Louise Ballantyne continuing in her extended role for 3 days a week it could potentially lead to a conflict of interest as there was the need to separate roles to give confidence of the integrity of the process, although the integrity had never been questioned.
- The number of whistleblowing concerns in 2023/24 to date was 21 which had already surpassed the totals for 2022/23 8 and 2021/22 14.
- Awareness raising by Bert Donald Whistleblowing Champion visiting areas, the Diversity Festival, Speak Up Week and the recruitment of the Speak Up Ambassador all contributed to the increase in whistleblowing concerns being raised. The Whistleblowing Champion agreed noting that visits normally resulted in an increase in concerns being raised.
- The action learning sets between the Head of People and Change, HR Managers and the INWO concluding in April 2024.
- Work to establish how the Speak Up Ambassadors and the HR Team will work together.

The Whistleblowing Champion outlined that it was key to get to the point in the culture journey that staff were able to speak up as this should be seen as positive with more on how the learning is dealt with, how is it sustained and revisited. It was important to understand if there are common themes so a programme can be planned to address them.

The Committee raised whether they should be concerned that issues are not being dealt with adequately before resorting to the whistleblowing route. The Whistleblowing Champion responded that the observation was valid as the majority of cases should be tried to be resolved with line management but there may be reasons why this is not possible. In addition other routes may not be able to achieve the outcome wished by the individual. The Director of People and Culture stated that with the investment in the Speak Up Ambassadors it is hoped they will be the first port of call if the individual wishes an alternative route from HR or their line manager, as it is expected their role will be a filter to help the concern be raised and resolved.

The Committee expressed interest in seeing what the Speak Up Ambassadors are being contacted about and what happens next.

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	<p>The Committee asked for a review of the report contents covering:</p> <ul style="list-style-type: none"> • References to previous quarters and how the data has changed over time. • More information about the concerns would be useful without breaching confidentiality. • How many cases raised in for example 2022 are outstanding <p>The Committee queried whether all the audit recommendations had been concluded.</p> <p>The Committee asked about the status of the planned pause and reflect. The Staff Governance Manager clarified that the Committee had previously agreed it would be after the conclusion of the INWO/Action learning sets i.e. after April 2024. The Committee discussed whistleblowing as a Board seminar topic. The proposed sequence of events was the planned pause and reflect of the implementation of the Whistleblowing Standards to be undertaken first to enable the learning to be established; the annual report; then the board session. It was acknowledged that the Interim Chief Executive, who remains the executive lead for whistleblowing was not present at the meeting. The Committee requested a report on the output of the pause and reflect at the 31 October 2024 meeting.</p> <p>The Staff Governance Manager suggested some of the points raised could be covered in the Annual Report i.e. definition of complex, year on year reporting of the progress of cases.</p> <p>The Committee expressed that although they had reviewed the contents of the report they were not assured, therefore did not want to endorse it. The Committee acknowledged the report.</p> <p>Whether grievance and bullying and harassment cases should be included in the Whistleblowing quarterly report to be discussed outwith the meeting by Mr Grant and Mr Power to bring a proposal to the Committee.</p>	<p>LB/DA</p> <p>AC/LB/DA</p> <p>AG/TP</p>
11	Items for Noting	
	<p>The Committee noted the following approved minutes/report:</p> <p>11.1 BMA Joint Negotiating Committee Minutes – 8 November 2023</p> <p>11.2 Culture and Staff Experience Oversight Group minutes – no new approved minute</p> <p>11.3 Occupational Health, Wellbeing and Safety Committee – no new approved minute</p> <p>11.4 Sustainable Workforce Oversight Group – no new approved minute</p> <p>11.5 GAPF Board report – no new report available</p> <p>11.6 Area Clinical Forum – 1 November 2023</p>	
12	Any Other Competent Business	

Item	Subject	Action
	None raised	
13	Date of Next Meeting	
	Wednesday 24 April 2024 2pm to 4.30pm via Teams	