APPROVED

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 31 October 2024 at 2pm
virtually by MS Teams

Present	Joyce Duncan	Chair
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
	Dennis Robertson	Non-Executive Board member (until 4pm)
Attending	Louise Ballantyne	Head of Engagement (for items 11 and 12)
	Roda Bird	Interim Equality and Diversity Manager (for item 7.2)
	June Brown	Executive Nurse Director
	Chris Coldwell	Workforce Transformation Programme Manager (for items 6.1 and 6.2)
	Ian Cowe	Head of Health and Safety
	Jamie Donaldson	Staff Side
	Luan Grugeon	Strategic Development Manager, Colleagues and Citizens Engagement (for item 7.2)
	Pamela Jack	Engagement and Whistleblowing Co-ordinator (for items 11 and 12)
	Philippa Jensen	Interim Strategy and Transformation Manager (for items 6.1 and 6.2)
	Jill Matthew	Head of Occupational Health Services
	Jennifer Matthews	Corporate Risk Advisor (for item 8)
	Kylie McDonnell	Staff Side
	Kim Milne	Post Graduate Director of Medical Education (for item 9)
	Jason Nicol	Head of Wellbeing, Culture and Development
	Tom Power	Director of People and Culture
	Philip Shipman	Head of People and Change
	Alan Wilson	Director of Infrastructure, Sustainability and Support Services (for items 11 and 12)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Adam Coldwells	Interim Chief Executive
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Lynn Kilbride	RGU representative
	Gerry Lawrie	Head of Workforce and Development

Item	Subject	Action
1	**Apologies**	

Item	Subject	Action

Noted as above.

2   Declarations of Interest

None raised. Mrs Duncan and Mr Lindsay declared they were members of the Aberdeenshire IJB.

3   Chair's Welcome and Briefing

4   Minutes of Meeting on 22 August 2024

The minutes were approved as an accurate record.

5   Matters Arising

5.1   **Action Log 6 June 2024**

The Chair noted that the due date for actions SGC47 and SGC59 had been deferred to later than the October 2024 meeting, SGC51 had been deferred to the December 2024 meeting, SGC60 on the February 2025 agenda whilst SGC54, SGC57, SGC58 were on the 31 October 2024 meeting agenda.

Mr Power stated that SGC59 formed part of an appendix under item 7.1 which may aid consideration of whether a separate update was required.

6   Aberdeenshire H&SCP

6.1   **Staff Governance Standard Assurance**

6.2   **Workforce Information**

The Interim Strategy and Transformation Manager referred to the Aberdeenshire H&SCP report, which provided an update from the last attendance at the Committee in April 2023, highlighting the following:

- In producing the report there had been reflection on the work undertaken, over the last 18 months, to access and understand data and the benefits from working in partnership and with staff. Although it was acknowledged that the Staff Governance Standard was applicable only to NHS staff, the principles were applied to all staff in the partnership.
- There was a management assessment that all aspects of the Standard compliance had been partly achieved. Operating in a dynamic environment it was never possible to achieve complete compliance nor appropriate to stop striving to do so.

- A number of groups had been established to tackle identified workforce challenges namely staff health & wellbeing; training, development and succession; and recruitment.
- Well Informed – different methods to communicate were used as some staff did not have access to the intranet or see a manager daily. The Chief Officer held team talks to give the opportunity for staff to ask questions, which had been well attended. There had been fourteen staff and community engagement events in Aberdeenshire towns where staff and communities were invited to help shape the priorities for the next three years. It had been important to have conversations in person post the pandemic.
- Appropriately trained – a succession action plan was developed by the training, development and succession group for both business continuity and maintenance of professional skills as vulnerable roles had been identified. The group had also reviewed statutory and mandatory training rates.
- Involved in decisions – this aspect of the Standard was consistently the lowest score in the iMatter report. Given the current financial positon, it was understood why decisions made by the NHS Board and the IJB can feel distant to staff therefore actions have focussed on what the staff can influence. The engagement events mentioned above on the strategic direction had now concluded with these events giving meaningful involvement.
- Treated fairly and consistently – it was acknowledged that the H&SCP staff were employed on two different sets of terms and conditions the Agenda for Change non-pay reform protected learning time was applied to both staff groups. The H&SCP aspired to have an open culture, an example was the Chief Officer team talks. The Chief Officer was also one of the 13 staff volunteers acting as a staff health and wellbeing champion.
- The joint staff forum fostered good relationships with staff side and HR and enabled the representation of a broader range of staff particularly from frontline staff.
- Speak up Week had been promoted across the H&SCP prompting a conversation regarding whether the culture of the partnership allowed staff to speak up.
- The H&SCP was selected as a pilot by Public Health Scotland to test their Mentally Flourishing Workplaces Framework, reviewing to see if there had a positive impact.

The following points were raised in discussion:

- The challenges with succession planning taking into account financial constraints and were these the same across the three geographical areas of the H&SCP. The Interim Strategy and Transformation Manager responded that there had been a particular challenge in social care. A long term view was being taken by reviewing the number of staff who may retire in the next two years and the number of staff over

50 years of age. This information allowed a long term workforce plan to be developed to give existing staff the opportunity to attend training as preparation to be able to be recruited to a post as they become available in the future. The Workforce Transformation Programme Manager explained that workshops were held to identify roles and service areas. The action plan proposed tests of change for two areas which have completed the six steps workforce planning work recently. Examples in the report were the Joint Equipment Service; the Bladder and Bowel Service; and the Ellon and Haddo Locality Team. The decision would be made at the time the post became vacant whether it would be recruited to. The action now was not to give staff preferential treatment rather discussions with individuals who wish to progress and adding appropriate learning to their personal development plan.

- Reassurance was sought on the training of staff on equality, diversity and inclusion. The Workforce Transformation Programme Manager responded that it was the course that continued to have the lowest compliance but the completion rate had seen the biggest increase, although still below the 70% target. Equality and Diversity colleagues were taking action to improve compliance.

- The work to speak to staff at engagement events was welcomed to give staff a voice however as the involved in decision aspect of the Standard gave a consistent low score in iMatter, what actions were ongoing to improve this. The Workforce Transformation Programme Manager responded that there was a roll out of the six steps workforce planning work. Part of this work was a commitment to involve engagement with staff. Staff are asked what they perceive to be the biggest issue in their service. This work was a significant vehicle for ongoing staff engagement and to reduce any anxiety by workforce transformation actions. It was important that this work was done with the staff rather than a feeling it was being done to them. Reassurance was given that all workforce groups seek staff involvement at all levels.

- Reassurance was sought that the development plan to achieve compliance of the Health and Care (Staffing) (Scotland) Act 2019 included record keeping to ensure learning. The Workforce Transformation Programme Manager responded that the group was taking forward actions to ensure there was movement to full compliance against all the duties. Included within that work was to ensure staff were engaged in how to escalate, record and manage risks. It was key that there was improvement in achieving oversight of risk across the partnership.

- A point of clarification was raised regarding this wording "The first update of the baseline Workforce Plan data in June 2023 reinforced the need to focus on the above challenges where the Aberdeenshire workforce was performing less well than

the equivalent for NHS Grampian and Aberdeenshire Council." Presenters were asked to consider if Aberdeenshire was performing less well rather than the workforce, correcting the report as required.

- Whether the turnover was different for the individual age groups and if any learning from being able to retain apprenticeships given the age profile risks. The Workforce Transformation Programme Manager responded that as there had been no analysis of turnover by age range, only by team/service, an answer could not be given, however the data would be reviewed like this in the future. From the limited evidence of services who had completed the six steps workforce planning work, there was no evidence of increased turnover in the older age ranges. For Council staff causes of turnover was retirement, staff development and line manager relationship. The Director of People and Culture stated that staff from the younger age ranges may be more likely to leave after a short period of time.
- How risks were assessed to avoid only being recorded on a risk register. The Workforce Transformation Programme Manager responded that the mitigation plans for the risks and progress are regularly reviewed and reported through the Risk and Assurance Group and IJB Risk and Audit Committee to provide assurance. There was a regular cycle through that governance process of risks being reviewed and assessed. Mitigations were updated on a regular basis, managed by the risk owner and handler.

The Committee thanked the presenters for the comprehensive report which showed an improvement since the last discussion in April 2023, 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 and
- Health, Safety & Wellbeing
- Culture and Staff Experience

Noted by the Committee.

7.2 In-depth – Culture and Staff Experience

In 2024/25 the following deliverables:

- In support of promoting positive workplace behaviours, incorporate NHS Grampian values in key corporate policies and processes and support the adoption of these in day to day practice.
- Develop learning resources and opportunities that improve quality of leadership and people management practice

- Use BPA Survey outcomes to inform actions that support enhancing culture in participating areas and application for Magnet recognition
- Enhance workplace culture by targeting change support to those services where data and intelligence indicate improvement is a priority.
- Develop & deliver an engagement best practice programme to support staff to have a different conversation and relationship with the people of Grampian.
- Continue to extend our progressive work on Equality, Diversity & Inclusion to other protected characteristics building on progress made towards becoming an inclusive anti-racist and neurodiverse workplace.

The Director of People and Culture referred to appendices 1 to 6 whish provided an update on current progress of the above deliverables. Although the appendices evidenced progress with the deliverables there was a recurring theme about increased risk from the financial position, which may mean that work will need to be reprioritised. The Committee asked how the decision would be made on prioritisation. The Director of People and Culture responded that it had been agreed by the Chief Executive Team that the current Sustainable Workforce and Culture and Staff Experience oversight groups would be merged to form a Colleagues and Culture oversight group, to encourage participation through less meetings. Given the routing of routine performance updates to PAFIC, the new oversight group would have a different focus, with consideration of tactical risks and evidence of whether planned interventions are having the intended impact informing decisions about what is prioritised moving forward, also taking into account People and Culture Directorate specialist capacity.

The Committee asked if the appropriate tools were available to make the difficult decisions facing the organisation in light of financial challenges and help reduce the anxiety of staff. The Director of People and Culture stated that the level of protection afforded to NHS Scotland staff in relation to organisational change and their employment status was high. However, this may not remove anxiety, as people want to do meaningful work. A presentation by CET colleagues on a distributed approach to developing service change proposals that will support the financial position was shared at the wider SLT meeting on 27th October. This would soon be distributed to teams, giving staff the opportunity to propose service change. It was felt that staff were best supported through their line management and through being involved and contributing. This model was commended by the Committee.

The following points were raised in discussion of the deliverables:

- Had there been buy-in from across the organisation to Speak Up Week? The Director of People and Culture responded that there had been increased system leadership visibility through the pledges made by individuals in the Chief Executive Team

and System leadership Team. This was a good model to consider in future years.
- Feedback was requested on the Year of the Manager. The Head of Wellbeing, Culture and Development responded that the Teams channel was now numbered 500 members, however consideration was required on how best to actively engage that group in improvement work.
- Will the organisation be able to fund 50 employees to undertake the leadership and management framework? The Head of Wellbeing, Culture and Development responded that the framework would be aligned to the outcome of the review of Portfolios and have an appropriate breadth of offers and resources, taking into account the development already offered/available to specific professional groups.

The Committee was assured by the progress outlined at the meeting.

8   **Strategic risks**
- Deteriorating Workforce Engagement

The Director of People and Culture referred to the distributed paper outlining that the Deteriorating Workforce Engagement, last reviewed by the Committee in April 2024. The Committee was asked to scrutinise the activities surrounding this risk and determine whether they are proportionate to the level of response required. The following points were highlighted from the paper:

- The risk score was based on regular cumulative assessment of aligned tactical risks undertaken by the Culture and Staff Experience Oversight group, and subsequent consideration by the Chief Executive Team.
- Through active risk monitoring, it is apparent that there is currently a slightly increased level of risk exposure. The causes were summarised as service pressures; the impact of the recently settled Medical staff pay awards – pending balloting of Resident Doctors – on position of Trade Unions representing Agenda for Change staff; and negative perceptions of the non-pay reforms agreed in 2023.
- Organisational performance against this risk can, in part, be assessed by use of the following data, with measures reflecting tolerance rather than aspiration levels. In summary six of the eight markers were at the minimum aspiration level.
  - iMatter Board level KPIs, published annually as a marker of workplace experience –
    - Participation: minimum 60% - 60% achieved
    - Employee Engagement Index: minimum 70 - 77 achieved
    - Action Planning: minimum 50% of teams – 45% achieved to date
  - Workforce Information as markers of workforce attrition:
    - Turnover: Maximum 15% - currently at 9.8%
    - Stability: Minimum 90% - currently at 92%
    - Sickness Absence: Maximum 6% - currently at 5.37%

- Recruitment information as markers of attractiveness of NHS Grampian as an organisation:
  - Time to Hire - Maximum 116 days – national benchmark – within national target
  - Vacancy Rate (TBC)
- The report listed the current controls, noting if effective (defined as in place, working effectively and consistently applied/being adhered to) or incomplete (defined as appropriately designed but not consistently applied). Assessment of the controls and actions related to the risk status and the 2024/2025 ADP deliverables.
- Following a review of the risk by the Chief Executive Team in August 2024, and discussion at the Culture and Staff Experience Oversight Group in September 2024, the overall risk level has increased slightly from 10 to 12 due to an increased likelihood. This is outwith agreed appetite, but remains within the tolerance limit set for this risk by the Board. The risk level may increase further in the coming months when taking into account the impact of vacant posts within specialist teams which do not meet the criteria under vacancy management.

The following points were raised in discussion:

- If the level of sickness absence was broken down to different departments in order to identify where there have been increases, would it be possible to mitigate some areas of sickness? The Director of People and Culture stated that NHS Grampian's tolerance level was to keep absence levels below 6%, but the improvement aim was below 5%. The Head of Occupational Health Services informed the Committee of a short life working group which was reviewing the data to identify areas with high absence rates. Work was being undertaken with the managers of these areas to take forward pilot projects, with potential wider roll out thereafter. These included the identification of staff who would benefit from psychology input as a pre-emptive intervention. The Head of Wellbeing, Culture and Development added that once causes of absences are known and preventable, it will be considered if a resolution can be offered by the Wellbeing Team. This would ensure that wellbeing offerings are evidence based and assist managers to discharge their duties in this respect well.
- More information was requested on the assessment of complete for the establishment of a Neurodiverse Engagement Group (NEG) open forum by the Staff Equalities Network and what is the route for any raised issues. It was acknowledged that complete was an appropriate assessment as the group had been established. The Head of Wellbeing, Culture and Development stated that the work was linked to the organisational Equality, Diversity and Inclusion (EDI) action plan in development which included ensuring the voice of all with a protected characteristic. Now that the NEG was established it was necessary to ensure its work informs actions. In response to the Committee seeking assurance of the route of any issue raised by the NEG or other fora, the Head of People and Change stated that there would be an addition to the EDI action plan of – Develop governance routes to monitor the progress of any actions/issues that arise through the new networks.

PS

The Committee was assured by the information provided in this paper that processes regarding the management of Strategic Risk 3125 were in place, working effectively and any gaps in controls identified are being addressed. The Committee agreed that the Assurance Level assigned to the management of the risk was appropriate.

9   Medical Education Governance

The Post Graduate Director of Medical Education referred to the distributed reports. One report was the Scotland Deanery report with Director of Medical Education responses (using the data from the GMC national training survey and the Scottish training survey) with the second report providing additional summary of the training results. It was explained to the Committee that education and training can be affected by many factors, which included high workload, availability of consultants to provide the training and taking breaks. The Post Graduate Director of Medical Education highlighted a number of areas outlining the actions being taken.

The following points were raised in discussion:

- Did the instances of bullying and harassment highlight something the organisation needed to be aware of? The Director of People and Culture highlighted a new legal obligation from October 2024 that requires employers to put in reasonable steps to proactively prevent sexual harassment in the workplace. The next release of NHS Scotland workforce policies in February 2025 included guidance on sexual harassment. The Head of People and Change stated that there was access now to the guidance prior to the launch in February 2025. Organisations required to be proactive, taking steps to support managers who may have concerns raised with them and for employees who have concerns. This duty had been included in a recent medical leadership development session. The Committee agreed that an update on the response to the legislation be provided in 2025.   **TP/PS**
- When trainees raised a concern with treatment facilities was there the opportunity to improve in year or was it at the end of a year. The Post Graduate Director of Medical Education responded that the GMC national training survey was annual whilst the Scottish training survey ran multiple times through the year at the end of 4 and 6 month rotations. It was however difficult to have a teaching programme acceptable to all however areas were encouraged to obtain feedback from the team and make any necessary changes.
- Whether the current structure of medical leadership assisted tackling any issues raised. The Post Graduate Director of Medical Education confirmed that it was helpful with comments taken back to the service to take forward with escalation as appropriate to Portfolio Medical Director.
- Whether the removal of trainees in Dr Gray's had an impact on the rota at Aberdeen Royal Infirmary. The Post Graduate Director of Medical Education confirmed there had been minimal impact with a small increase in workload.
- It was clarified that the negative behaviours experienced was in hospital placements rather than in GP Practices.

- Work was underway to clarify for trainees who their line manager was in order for a referral to OHS to take place if necessary. The Head of Occupational Health Services stated that there was the perception that the number of self-referrals to OHS was high however numbers were low. The Post Graduate Director of Medical Education outlined that the trainee has both educational and employment contracts and may go to their educational supervisor if requiring help although it was possible for the educational supervisor to make a referral to OHS.

The Committee was assured that appropriate action was taking place.

10   Agenda for Change Reform Programme flash report

The Head of People and Change referred to the flash report, highlighting the following:

- The deadline to reduce the standard working week to 37 for all staff was 30 November 2024. 77% of all Agenda for Change staff had submitted proposals to make this reduction. The Programme Board recognised the challenge to do this for some services especially those providing a 24 hour service where it was not possible to redesign or reduce service levels. An example was HDU where there was a specific bed to staff ratio. A process had been launched to apply (deadline 8 November 2024) for backfill which would allow staff to reduce their working week providing a replacement on the roster. The key aspect to the approach taken in NHS Grampian had been to achieve a sustainable reduction rather than issuing an instruction, which had proved not to be successful in other Boards.
- Twenty one applications had been received in the Band 5 Nursing review. These would commence the national process of a quality check on 4 November and to an evaluation panel on 20 November 2024. The RCN representative reported at the Ministerial review that NHS Grampian was ahead in the number of applications in comparison to other Boards however there was a significant amount of applications still expected to be received. As outcomes become known from the 20 November panel, this may create momentum for more Band 5 nurses to make application.
- Thanks was given to the Head of Service, HR Service Centre and colleagues for the work undertaken nationally to resolve issues related to the part time working issue and the creation and updating of a local FAQ to help managers navigate achieving accurate recording of time and payment.
- The overtime expenditure was being monitored with the decreasing of the use of the transitional allowance, evidence of the movement of staff to work a 37 hour week.
- A Programme Manager was now in post to provide support to all workstreams including support to services for the further reduction to the working week, recognised to be more challenging.

The Head of Wellbeing, Culture and Development updated that three national groups had been established to take forward protected learning time. NHS Grampian was represented on two of the groups thus able to

shape outcomes. While awaiting the outcome of the national work proportionate local work was underway.

The Committee was pleased that it had been recognised that areas such as HDU could not reduce working hours unless there was backfill. The timeline to recruit the staff was asked and whether additional staff could be recruited at the same time to accommodate the further reductions in the working week. The Director of People and Culture noted that planning assumptions were that even if proposals are agreed by the end of November, there may be a time lag in implementation. It was felt this was not outwith the spirit of the reforms and demonstrates appropriate progress. The Head of People and Change responded that with regard to recruiting in advance, this was not possible as the timeline for the further reduction(s) was not known and whether it would be one more reduction of one hour or two further reductions of half an hour each.

Mr Donaldson stated one further reduction of one hour had been requested as the work to implement two further reductions was taking capacity away from other duties. In addition feedback from the Band 5 nursing review was of the lengthy form that was required to be completed. Ms McDonnell raised the position with community nursing teams. Although the reduction to 37 hours had taken place, it was impacting negatively on staff as their caseload numbers had not changed, therefore expected to do the same work in less hours. The Head of People and Change acknowledged this stating that highlighting the teams who provided a 24 hours service was not to diminish the challenge in other teams for example health visiting. It was recognised that as there was no spare capacity in the system, the further reductions in the working week were a concern.

The Director of People and Culture informed that NHS Grampian had provided comprehensive input to the review undertaken by NES into the reduction to 37 hours a week. In addition there had been strong representation to have one further reduction of an hour from April 2026 to give an appropriate preparation period. The Head of People and Change advised that the Programme Manager was to engage with services to gather lessons learned and understand from services what they would have done differently after the first stage of implementation.

The Committee confirmed they were assured.

11   Whistleblowing Pause and Reflect 6 June 2024 report

The Head of Engagement referred to the distributed report which outlined that since the standards were introduced on 1 April 2021 NHS Grampian had handled over 50 whistleblowing concerns. This had brought a variety of challenges given no resource from the Scottish Government to accompany implementation and it therefore being an add-on to existing roles/individuals. The paper contained the outcome from the 6 June 2024 pause and reflect session, detailing the key considerations and concerns discussed; key opportunities; and areas for improvement.

The Head of Engagement presented an action plan to March 2025 covering the actions from the pause and reflect session and the INWO action learning set. The actions were the following:

- Pilot new approach to investigations using core staff to support process and mix of written and face to face statements/interviews.
- Establish a multidisciplinary team/panel that can triage and decide if concerns are whistleblowing or not.
- Identify training needs of all involved.
- Continue to ensure less person dependency at all stage of the whistleblowing process as the current temporary arrangements were until November 2025.
- Create a one page document for all the support options available.
- Develop a flowchart to inform whistleblowers and others what they can expect throughout the process.
- Develop strategies for end of process transitions and exit strategies.
- Risk assessment at the outset.
- Establish procedures for safeguarding.
- Develop guidance on the role of external agencies e.g. police, trade unions and professional regulators in the whistleblowing process.
- Promote early resolution where possible.
- Develop mechanisms for dealing with cases involving a combination of bullying and harassment or capability and whistleblowing elements.
- Explore role of exit interviews in the whistleblowing process.
- Learning agreed through the whistleblowing process is carried out.
- Develop contingency plans for when senior managers/directors are on leave.

As Executive Lead for Whistleblowing, the Director of Infrastructure, Sustainability and Support Services stated that whilst the action plan was comprehensive, it outlined the work required to be done. As those carrying out the actions were also managing the whistleblowing process and carrying casework, capacity may be a challenge.

The Chair of the Committee asked for any questions on the report to be submitted to the Staff Governance Manager. An update was requested next year on progress.

**ALL
LB/AW**

Statutory Information, Reports and Returns

12   Whistleblowing 2024/25 Quarter 2 report

The Head of Engagement presented the 2024/25 Quarter 2 report to the Committee, highlighting the following:

- During the period 1 July to 30 September 2024 there were 10 new concerns raised through the whistleblowing route. This was the same number as last quarter.
- 3 of the 10 met the criteria for whistleblowing. This was 4 less than last quarter. This was noted as a significant change of pattern attributed to the Speak Up programme raising awareness of the ability to raise any concern not just whistleblowing.
- Of the 7 concerns which were not handled through the whistleblowing process, 2 decided to raise concerns directly with a line manager, 2 were re-routed to the Bullying and Harassment process and 3 were anonymously raised concerns, so were forwarded to the Portfolio Lead to be looked into and action taken if required.

- A breakdown of concerns raised in Quarter 2 that met the whistleblowing criteria, detailing the status, issue, number of concern issues raised within each overall concern and service area.
- A breakdown of the 4 cases concluded during Quarter 2, detailing the issue, number of concern issues raised within each overall concern, outcome and service area. Three cases had not been upheld with one partly upheld. There had been an increasing number of concerns raised regarding the behaviour of staff whereas in year one there had been a greater number of concerns regarding patient safety. The number of working days to conclude the cases ranged from 11 to 96, each with more than one issue raised within the concern (range of 4 to 7 issues).
- At the end of 2024/25 Quarter 2, 3 concerns remain open/in progress.
- Yearly summary of whistleblowing concerns received 2021/22 14; 2022/23 8; 2023/24 18 and 2024/25 Quarter 1 and 2 10. It was therefore predicted that the end of year the total would exceed last year.

The Director of Infrastructure, Sustainability and Support Services informed that a key aspect was managing the resources required if the number of concerns being raised was expected to increase, in order that these were handled in a timeous manner. He was providing support to the Head of Engagement alongside the Whistleblowing Champion as it had been felt this role was isolated in the handling of concerns. The Director of Infrastructure Sustainability and Support Services had also been undertaking visits with the Whistleblowing Champion to promote the standards.

The Head of Wellbeing, Culture and Development commented on the generation of data and trends over a period of time, offering to provide support to identify areas of priority for leadership development.

The Director of People and Culture raised a point for the annual report. If the majority of concerns were regarding behaviour, was it known if there was a difference if managed through the standards or workforce policies? The Head of Engagement responded that the standards gave the opportunity to explore the concerns raised and ask the managers involved if they have been proactive in managing behaviours seeking HR support to do so. It was essential that poor behaviours were managed and eradicated at an early stage. The Head of People and Change stated that from the action learning set work with the INWO there had been agreement to differentiate at the outset if the concern should be handled through a workforce policy or whistleblowing.

The Committee confirmed that it was assured by the reports content.

13 NHS Scotland Staff Governance Standard 2023-2024: Assurance of Compliance

The Director of People and Culture referred to the distributed paper. The Scottish Government, in May 2024, confirmed the decision of the Scottish Workforce and Staff Governance Committee (SWAG) to pause the 2023/24 Staff Governance monitoring exercise. A national working group was to review the annual monitoring exercise of which NHS Grampian's Staff Governance Manager and Employee Director were members. The Scottish Government was seeking a statement of assurance of the continuation of

Item	Subject	Action

local assessment through the Staff Governance Committee and statistics in relation to bullying and harassment cases, whistleblowing cases and the number of employees who have retired and returned. It had been assessed that as NHS Grampian did not have a separate staff governance action plan, assurance and actions were achieved through the structure of the agenda, the Staff Governance Manager had drafted alternative wording to return to the Scottish Government. The Committee was asked to endorse the amended assurance of compliance statement and the statistics. The Committee agreed to provide any comments within one week to the Staff Governance Manager.

ALL

14   Remuneration Committee 29 August 2024 agenda and assurance statement

Noted by the Committee.

15   Items for Noting

The Committee noted the following approved minutes/report:

15.1   BMA Joint Negotiating Committee Minutes – 22 May 2024

15.2   Culture and Staff Experience Oversight Group minutes – 12 June 2024

15.3   Occupational Health, Wellbeing and Safety Committee – 23 May 2024

15.4   Sustainable Workforce Oversight Group – 21 May 2024

15.5   GAPF Board report – covering June, July and August 2024 meetings

15.6   Area Clinical Forum – 26 June 2024

16   Any Other Competent Business

None raised

17   Date of Next Meeting

Tuesday 17 December 2024 2pm to 4.30pm via Teams