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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Tuesday 30 November 2021 at 10.00am
via Microsoft Teams

Board Meeting 07.04.22 Open Session Item 11.6
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Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mrs Rhona Atkinson, Non-Executive Board Member
Ms Rachael Little, Employee Director

In Attendance:

Mr Tom Power, Director of People and Culture
Ms Gerry Lawrie, Head of Workforce and Development
Mr Steven Lindsay, Full Time Partnership Representative
Dr June Brown, Executive Nurse Director (from 10.55am)
Mr Philip Shipman, Acting Head of People and Change
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
Ms Linda McKerron, Service Manager, Learning and Development (for item 33/21)
Mrs Louise Ballantyne, Head of Engagement (for item 35/21)
Mr Dennis Robertson, Non-Executive Board Member
Ms Dawn Getliffe, Management Trainee

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
28/21	Apologies Apologies were received from Mr Sandy Riddell, Non-Executive Board Member; Mr Bert Donald, Whistleblowing Champion; Professor Lynda Lynch, Chair; Professor Caroline Hiscox, Chief Executive; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; Mr Jamie Donaldson, Health and Safety Partnership Representative; Mrs Anne Inglis, Head of Organisational Development; and Ms Lynn Kilbride, RGU representative.	
	Mrs Duncan outlined that the purpose of the committee is to monitor and scrutinise the performance of NHS Grampian against the Staff Governance Standard including the Everyone Matters 2020 Workforce Vision, providing assurance to the Board. The Committee monitors and reviews the strategic risks we have determined relating to staff and workforce issues.	
29/21	Minute of the last meeting – 30 September 2021 The Minute was approved as an accurate record.	
30/21	Action Log The Committee noted the one open item related to assurance from Staff Governance Standard monitoring.	

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31/21	Governance and performance approach during Operation Iris <p>Mr Power raised the requirement for each of the Committees of the Board to agree a proportionate response during Operation Iris. As there were arranged meetings in January and April 2022, it was agreed there would be no additional meetings and only key items should be addressed.</p> <p>Mr Power suggested that the Committee may want to be assured that the commitments made in the Operation Iris Board papers of Staff Wellbeing; and Communication and Engagement Plan had been carried out with the monitoring of associated risk. The Committee gave an additional suggestion of the NHS Grampian Plan for the Future and raised communicating that the Staff Governance Standard remains extant; it has never been paused through the pandemic.</p>	
32/21	Risk overview <p>Mr Power referred to the distributed documents which included two Bow Tie hazard assessments for Health, Safety and Wellbeing. The Bow Ties provide a way of identifying the possible causes of a hazard coming to pass (event) and the consequences of that happening. They also include the identification and assessment of preventative measures (barriers) and things that can be done in mitigation to reduce the impact of the identified consequences. The Committee was asked to consider how it could be assured that the model is effective.</p> <p>The effectiveness of the barriers had recently been assessed with the Health & Safety and the Health & Wellbeing Expert Groups. The updated Bow Ties illustrate the usefulness of this approach for gaining a visual understanding of where stated barriers are currently felt more or less likely to prevent a particular hazard occurring, leading to recommendations and action, which were presented alongside work that has been agreed/is underway.</p> <p>Mr Power outlined that the Committee should take assurance that there was a system in place to monitor risk and inform oversight groups, replicated in the two other clusters of sustainable workforce; and culture and staff experience. There was the intention to use with sectors to identify areas of strength and improvement.</p> <p>Mrs Rodriguez informed that the Bow Ties were living documents, with additions necessary to the versions circulated to make them fully reflective. The documents required to be fluid to reflect that a number of the risks were linked to health and safety legislation and to incorporate others aspects from the sectors. The model gave the benefit of being able to highlight the barriers enabling a conversation to take place. Ms Little outlined that the outlined risks did not sit within the People and Culture Directorate and the conversation with the Health & Safety and the Health & Wellbeing Expert Groups helped identify priorities and contributions from sectors, using a system approach.</p> <p>The Committee commended the approach, as it made risks live and placed them as part of operational matters. The approach gave more clarity and</p>	

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	<p>the process will ultimately give more assurance. It was necessary to have a collective recording of risks and the action taken to mitigate, which could be accessed and used by Committees and a process to handle external matters such as reports which have an impact on staff.</p> <p>Mr Power outlined that the Occupational Health, Wellbeing and Safety Committee will monitor progress with an action plan twice a year. It is proposed that this Committee will use the minutes as a source of assurance, with the opportunity for more in-depth discussion when there is a focus on this domain as part of the cycle of seeking assurance of the compliance with the Staff Governance Standard. With regard to external reviews, there could be an impact under health and wellbeing or health and safety, but preventative measures could be incorporated into the Bow Ties. Mrs Rodriguez suggested that Mike Sevenoaks, Corporate Risk Adviser may be able to guide the discussion on assurance.</p> <p>The Committee was more assured given the process in place.</p>	
33/21	<p>Workforce Management Information - Statutory and Mandatory training</p> <p>Ms Lawrie presented the paper to the Committee which provided an update on mandatory learning compliance. NHS Grampian recognises the need to assure that staff are “appropriately trained and developed and provided with a continuously improving and safe working environment promoting the health and wellbeing of staff, patients and the wide community”. The NHS Grampian Statutory and Mandatory Framework supports and advises staff on their statutory and job specific mandatory training requirements, with a focus on the learning. Fire safety was the only statutory training.</p> <p>NHS Grampian had reviewed elements of local mandatory training, removing duplication and was currently supporting managers to be able to report on compliance for their team.</p> <p>This report highlighted a drop in mandatory learning compliance over the pandemic. NHS Grampian and all other boards in NHS Scotland have for several years grappled with the breadth and volume of training mandated for all staff. The Once for Scotland approach was not in place to date, as agreed within the 3 year pay deal for Agenda for Change staff in 2018, to focus on improving the statutory and mandatory training experience, aligning it to appraisal, and ultimately pay progression. This has not yet been delivered due to work pausing at the onset of the pandemic. Work is planned to restart in spring 2022, the aim being to have a Once for Scotland approach of agreed learning, content and refresher timescales.</p> <p>Ms Lawrie outlined that advice had been received from University colleagues on producing nano learning of approximately 20 minutes in length and an idea from Mental Health and Learning Disabilities to promote a specific learning topic each month as a means to maintain progress.</p> <p>A soft launch of Appraisal support has commenced to try and help remedy this situation by providing a focus on the required learning and how it relates</p>	

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	<p>to clarity of objectives, personal development plans and the opportunity to have a meaningful conversation between the appraisee and appraiser.</p> <p>Most of the learning required is provided digitally but further work was required to improve access for all staff. This would be further discussed at the GAPF Development Sub-group. The paper recognised the pressures and where energies will be focussed in 2022.</p> <p>The Committee acknowledged the responsibilities of staff for their learning and discussed the challenges in the current situation and the level of risk which is accepted for the organisation and the employee. Mr Power outlined that this would be discussed at the whole system performance group in January 2022. The long term strategy must be one of compelling staff and be included in the recovery from the pandemic work. The Committee noted the approach in the private and other sectors.</p> <p>The Committee discussed the effect the pandemic may have had on the uptake of training. Ms McKerron outlined that the compliance rates were broadly the same, varying across topics, highlighting the national approach to address this. Ms Lawrie described a cycle of uptake throughout a year with the highest compliance post the new year.</p> <p>Mrs Rodriguez outlined that the HSE assessed compliance against legislation, not taking into account complexity and mitigating factors. Action plan commitments must be met. The implications of non-compliance must be understood for the organisation, employee and patient. An efficient induction was key, with arrangements flowing from there.</p> <p>Mr Power raised the organisation’s risk appetite if not fulfilling the responsibility to provide training in compliance with the Staff Governance Standard, highlighting the employee’s equal responsibility to complete and keep training up to date under the Standard.</p> <p>Mr Lindsay agreed that action was necessary to increase compliance rates, with reinforcement of the position of the organisation, role modelled by all managers.</p> <p>The Committee raised that the report was not providing assurance and requested an action plan to mitigate the risks, from which assurance could be sought. Mr Power proposed the commissioning of an action plan of what needs to be done by end of Operation Iris and longer term. This could include the level of mandatory training needed at each GOPES level and the reporting during that period.</p> <p><i>Mrs Rodriguez and Ms McKerron left at 11am</i></p>	<p>GL/LMcK</p>
<p>34/21</p>	<p>Update on Culture Cabinet and BPA survey</p> <p>Mr Power referred to the distributed paper, describing the aspirations of the Culture Cabinet (renamed Culture Collaborative) was to be as supportive, inclusive and empowering as possible. Two sessions had been held, both with excellent engagement. The second on 24 November 2021 was attended by over 60 individuals with 120 expressions of interest to be notified of dates. Initially sessions will be held monthly with a move to</p>	

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	<p>fortnightly when the pressure in the system reduces. The sessions are informal however a structure is required to facilitate action, with the headings of measurement, engagement and skills/capability used as the basis for designing sessions.</p> <p>At the second session those present also shared views on the things they would most need to “shift the needle on” in respect of our culture as a measurement over time to assess if there has been movement. The Culture Collaborative strengthens two way communication and provides a further route for the employee voice to be heard. The sessions encourage a development growth mind-set which relates to being a learning organisation.</p> <p>Mr Power outlined that attendees at the Culture Collaborative may provide support to the teams participating in the BPA Culture Survey, agreed as Nursing and Midwifery, Estates and Facilities, with further consideration on the inclusion of Moray Portfolio based staff. It was important the BPA Culture Survey was undertaken on a multi-disciplinary basis and a February 2022 go live date was being worked towards.</p> <p>A member of the Committee who attended the second session was heartened by the enthusiastic discussion. The Committee welcomed the approach being taken at the Culture Collaborative, allowing leadership to flourish.</p>	
	Statutory Information, Reports and Returns	
35/21	<p>Whistleblowing in NHS Grampian – 2021/22 Quarter two report</p> <p>Mrs Ballantyne presented the 2021/22 Quarter two report to the Committee. The Committee was asked to review and provide feedback on the second report before submission to the 3 February 2022 Board meeting.</p> <p>Mrs Ballantyne recapped that during quarter one there had been two whistleblowing cases whilst in comparison during quarter three had been six whistleblowing cases raised. This was a positive development and illustrated that individuals knew how to raise a whistleblowing concern as both the online form and direct contact with a Confidential Contact had been used. Two of the Quarter two concerns had concluded during the quarter, meaning the learning and actions taken for the four outstanding concerns will be reported in the Quarter Three report.</p> <p>The two concerns that did conclude included separate themes of team dynamics and staffing levels. Investigation outcomes included creation of an action plan, assurance provided that appropriate risk reducing mitigations were in place and additional support and explanation being offered to reassure and increase understanding.</p> <p>As a comparison, during 2020/21 NHS Grampian received no concerns raised under the NHS Grampian Whistleblowing Policy, whilst eight whistleblowing concerns had been received between 1 April to 30 September 2021.</p>	

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	<p>The Committee requested that in future the proposed quarterly report be watermarked “Draft” when presented for approval.</p> <p>The Committee asked that when comparing the number of whistleblowing cases before 1 April 2021, it is stated that the comparison is pre and post the implementation of the national standards. The Report would be duly amended before submission to the Board.</p> <p>The Committee commented that the learning, changes or improvements to services were currently only being applied to the department or area from which the concern was raised. Mr Power outlined that five data points were required to assess whether there were trends, therefore organisational learning would be during 2022/23. The Committee requested that organisational learning be addressed as soon as possible.</p> <p>Mr Power raised whether there was a like for like comparison when comparing statistics pre and post the implementation of the national standards. Mrs Annand responded that the current role of Confidential Contact had been the same under the previous Policy. Since the implementation of the national standards all contact with the Confidential Contacts had been progressed by the individual to a concern to be investigated. Mr Shipman stated that as there had been a focus on whistleblowing an increase in concerns being raised was a likely outcome.</p> <p>Mrs Annand outlined that a timetable was being devised so there was clarity on the reporting timeline for each quarter and the annual report.</p> <p>Mr Power acknowledged the points raised by the Committee, committing to ensuring that employee voice was reflected in the Culture Matters programme of work, and incorporating the actions from the learning. Dr Brown agreed that the process should be developed to show wider system learning.</p> <p>The Committee approved the Quarter 2 Whistleblowing Standards Report, with one amendment, for onward submission to the Board.</p>	<p>DA/LB</p> <p>DA/LB</p> <p>DA/LB</p>
<p>36/21</p>	<p>Workforce Plan update and Sustainable Workforce Oversight Group</p> <p>Ms Lawrie referred to the distributed paper. Further to the submission of an interim Workforce Plan in April 2021, direction was given that Boards and HSCPs would then start the 3 year cycle with the publication of a Workforce Plan by 31 March 2022. With the recognition of further ongoing system pressures, this has now been delayed until 31 July 2022, with the potential for a further change to 31 October 2022. The revised deadline now aligned more appropriately to the timeline for the NHS Grampian Plan for the Future work and the publication of a National Workforce Strategy on 16 December 2021. The order would be National Workforce Strategy, NHS Grampian Plan for the Future followed by the NHS Grampian Workforce Plan.</p> <p>Ms Lawrie explained that sustainable Workforce, Health, Safety and Wellbeing and Culture and Staff Experience bring together the interrelated work streams and projects that underpin NHS Grampian People and Culture</p>	

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	<p>priorities. The Sustainable Workforce Oversight Group will link organisational activity to the four pillars of:</p> <ul style="list-style-type: none"> • Planning and Design – identifying the workforce required, and how services and roles will evolve and adapt to meet supply limitations • Sourcing – how we maximise the supply of suitably skilled and experienced staff, and how this influences planning and design • Building Capacity – how we develop current and future workforce to meet the evolving service models and provide fulfilling careers • Effective Utilisation – using data, information, insights and levers such as policy to maximise return on investment in staffing. <p>The Committee noted and endorsed:</p> <ul style="list-style-type: none"> • The delay in the Workforce planning process and the requirement to publish the NHS Grampian Board Workforce Plan by July 2022 (or later if confirmed by the Scottish Government); • The alignment of the timescales to the related NHS Grampian Strategy and Operational and Financial planning processes; and • Further engagement with the Committee on the content will now be in spring 2022. • Note of the Sustainable Workforce Oversight Group, and related Bow Tie Risk Overviews will be presented to the Committee moving forward. <p>The Committee highlighted that there was limited focus on the retention of current staff. Ms Lawrie responded that actions were being considered in relation to working beyond normal retirement age and factual communication regarding the pension changes to provide reassurance to staff. Mr Power outlined that improving retention was foreseen as a positive consequence of all the work undertaken under the above four pillars, however he would ensure due attention was taken on delivery.</p> <p>The Committee was assured with the planned approach.</p>	
<p>37/21</p>	<p>Remuneration Committee 25 November 2021 agenda and assurance statement</p> <p>Joyce Duncan, Remuneration Committee Chair referred to the distributed agenda and assurance statement.</p>	
<p>38/21</p>	<p>Staff Governance Committee Board report content</p> <p>Mrs Duncan outlined the content as the inclusion of the Remuneration Committee assurance statement; Workforce information Statutory and Mandatory training; the update on Culture Cabinet and BPA survey; and Quarter 2 Whistleblowing Standards Report approved by the Committee, with amendment, as the governance route for reporting to the Board.</p>	
	<p>For Information</p>	
<p>39/21</p>	<p>a. BMA Joint Negotiating Committee Minutes – 23 August 2021</p>	

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	b. Culture and Staff Experience Oversight Group minutes – 24 August 2021 c. Occupational Health, Wellbeing and Safety Committee – 19 August 2021 Noted by the Committee.	
40/21	AOCB – none raised.	
41/21	Date of next Meeting 10.30am on Thursday 27 January 2022 by Microsoft Teams.	