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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Thursday 22 June 2023 at 10am
via Microsoft Teams

Board Meeting
Open Session
05.10.23
Item 13.3

Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mr Bert Donald, Whistleblowing Champion
Ms Alison Evison, Chair
Mr Steven Lindsay, Employee Director

In Attendance:

Mr Tom Power, Director of People and Culture
Mr Philip Shipman, Head of People and Change
Ms Gerry Lawrie, Head of Workforce and Development
Mr Ian Cowe, Acting Head of Health and Safety
Ms Jenny Gibb, Nurse Director, HSCPs and MHLDS (Deputy for Dr Brown)
Mr Alistair Grant, Partnership Representative
Mr Cameron Matthew, Divisional General Manager (for agenda item 34/23)
Ms Karen Watson, Partnership Representative (for agenda item 34/23)
Ms Sarah Dalgarno, International Recruitment Manager, North of Scotland International Recruitment Service (for agenda item 35/23)
Ms Tracey Hicks, Recruitment Manager (for agenda item 35/23)
Mrs Ann Mudie, eRostering Programme Manager (for agenda item 35/23)
Mrs Faye Dale, Interim HR Manager (for agenda item 35/23)
Mrs Louise Ballantyne, Head of Engagement (for agenda item 39/23)
Mr Stuart Humphreys, Director of Marketing & Corporate Communication (for agenda item 40/23)
Ms Roda Bird, Interim Equality and Diversity Manager (for agenda item 40/23)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
31/23	Apologies Apologies were received from Professor Caroline Hiscox, Chief Executive; Mr Jamie Donaldson, Health and Safety Partnership Representative; Dr Katherine Targett, Consultant Occupational Physician; Dr June Brown, Executive Nurse Director; Professor Lynn Kilbride, RGU representative and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
32/23	Minute of meeting held on 18 April 2023 The minutes were approved as an accurate record.	

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33/23	Matters Arising a) Action Log Ms Duncan highlighted that a number of actions were now complete, with a response awaited for SGC41. Mr Power informed that for SGC34 there had been a 72% retention rate for international recruits.	
34/23	Staff Governance Standard Assurance – Integrated Specialist Care Portfolio a) Staff Governance Standard Assurance Mr Matthew and Ms Watson attended the meeting to present to the Committee the Integrated Specialist Care Portfolio Staff Governance Standard Assurance report. The following was outlined by Mr Matthew: <ul style="list-style-type: none">• The Integrated Specialist Care Portfolio comprised of surgery, clinical support services and a number of cross portfolio services.• Mr Matthew and Ms Watson jointly chaired the currently named Acute Partnership Forum. Mr Matthew asked if the partnership structure should change to be more akin to that for health and safety.• iMatter was a key measure of staff experience with minimal difference between the 2021 and 2022 outcomes, with similar outcomes anticipated from the 2023 cycle.• Improvement in the level of iMatter action planning recorded in the iMatter system was required as the conversations were taking place with actions agreed but not input into the system. As this was the position across the system, Mr Matthew queried how that can be changed.• The occupancy of elective surgery beds at 2pm was measured which illustrated peaks and troughs and a slow post pandemic recovery to reach 75 beds a day. In order to achieve targets, an additional 20 beds would be required. Prior to the pandemic NHS Grampian had been one of the Boards closest to the targets trajectory. The team were praised for being a major contributory factor to the improvement however there was still a backlog as a result of transferring surgical beds to medical beds during the pandemic. There had not been the reciprocal support at the conclusion of the pandemic.• Assessment of iMatter outputs suggest some areas of improvement and focus such as personal wellbeing score 66 and Board members sufficiently visible score 51 although the latter was at a higher level than other areas due to visits to the portfolio and the restart of walkarounds. Both Professor Hiscox and Ms Evison had visited and there were arrangements being made for Mrs Duncan to attend. The score for confidence in board members had not changed.• The quality of the provided portfolio workforce information was praised and would be used to develop an action plan.• As the BPA Culture survey had currently only be conducted with nursing staff in the portfolio there was still value in extending to the wider organisation. The feedback from the nursing teams was that	

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	<p>there was insufficient support to progress the survey outcomes, although senior nurses were engaged progress was drifting.</p> <ul style="list-style-type: none">• The assessment of meeting the Staff Governance Standard was undertaken with Ms Watson, Partnership Representative. Overall there was good partnership arrangements and communication across the services.• There was a focus on statutory and mandatory training however there was an issue of accessing information which resulted in some Senior Charge Nurses maintaining a local spreadsheet for ease of access.• Recording of appraisal conversations in Turas can be improved as appraisal conversations are happening, but not evidenced in Turas due to lack of capacity.• Involvement of partnership from day one, when thinking of a change.• Evidence of health and safety training held locally in wards if ever requested by the Health and Safety Executive.• There had been an improvement in the use of eESS over recent weeks. The system was deemed to be difficult to use, with the suggestion that administrators should be used to input to the system rather than current users as it was taking time away from patient care.• Request to escalate the need to eradicate corridor care as an action to manage flow.• A data pack per portfolio regarding Staff Governance Standard compliance would help to provide full reporting on compliance to the Committee. Consideration on how to report on the staff responsibilities of the Standard.• The development of system wide, inclusive of HSCP, Staff Governance Standard to support all staff involved in patient pathways as it its clear HSCP and local authority non NHS staff are being treated differently in relation to 5 core standards. <p>Ms Watson highlighted the following:</p> <ul style="list-style-type: none">• Feedback of discontentment of the STAR and Daisy awards, as all awards should be open to all staff.• Many senior managers felt that receiving a whistleblowing concern is negative therefore it is difficult for staff to feel secure in raising a concern.• The Acute Partnership Forum was a good forum and well attended. <p>Mr Grant agreed that recognition awards should be accessible for all employees. He acknowledged the point made regarding corridor care as there was a general view that the organisation was getting conditioned to this being an action to manage flow. Mr Grant commented that there appeared to be a lack of understanding of the considerations of those working with a protected characteristics. Ms Lawrie stated that we may adopt the national equality and diversity training as a review was taking place of the current provision.</p> <p>The Committee thanked Mr Matthew and Ms Watson for the report, the comprehensive summary and the honest assessment to the Committee.</p>	
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<p>The Committee acknowledged that conversations may be taking place, such as appraisal and iMatter action planning however they are not recorded. Mr Power responded that to achieve improvement in the recorded level of appraisals or iMatter action plans required action from all levels in the organisation, to recognise the value being added by doing so. The Integrated Specialist Care Portfolio had achieved 15% of team iMatter action plans recorded in the system whilst 43% of teams had achieved this across the organisation. This highlighted the need for the portfolio to intervene to improve the compliance rate. This would be aided by the sub-reporting functionality in the iMatter system, briefed by Caron Thomson, Staff Experience Manager at the wider SLT meeting.</p> <p>The Committee noted the importance of the visibility of Executive Directors and Non-Executive Board Members stating that it would useful to know what staff want from these visits to ensure they have a purpose. Suggestion to consider how this could be collected from staff.</p> <p>The Committee welcomed any action that would release time from front line clinicians, by reviewing who should input to systems.</p> <p>The Committee agreed that it was important that action and change came from participating in the BPA Culture survey and consideration should be given as to whether to progress to survey the rest of the organisation if phase I not concluded. Mr Power outlined that due diligence was taking place on the status of phase I, with a recommendation being presented at the Culture and Staff Experience Oversight Group. Ms Gibb stated that Dr Brown shared the concerns expressed at the Committee, adding that as appraisals, iMatter and BPA Culture Survey action plans may not be prioritised, staff are raising what change are occurring as a result of participating.</p> <p>The Committee outlined that staff require more than access to the Whistleblowing Standards with an area receiving concerns in a positive manner, part of the journey of a positive culture.</p> <p>Ms Gibb outlined that Magnet accreditation had been being progressed over the last five years, with participating areas seeing the benefit for all of taking forward for the nursing staff.</p> <p>The Committee was assured by the emphasis on wellbeing in the report, with the inclusion of the bed occupancy graph and the impact on staff commended.</p> <p>The Committee noted the need to improve on the compliance with statutory and mandatory training, highlighting equality and diversity training.</p> <p>The Committee supported the development of a data pack that supported evidencing compliance with the Staff Governance Standard.</p> <p>Mr Power clarified that the STAR awards were open to all staff groups, with staff nominating peers and colleagues. The Daisy awards is a global recognition programme that recognises exceptional nurses and midwives for providing excellent care, nominated by a patient or family member. The</p>	<p>GL</p>
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	<p>promotion of such awards could be reviewed to ensure staff are more receptive to them.</p> <p>Mr Power stated that the improvement in the use of eESS was welcomed. The system was designed to be delivered by those in the service and the identification of administration support in the service would require to be taken forward in the current financial climate</p> <p>The Committee thanked Mr Matthew and Ms Watson for their report. The Committee confirmed that they were assured that the Integrated Specialist Care Portfolio had identified areas and action was being taken.</p> <p>b) Workforce Information</p> <p>Mr Matthew referred to the distributed report which had been shared within the Integrated Specialist Care Portfolio. The format was very helpful and report content had generated conversation. Initial feedback from the report was:</p> <ul style="list-style-type: none">• A bank or agency worker is secured to support the senior nurse to undertake recruitment tasks, as there was concern on the time to progress a vacancy through JobTrain.• The manager does not receive feedback from exit questionnaires unless there are ten responses, therefore the time to receive the information reduces the usefulness. If the service cannot receive the information, the purpose of the process was questioned.• Use of systems and processes which take clinicians from patient care, increasing the need for bank or agency cover.• The reports would be used to create action plans in Clinical Support Services and Surgery. <p>Mr Matthew asked if the Acute partnership forum structure should change to be more akin to that for health and safety.</p> <p>Mr Shipman responded to the time to progress a vacancy feedback. Prior to the pandemic the time to hire had been discussed at a Board development session identifying that the timeline was caused by a number of mandated steps. Responding to the pandemic had challenged the existing model resulting in a new model which reduced the time to hire by incorporating into the Recruitment Team admin tasks previously undertaken by the manager. Following a successful cost pressure bid additional resource had been recruited to the Recruitment Team where a test of change is taking place to test the new model before rolling out within the organisation.</p> <p>Mr Power responded that an alternative way to support a senior nurse would be to identify a resource locally. Mr Power asked the Portfolio to consider the best way to participate in a partnership structure, engaging with the Portfolio Leads. By portfolio may be an appropriate way to group structures however consideration would be needed where one site is covered by more than one portfolio.</p> <p>The Committee noted the following points on the report for consideration:</p> <ul style="list-style-type: none">• The barriers to signing off job plans	
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	<ul style="list-style-type: none"> • Why comment that the Medical consultant vacancies had been vacant for less than six months • Was there the need to work on reducing the number of voluntary resignations • Need to understand why absences as a result of violence and aggression are under reported. • What is being done with the information received through exit questionnaires <p>The Committee asked Ms Lawrie to provide a response outwith the meeting.</p>	GL
<p>35/23</p>	<p>Delivery plan assurance for Objective 2: People</p> <p>Mr Power outlined that at the last meeting the progress against the People milestones during quarter 4 had been presented to the Committee. The status against People milestones in quarter 5 were being collated for presentation to PAFIC.</p> <p>Mr Power referred to the distributed flash reports from the Culture and Staff Experience Oversight Group, Health, Safety and Wellbeing Committee and the Sustainable Workforce Oversight Group which outlined key areas of discussion from the latest meeting; key decisions; and areas of assurance and escalations. In addition a summary of progress against the longer-term Plan for the Future Colleagues and Culture deliverables for completion by 2028.</p> <p>Mr Power referred to the distributed paper which gave an in-depth focus on Sustainable Workforce. The paper had seven appendices covering:</p> <ul style="list-style-type: none"> • International recruitment • Streamlining recruitment • Improving retention of staff through use of available terms and conditions • Improved coverage of eRostering • Enhanced bank working to reduce use of supplementary staffing and level of vacancies • Develop approaches to ensure protected time for learning • Delivering key organisational role as a provider of education <p>Each Appendix outlined the relevant plan (i.e. the 22/23 Annual Delivery Plan or just the Plan for the Future); progress in the current financial year; medium term look ahead to 2026; and key risks and mitigations.</p> <p>The Committee was invited to ask questions on each appendix.</p> <p>International recruitment:</p> <p>Ms Dalgarno responded to a query on the ethnics of international recruitment. NHS Grampian followed the Scottish Government international recruitment of health and social care personnel: code of practice, adhering to each part of the ethnical process. Mr Shipman added that the Committee</p>	

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	<p>should take further assurance from the Scottish Government scrutiny on international recruitment.</p> <p>The Committee asked if there was any learning to date which had informed future practice. Ms Dalgarno stated that after every cohort, the experience is analysed from both the professions and candidates point of view, with processes adapted to ensure all have the best experience. As international recruitment is evolving there is learning from every cohort, especially if from different communities.</p> <p>Ms Dalgarno clarified for the Committee that the personal situation of each nurse is known with pastoral care in place. Equality and diversity had been built into education plans with preparation work regarding cultural differences and individuals are aware that if there are any issues in the workplace they must be raised with the Senior Charge Nurse.</p> <p>Mr Power highlighted to the Committee the North of Scotland approach taken which has allowed a focussed approach and expertise to be developed. Mr Power highlighted the retention of 72% of International nurses recruited via this route. Ms Dalgarno did not have the national figures for comparison however the retention percentages split by year was:</p> <ul style="list-style-type: none">• 2018/19 – 40%• 2019/20 - 23%• 2020/21 – 70%• 2022/23 – 100% <p>Mr Power stated that the Scottish Government want trajectories however funding for this service was only until 2024. The 2022/23 target has been met with all individuals in post by October 2023. It was acknowledged that onboarding takes longer due to the educational support being person centred however this is to ensure the individual has the best opportunity to pass the NMC OSCE examination.</p> <p>Streamlining recruitment:</p> <p>The Committee raised the need to ensure that recruitment processes were accessible to all, to ensure those who are neurodivergent can participate. Mr Shipman stated that work had commenced initially related to ethnicity, linking with the GEMS group to support the work. A similar group will be set up for neurodiversity to ensure the organisation understands the needs, however consideration of needs had begun in the proposal to move to Woodhill House. It was acknowledged that if accommodation is not suitable, then recruitment is likely to be unsuccessful. Mr Power stated that a commitment had been made in the three year delivery plan to improve access to recruitment opportunities.</p> <p>The Committee had no questions on the following.</p> <ul style="list-style-type: none">• Improving retention of staff through use of available terms and conditions• Improved coverage of eRostering	
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	<ul style="list-style-type: none"> • Enhanced bank working to reduce use of supplementary staffing and level of vacancies • Develop approaches to ensure protected time for learning • Delivering key organisational role as a provider of education <p>The Committee noted the content, agreed the information provided was sufficient and was assured by the progress outlined.</p>	
<p>36/23</p>	<p>Update on Industrial Action</p> <p>Mr Shipman referred to the distributed paper. He informed that as at 20 June 2023, the BMA have informally notified NHS Scotland of their intention for Junior Doctors to strike across all Boards in Scotland for 72 hours from 7am on 12 July to 7am on 15 July 2023.</p> <p>In total, 506 BMA members were balloted for industrial action in NHS Grampian out of a total cohort of 588 Junior Doctors. Any employee who is part of the same “bargaining unit” can legally take part in lawful industrial action, meaning the total number of Junior Doctors who could potentially strike is the full cohort of 588. A planning assumption used was that no junior doctors will be in the workplace during the period of strike action. A number of significant additions and updates have been made to the plan originally developed in respect of Agenda for Change staff, in light of the cohort of employees taking industrial action, and the proposed nature of that action. These additions included:</p> <ul style="list-style-type: none"> • Creation of a multi-professional Clinical Services Planning Cell. Led by an Associate Medical Director, the purpose of this Cell is to oversee the maintenance of protected and critical clinical and non-clinical services with as little risk as possible, with at least minimum safe staffing levels. • Creation of a Placement Board Liaison Cell. Led by an HR Manager, the purpose of this Cell is to respond to the complexities of the Lead Employer Model, wherein NHS Grampian employs the majority of Secondary Care Junior Doctors across the North of Scotland. <p>NHS Grampian has continued to adopt its partnership model of working throughout, reflected with ongoing informal liaison with the BMA, inclusion of Industrial Action as an agenda item in GAPF, and formal liaison with non-striking Unions to understand concerns and respond to these as part of the TU Negotiation Cell. The BMA have indicated there will be no exemptions/formal derogations from the strike action, meaning all services employing Junior Doctors could be affected by the strike action.</p> <p>Mr Shipman asked the Committee to note the work undertaken to date in preparation for possible Industrial Action of NHS Grampian employees which may impact upon NHS Grampian’s services and to confirm whether it is assured that appropriate planning and preparation work is underway for Junior Doctors’ Industrial Action.</p> <p>Mr Power expressed huge gratitude Mr Shipman and Mr Lindsay on the work undertaken. Industrial action was a weekly standing item at the Chief</p>	

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	<p>Executive Team meeting and a decision would be made the following week as to whether to stand up control room arrangements, taking into account the opportunity cost of doing so.</p> <p>The Committee thanked Mr Shipman for the update, noting the emphasis for handling industrial action in a civil manner. The Committee noted the work undertaken from which it was assured that appropriate planning and preparation work was underway.</p>	
	<p>Statutory Information, Reports and Returns</p>	
<p>37/23</p>	<p>Scottish Government Staff Governance Monitoring exercise 2022/23</p> <p>Mr Power referred to the distributed paper which outlined the Scottish Government approach to 2022/23 which was similar to last year. The Scottish Government had identified Board information already available that support compliance with the Staff Governance Standard to minimise questions asked and avoid duplication. A template, to be completed by identified lead officers by 4 December 2023, outlined tailored questions where there were potential gaps in the information held by the Scottish Government. The Chief Executive Team were content with the process and timeline of which key dates were:</p> <ul style="list-style-type: none"> • 26 June 2023 – the commencement date of populating the return • 12 September meeting – draft Return presented for agreement at the Chief Executive Team • 24 October 2023 – Staff Governance Committee consider the draft return • 16 November 2023 meeting - final validation at GAPF for sign off by Joyce Duncan Chair of the Staff Governance Committee and Steven Lindsay Employee Director <p>The Committee noted the process, timeline and that they would consider a draft at the 24 October 2023 meeting.</p>	
<p>38/23</p>	<p>Workforce plan – annual update</p> <p>Ms Lawrie referred to the distributed update which covered the seven month period since the workforce plan was published. Ms Lawrie explained that NHS Boards were asked to use the Annual Delivery Plan process instead of the issued DL guidance to undertake the annual review of workforce plans.</p> <p>Ms Lawrie outlined that progress was evident, which was hoped would continue into the next quarter. Future reporting to the Committee would be on a six monthly basis.</p> <p>Ms Lawrie responded to a question from the Committee on the provision of digital skills through working with partners. Ms Lawrie stated there was a national range of digital skills training available that was being accessed; a conversation with NESCOL about what courses they could provide; and what could be accessed through NELC.</p>	

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39/23	Whistleblowing Standards 2022/23 Quarter 4 report <p>Mrs Ballantyne presented the 2022/23 Quarter 4 report. Within Quarter 4 three concerns had been raised and one closed. At the end of Quarter 4, six concerns remained open, two of these were complex cases raised in a previous quarter which were almost concluded. An internal audit into NHS Grampian whistleblowing arrangements identified the regular reporting of whistleblowing activity and the ongoing programme to improve the awareness of whistleblowing to all staff as good areas of practice. Recommendations were made to introduce a dedicated whistleblowing coordinator role which would also support the Speak Up Advocates and Speak Up Ambassadors (similar to the current Whistleblowing Confidential Contact role), to increase management understanding of the whistleblowing process and their responsibility when concerns are raised to them, and to make it easier for staff to know what the whistleblowing process is through a local policy or flow diagram on the whistleblowing webpage. These recommendations are all currently being progressed.</p> <p>Mr Donald, Whistleblowing Champion made a number of points to the Committee:</p> <ul style="list-style-type: none">• To fully embed the Whistleblowing Standards will take a significant period of time.• Meetings taking place to triangulate learning from whistleblowing concerns with other sources of cultural intelligence, to better inform on the culture in the organisation. A stock take to reflect on Whistleblowing implementation progress was good practice had been recommended.• The visits he undertook were informative to obtain a picture of where we are and how it links to culture• The feedback received from the Integrated Specialist Care Portfolio reinforced how whistleblowing can be perceived. Staff require more than access to the Standards, an area should be encouraging the raising of concerns, engaging with concerns raised, ensuring they are seen as positive and not something to resist. Culture can be improved by the appropriate handling of whistleblowing concerns.• The INWO had provided advice on the content of the annual report.• From every Whistleblowing concern raised learning should be identified, cascaded with a sustained change taking place. <p>The Committee stated there was the opportunity to communicate how whistleblowing concerns have led to improvements to reinforce that whistleblowing is a positive action. Mr Power outlined that he had spoken to a whistleblower who had said after raising their concern under the Standards it was the first time they had been heard and listened to. It was important to understand what could have been done to have had the concern heard earlier, why it had got to whistleblowing and why raising a concern through the Standards was perceived as negative. Mr Donald stated there was a need for all to understand the purpose of the Standards in order to increase the willingness to accept concerns raised and that they should be used as a</p>	
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	<p>last resort. Education was needed to support the emotional response of a concern being raised.</p> <p>Mr Power informed that NHS Grampian had been approached by the INWO to undertake a shared learning session on the HR aspects of whistleblowing cases. As NHS Grampian had no live cases with the INWO there would be no conflict in doing so. Mr Shipman was taking forward over the next few months.</p> <p>The Committee endorsed the 2022/23 Quarter 4 report.</p>	
40/23	<p>a. Covering paper for both reports</p> <p>b. NHS Grampian Equality and Diversity Workforce Monitoring Report 2022/23</p> <p>c. NHS Grampian Gender Pay Gap 2022/23</p> <p>Mr Humphreys introduced both reports, explaining that he was the Director responsible for the Equality and Diversity Team introducing Roda Bird as the author of the reports. Mr Humphreys asked the Committee to approve both reports. The reports are statutory duties of NHS Grampian to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and were based on workforce and payroll data as at 31 March 2023.</p> <p>The Committee commended the quality of the reports.</p> <p>The Committee noted that staff with a protected characteristic are being promoted however this indication alone could not provide assurance that all recruitment processes were fair. The Committee raised a point for future consideration of understanding the percentage of males being promoted over females.</p> <p>The Committee noted good progress with reducing the gender pay gap, acknowledging the challenges of closing the gap entirely.</p> <p>The Committee noted that both reports met the Public Equality Duty for NHS Grampian, endorsing the reports to be published online.</p>	
41/23	<p>Remuneration Committee 21 April 2023 agenda and assurance statement</p> <p>Noted by the Committee.</p>	
	<p>For Information</p>	
42/23	<p>a. BMA Joint Negotiating Committee Minutes – 6 March 2023</p> <p>b. Culture and Staff Experience Oversight Group minutes – 21 December 2022</p> <p>c. Occupational Health, Wellbeing and Safety Committee – 9 February 2023</p> <p>d. Sustainable Workforce Oversight Group – 23 February 2023</p>	

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	<p>Noted by the Committee. The Committee highlighted the large membership of some of the groups. Mr Power responded that the Occupational Health, Wellbeing and Safety Committee was required by legislation, with membership reflecting the size of the system. Mr Power stated that he was mindful of resources and was considering combining the Culture and Staff Experience and Sustainable Workforce oversight groups to create a People and Culture oversight board however the dedicated focus was currently appropriate.</p>	
43/23	AOCB – none raised	
44/23	Date of next Meeting Thursday 22 August 2023 2pm to 4.30pm via Teams	