

NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Thursday 30 September 2021 at 10.30am
via Microsoft Teams

Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
Mrs Rhona Atkinson, Non-Executive Board Member
Mr Bert Donald, Whistleblowing Champion
Mr Sandy Riddell, 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
Mrs Anne Inglis, Head of Organisational Development (from 10.30am)
Mr Steven Lindsay, Full Time Partnership Representative
Dr June Brown, Interim Executive Nurse Director (from 10.40am)
Mr Jamie Donaldson, Health and Safety Partnership Representative
Ms Lynn Kilbride, RGU representative
Mr Preston Gan, System Transformation Programme Manager (for item 21/21)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
15/21	<p>Apologies</p> <p>Apologies were received from; Professor Lynda Lynch, Chair; Professor Caroline Hiscox, Chief Executive; Mrs Susan Coull, Head of HR; Professor Mohamed S. Abel-Fattah, Aberdeen University representative; and Mrs Cheryl Rodriguez, Head of Occupational Health and Safety.</p>	
16/21	<p>Minute of the last meeting – 6 July 2021</p> <p>The Minute was approved as an accurate record.</p>	
17/21	<p>Action Log</p> <p>The Committee noted that all open items were agenda items, with the Interim Workforce Plan action now concluded.</p>	
18/21	<p>Revised Constitution</p> <p>Mr Power referred to the distributed paper which provided a revised constitution.</p> <p>An example of another Boards Staff Governance Committee constitution had been used as the basis for the revised constitution, amended to take</p>	

	<p>account of feedback from the engagement with GAPF and the Committee in autumn 2020. The constitution was more focussed on the Staff Governance Standard, the legislative framework under which the Committee must operate. The paper highlighted the variations in the revised Constitution to the Staff Governance Standard 4th edition.</p> <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • BMA JNC to be included in the Relationship with other Committees section • Governance Committee titles of Health Care Governance and Audit and Risk to be updated <p>Dr Brown asked if the NMAHP group should have a relationship with the Committee. Mr Power responded that a Sustainable Workforce Oversight group was to be established which should provide a consolidated position to the Committee on workforce. It was agreed Mr Power and Dr Brown would discuss outwith the meeting.</p> <p>The Committee agreed that a copy of the Remuneration Committee agenda will be provided to future Committees, redacted appropriately to ensure individuals are not identifiable. An assurance statement will be included from the Remuneration Committee Chair as Chair of the Staff Governance Committee.</p> <p>The decision on the frequency of meetings was deferred to the outcome of the next agenda item given how the Committee will be assured through sector attendance will be a contributory factor to how often it should meet.</p> <p>The Committee agreed the revised Constitution, with the above agreed changes for onward approval by the Board. It was acknowledged that the outcome of the ongoing Active Governance review may necessitate further changes.</p>	<p style="text-align: center;">TP/JB</p> <p style="text-align: center;">DA</p>
<p>19/21</p>	<p>Assurance from Staff Governance Standard monitoring</p> <p>Mr Power referred to the distributed paper which considered how the Committee receives assurance against the Staff Governance Standard.</p> <p>Prior to the Covid-19 pandemic the Committee completed a cycle of providing a focus at each meeting of a different domain of the Standard, with individuals attending who had corporate responsibility. Also two Sectors had attended the Committee to provide good examples of how the Standard is functioning and identify gaps and actions being taken. It is acknowledged that the terminology of Sector may be superseded by Portfolio.</p> <p>Future consideration on what the Committee required for assurance was summarised as:</p> <ul style="list-style-type: none"> • Focus on a domain of the Standard each meeting 	

<ul style="list-style-type: none"> • Sectors provide assurance across the whole Standard or only their self-assessment of the domain of focus at that meeting. This would mean that each Sector would be asked to provide information to every meeting, but attendance would be on a rota basis. <p>The Committee considered a template was good practice to ensure consistency of information, provided to the Sector. It was important to create a process that enabled useful reports to be produced timeously, with a focus on providing assurance, including the inclusion of any concerns the Sector may have, with the ability to escalate matters to the Committee. It was noted that all domains of the Standard were equally applicable to all parts of the organisation. It was important for a Sector to be able to raise challenges with the Committee and Ms Inglis proposed the appreciative enquiry approach of what could be better/how can we help to encourage full reporting. It was acknowledged that the language used was key. A further suggestion was the use of a traffic light system for a Sector to illustrate their position. The Committee role would be to ask supportive questions.</p> <p>The Sector GAPF reports, although suspended at the moment, may help reduce duplication of work in Sectors.</p> <p>It was noted that if a Portfolio attended there may be multiple presenters due to the composition from previous sectors but there was the risk of duplication between portfolios encompassing the Acute Sector. The Committee acknowledged the potential variability of culture within a Portfolio and the opportunity of discussing the consistency of application of the Standard across a Portfolio.</p> <p>The Committee stated that it was important to obtain the fullest picture possible when focussing on a domain of the Standard as it enabled a useful discussion.</p> <p>The Committee agreed that when a Sector attends they will provide assurance across the whole Standard, not just the focussed domain at that meeting.</p> <p>The frequency of meetings was agreed as six per year to accommodate this the focus on a single domain at each meeting. The Committee discussed who should attend the Committee. The range of attendees could be the joint chairs of a local partnership forum, staff side and managers working on a particular project.</p> <p>Mr Power proposed that the programme of Portfolio attendance at the Committee to enable a focused dialogue should commence no earlier than 1 April 2022 given the current response to the Covid-19 pandemic however the frequency of meetings could be implemented for 2022. In preparation a Portfolio will complete a template devised to elicit good practice and concerns/what could be better covering all the individual elements of the Standard. This was agreed.</p>	<p style="text-align: right;">DA</p>
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<p>20/21</p>	<p>Workforce Management Information and update on the development of Workforce Intelligence Unit</p> <p>Ms Lawrie presented a paper to the Committee which provided a high-level overview of annual leave outstanding and taken, alongside staff sickness absence for the period April 2021 to June 2021 for information and assurance. The intention was the report content would provide regular information for assurance that the rights and responsibilities of employees and employers are being upheld.</p> <p>Ms Lawrie provided an update on the creation of the Workforce Intelligence Unit. The Workforce Information Manager was in post with ongoing recruitment for the remaining two team members. An external consultant from NES had been engaged to assist with the development of workforce information including a workforce visualisation tool and dashboard.</p> <p>Ms Lawrie reported that overall sickness absence as a percentage was 3.9%, comparable with the national standard of 4%. Historically there have been 3 main reported reasons for absence i.e. Musculoskeletal, Gastroenteritis and Stress. There are indications this has changed over the last 18 months with in the most common reason for absence consistently being Anxiety/Stress/Depression/Other Psychiatric Illness. The reduction in Gastrointestinal absences may be a reflection of current behaviours such as the frequent washing of hands.</p> <p>Ms Lawrie explained the complexities of monitoring the use of annual leave. The annual leave entitlement, used in the analysis had been calculated using a 30 day average per staff member to reflect long serving employees however it was acknowledged that this may inflate overall entitlement given the number of part time staff (37%). From the analysis the taken annual leave for the first quarter of the leave year was below 25% of the entitlement. In addition there was the impact of the carry forward of annual leave. All staff will be encouraged to take regular breaks and plan rest periods throughout the annual leave year. Managers are being encouraged to manage leave, although this may be more challenging and complex with ongoing service pressures.</p> <p>Ms Lawrie explained that the new eESS system may be able to assist with the reporting of annual leave usage.</p> <p>The Committee raised the crucial role of OHS and their capacity. Ms Lawrie reported that OHS had redesigned to create as much capacity as possible and prioritised the management of long term absence as this was two thirds of the total absence, to enable employees to return to the workplace.</p> <p>The Committee asked for assurance purpose were significant variations identified with appropriate intervention. Ms Lawrie responded that a manager can analyse reports of annual leave usage currently however this would be incorporated into the workforce visualisation tool and dashboard so</p>	
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	<p>patterns can be easily identified enabling managers to have the tools to manage the situation.</p> <p>The Committee raised that the retrospective analysis focus of the report was not providing assurance. The Committee advised that a report covering the annual leave taken during the summer months would have more beneficial to the Committee. The Committee would receive assurance if the report included the consequences of not taking annual leave and the actions being taken to resolve the variations of approaches to annual leave management.</p> <p>Dr Brown informed that the Leadership Council for Nursing and Midwifery was discussing what all can be done to assist staff. Mr Power raised Horseback UK imitative which had been used to support post trauma recovery.</p> <p>Mr Power acknowledged that there was further work to be done to be able to improve data availability, quality and timely provision. The Chief Executive Team had discussed the trajectory noting the exceptional annual leave carry forward, for which national direction was awaited. The taking of annual leave in NHS Grampian had been prioritised despite this creating other challenges for the organisation. Mr Power reported that he was working with the Director of Workforce from NHS Greater Glasgow and Clyde to scope out for the Scottish Government what would help occupational health services, as it was recognised these were under pressure critical services which were required to support staff.</p> <p>The Committee requested that for assurance purposes future reports should explain what the presented data means and outline the implications of not taking annual leave and the actions being taken to intervene, ensuring the appropriate timing of reports.</p> <p><i>Lynn Kilbride left the meeting</i></p>	
<p>21/21</p>	<p>Visibility of Workforce concerns - We Care and Staff recovery</p> <p>In response to the Committee’s request from the previous meeting, Mr Gan delivered a presentation which incorporated accounts from employee(s) who had completed the readiness to remobilise template and who had contacted the We Care Team.</p> <p>The key points from the presentation were:</p> <ul style="list-style-type: none"> • The template allowed a Team to rate their overall team readiness to remobilise, followed by the consideration of a number of factors that may be impacting on the Team’s readiness. These are scored from which it can be determined if the team is high risk and not ready to remobilise to low risk and ready to remobilise. The template then asks for identification of team needs and whether support for either recovery or remobilisation was required. 	

	<ul style="list-style-type: none"> • A real example was provided for a Team and the dependencies on other teams to remobilise. The example showed that each team can be at different stages of being ready to remobilise. In order to be ready to remobilise services may be able to action matters themselves or alternatively a system wide approach may be required. • A session with the Team and the other teams they are dependent on to remobilise is held. A summary was presented which documented what was preventing the teams supporting the resumption of the Teams service. • An example was given of a Team who had contacted We Care and the action taken by the team recovery and recuperation cell. Participants were introduced to the concept of flourishing and why it is crucial in the workplace. They then used critical creativity (a walk in nature) to consider their culture now – to what extent was it a flourishing culture before they considered what actions they could each take personally and collectively to improve their day-to-day experiences. The group prioritised these suggested changes to start acting on each, ensuring they are taking a collaborative, inclusive and participative approach to making change happen. • A video account of the experience from a team member, a quote from the facilitator and feedback from the team was shared. All nine members of the team would recommend the recovery session to others. <p><i>Mr Lindsay left the meeting</i></p> <p>The Committee commented that the presentation demonstrated exactly what was currently needed for teams. It was noted that when the team contacted the We Care team they were almost at crisis point. The Committee discussed whether there was organisational understanding of the status of all teams. Mr Gan stated that there was theming and triaging of team contact with the consideration of a check-in with teams later this year.</p> <p>The Committee was encouraged by the presentation which provided examples of the positive impact of the programmes on staff.</p> <p>The Committee was assured that there were processes in place to assist teams.</p>	
	<p>Statutory Information, Reports and Returns</p>	
<p>22/21</p>	<p>Whistleblowing in NHS Grampian – 2021/22 Quarter one report</p> <p>Mrs Annand presented the 2021/22 Quarter one report to the Committee. The Committee was asked to review and provide feedback on the first report</p>	

	<p>since the national Whistleblowing Standards were introduced from 1 April 2021 before submission to the 7 October 2021 Board meeting.</p> <p>The information contained in the Assessment section of the report complied with the requirements of a quarterly report as laid out in the Standards. NHS Grampian had chosen to add data with regard to grievance and bullying and harassment cases, for the same quarter, to give assurance that employees do feel confident to raise concerns.</p> <p>The report referred to the number of cases and how this could be interpreted noting at this stage it was not possible to be clear how many cases NHS Grampian should expect. To help support the interpretation the number of cases will be monitored. However for comparison purposes the Committee was informed that there had been no Whistleblowing cases raised in 2020/21.</p> <p>An important aspect of the Standards is that the organisation sees concerns raised as positive from which there is learning. As additional cases are received the presentation in the report of the learning will be further developed along with appropriate theming.</p> <p>Mr Donald, Whistleblowing Champion thanked Mrs Annand and Mrs Ballantyne, Head of Engagement for the preparation of the report. Mr Donald invited discussion on the report contents in terms of the number of cases and whether it was too early to identify trends. At this stage it was not possible to capture any concerns being raised through the Whistleblowing Standards which were dealt with by business as usual.</p> <p>Mr Donald outlined his role as one of oversight, governance and assurance. He considered that whistleblowing did not stand alone rather it was integrated into ensuring the right culture and linked to learning. There was a need to acknowledge that when a case is complex concluding within 20 working days will not be possible, however in those circumstances keeping in contact with the whistleblower is essential.</p> <p>Mr Donald briefed that a quarterly report should be submitted to each IJB and work was underway to receive assurance that this had been the case.</p> <p>The Committee welcomed the report and the progress made.</p> <p>The Committee noted the number of cases agreeing that it was not possible to understand the reason behind these at this time, acknowledging the cases had been submitted during an unprecedented time. There was further work to do to embed the Standards to encourage concerns to be raised but it was noted that for the cases raised, the feedback indicated they had been handled sensitively and in a thorough way.</p> <p>The Committee asked that for future reports the NHS Grampian values are included alongside the NHS Scotland quality ambitions in the Purpose section.</p>	
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	<p>The Committee raised how organisational learning could be obtained from cases. Mr Donald responded that the learning had been shared in the applicable area but further consideration will be given as to how this could be shared wider.</p> <p>Mr Power commented that the report presentation had been handled well given the small number of cases, with appropriate narrative given. The inclusion of grievance and bullying and harassment cases was helpful. Mrs Annand clarified that the local Datix work had not been launched to date.</p> <p>The Committee approved the Quarter 1 Whistleblowing Standards Report for onward submission to the Board.</p>	
23/21	<p>National Staff Governance Standard monitoring submitted Return</p> <p>Mr Power referred to the distributed Staff Governance Standard Monitoring return which had been submitted to the Scottish Government. Mrs Annand had presented the finalised Return, which incorporated the comments received by the Committee, to GAPF for final validation. The Committee noted the Return.</p>	
24/21	<p>Staff Governance Committee Board report content</p> <p>Mrs Duncan outlined the content as the revised constitution; process for the Committee to have assurance from Staff Governance Standard monitoring; first Quarter 1 Whistleblowing Standards Report approved by the Committee as the governance route for reporting to the Board; workforce management information update; noting that the Staff Governance Standard Monitoring return has been submitted to the Scottish Government; and the presentation from We Care and Staff recovery which provided examples of the positive impact of the programmes on staff.</p> <p>The Committee confirmed that from the information provided throughout the meeting they had been assured of compliance with the Staff Governance Standard.</p>	
	For Information	
25/21	<p>a. BMA Joint Negotiating Committee Minutes – 14 April and 14 June 2021</p> <p>b. Culture and Staff Experience Oversight Group minutes – 29 June 2021</p> <p>c. Occupational Health, Wellbeing and Safety Committee – 15 April 2021</p> <p>Mr Power informed the Committee of the significant development of holding the first meeting of the Culture Cabinet at the end of October. This would be an open forum to shape the culture of the organisation.</p>	

APPROVED

Board Meeting
03.02.22
Open Session
Item 12.1

	Mrs Duncan commented that the video produced by Mr Simon Barker on discretionary points was good.	
26/21	AOCB – none raised.	
27/21	Date of next Meeting 10am on Tuesday 30 November 2021 by Microsoft Teams.	