

NHS GRAMPIAN
Minute of the Special Covid-19 Staff Governance Committee
held on Tuesday 16 March 2021 at 9am
via Microsoft Teams

Present:

Mrs Joyce Duncan, Non-Executive Board Member (Chair)
 Mrs Rhona Atkinson, Non-Executive Board Member
 Ms Rachael Little, Employee Director
 Mr Bert Donald, Whistleblowing Champion
 Mr Sandy Riddell, Non-Executive Board Member

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
 Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
 Professor Mohamed S. Abel-Fattah, Aberdeen University representative
 Professor Caroline Hiscox, Chief Executive
 Mrs Jane Ewen, Nurse Director, Excellence & Innovation (Deputy for Dr Brown)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

Item	Subject	Action
9/21	<p>Apologies</p> <p>Apologies were received from Professor Lynda Lynch, Chair; Mrs Susan Coull, Head of HR; Dr June Brown, Interim Executive Nurse Director; Ms Liz Hancock, RGU representative; Mrs Anne Inglis, Head of Organisational Development; and Ms Carolyn Venters, Health and Safety Partnership Representative.</p>	
10/21	<p>Minute of the last meeting – 15 January 2021</p> <p>The Minute was approved as an accurate record.</p>	
11/21	<p>Action Log</p> <p>Mrs Duncan highlighted that the action log detailed the paused actions.</p>	
12/21	<p>Health, Safety and Wellbeing Programme update</p> <p>Mr Power gave a presentation to the Committee on workforce wellbeing referrals and absences, which gave the following information:</p> <ul style="list-style-type: none"> • The number of monthly referrals to OHS February 2020 to 19 February 2021, showing a peak in referrals in June and November 2020. There had been a steady referral to the Wellbeing and Counselling service. 	

- Staff self referrals to Grampian Psychological Resilience Hub, monthly to 19 February 2021 which illustrated that the peaks of demand mirrored the pandemic waves. Discussion would occur in April 2021 with regard to the future of the Hub as funding was currently available until 31 July 2021.
- The decrease in the number of NHS staff reporting as absent due to Covid-19 after the first wave, starting to rise again in Autumn 2020. Sickness absence percentage had been stable, below the NHS Scotland average.
- Annual leave usage had significantly increased in summer 2020, ending the leave year with an increase during the last quarter of 2020/21.

Mrs Rodriguez referred to the distributed Flash Report, informing the Committee that Gold command had signed off the objectives of the three main cells of Staff Resilience, Remote Working and My Healthy Life Cell. The Cells were gathering information and resources, supported by the Corporate Communications Team, for the launch of the We Care website. This was planned for early April 2021, coinciding with the transition from Operation Snowdrop. As part of the We Care programme each member of staff was to receive a mug, pen and a treat. A Sub-group was also reviewing available staff surveys in order to conduct four pulse surveys a year, giving more dynamic feedback than currently obtained from iMatter.

The Committee commended the pulse survey focus on staff. Mr Power informed that Caron Thomson, Staff Experience Manager was leading the Sub-group and that it was important to establish a baseline to measure progress from.

The Committee asked how the current work captured areas of improvement, which may have existed before the pandemic, in order to better support wellbeing going forward. Mr Power responded that the insights gained over the last twelve months had been captured through the Health, Safety and Wellbeing Expert Group and in the work of the Cells. There would be further collation through the annual Staff Governance Standard monitoring process in spring 2021 and two Assistant Psychologists engaged in the workstream will collate qualitative information to compliment the quantitative data. The long term nature of the work had been described in the Remobilisation Plan. Mrs Rodriguez outlined that work undertaken in the pandemic had facilitated progress in topics discussed prior to the pandemic such as breaks and rest areas. A further positive change enacted was the addition of a Psychologist to the OHS Health and Wellbeing Team.

Mr Power in response to a question from the Committee confirmed that communication on the improvements made would take place through GAPF and the Daily Brief. Each Cell had a responsibility to measure the

	<p>impact of their deliverables.</p>	
<p>13/21</p>	<p>Mobilisation and deployment of staff update</p> <p>Mr Power and Ms Lawrie gave a presentation to the Committee on staff deployment.</p> <p>Mr Power explained a diagram which illustrated the arrangements, with the bulk of activity at sector and programme level with a clear escalation approach for operational, tactical and strategic decisions. The Workforce Deployment Cell are informed of the capacity available to work out with Sector and requirements for workforce not met through recruitment, bank or in sector deployment, facilitating and recording matches, staff support and reporting. Learning from the deployment in wave 1 of the pandemic had been used to devise supportive deployment. The Workforce Prioritisation Group would make a decision on access to available resource if there was any conflict for competing demands, with ultimate escalation to the Gold Team in extreme circumstances.</p> <p>The Committee was informed that establishing the capacity within services that could be deployed was an important starting point. A bar graph illustrated through categorisation of risk to the service, the number of staff that could be released. For the majority the risk was high or very high. The Deployment Cell concentrated on the medium and low risk to establish who could be released and their skills.</p> <p>Ms Lawrie outlined that a considered and compassionate approach was taken with each individual followed up with an email or phone call to assess what support they can offer. From this the personal set of circumstances for that individual was established. After the initial contact with the staff member, they were sent the appropriate skills survey (vaccinator or general) or redirected to either the bank or any live adverts as a number of people who came forward offered additional hours. Thereafter individuals were matched with demand i.e. a vaccinator role or another role. For the staff who did not meet demand requirements, this was communicated and explained that their details would be kept and if an appropriate role arose, the Deployment Cell would be in contact with them. If staff were deployed for a period of time, the substantive line manager was prompted to have regular contact with their deployed staff.</p> <p>A further bar graph illustrated the headcount of capacity offered for the vaccination programme from a range of areas in NHS Grampian. 64% of the headcount offered additional hours or bank. The presentation concluded with two quotes from staff who had experienced a positive deployment experience.</p> <p><i>Professor Mohamed S. Abel-Fattah left the meeting</i></p> <p>Ms Lawrie highlighted the flashcard which gave deployment considerations for the individual deployed; when you have a deployee in your team; substantive manager; and receiving manager. This had been devised from</p>	

	<p>the feedback and learning, from first wave of the pandemic, through a survey undertaken by the Daily Brief. The flashcard will be included as a resource within the We Care website. The Deployment Cell model will be evaluated to establish learning to influence how NHS Grampian utilises staff.</p> <p>The Committee thanked those involved in the Deployment Cell for a well organised approach and wider in the organisation which had adapted to deliver the vaccination programme. The flashcard was felt to be a really useful tool, transferable for any new start to a team.</p> <p>Mr Power commented that the a much higher number of staff had been categorised as low or medium risk if deployed than had actually been able to be released which highlighted a future discussion on the system’s ability for the workforce to work across boundaries and the need to be clear on future workforce needs and requirements.</p> <p>The Committee discussed how the organisation ensures that the flashcard content was owned, adopted and implemented in a consistent way, requiring a clear expectation of the standard to be adopted.</p> <p>The Committee discussed the willingness of staff to offer additional hours, contributed to staff wanting to contribute to the vaccination programme.</p>	
<p>14/21</p>	<p>Agreeing Workforce Management Information priorities for the Staff Governance Committee</p> <p>Mr Power delivered a presentation to aid Committee discussion, further to earlier discussions at the December 2020 meeting.</p> <p>Mr Power stated that when identifying information requirements, it was important to determine the insights the Committee wished to gain, for example frequency and volume of activity; compliance with legislation; achievement of objectives; standards of performance; or modelling and/or predictive insights.</p> <p>There was also the need to determine the most appropriate frame of reference for assurance purposes, to ensure the availability and quality of data and ease of quantitative measurement. Options were:</p> <ul style="list-style-type: none"> • Staff Governance Standard – using the five domains, as staff perceptions are currently gathered annually via iMatter which is aligned to the Standard and Sector responses aggregated annually via Staff Governance Monitoring return to the Scottish Government. • Strategic direction – People & Culture – using the work undertaken to identify aims, objectives and hazards of the three clusters of sustainable workforce; health, safety and wellbeing; and culture and staff experience. • ‘Fair Work’ practices – for which there is a 2025 vision to achieve for Fair Work and the domains – Respect; Effective voice; Fulfilment; Opportunity and Security - give useful prompts. 	

	<p>Mr Power concluded with three questions, suggesting that further discussion take place at the April 2021 meeting:</p> <ul style="list-style-type: none"> • What are the questions that need to be answered? • What is the most appropriate frame of reference? • What does a minimum viable product need to deliver? <p>The Committee agreed that it would be useful to have a longer session, at the next meeting, to fully discuss.</p> <p>The Committee raised discussions that had taken place outwith the meeting regarding the Board not being routinely sighted on professional conduct cases. The information was sought for Board assurance purposes that cases had been handled appropriately, through a governance committee first of either the Clinical Governance Committee or the Staff Governance Committee. Professor Hiscox informed the Committee that she had asked the Professional Directors and Mr Power to develop an overarching professional framework, which would include transparency of data, assisting with the journey of understanding culture through triangulation of available data. Currently the data was monitored uni-profession up to Director level, with a process to be developed to report through a governance committee to the Board. It is important that the Board are assured NHS Grampian understand the data, not that we do not have it. The Professional Directors, Mr Power and the Chairs of the two committees could debate whether it was reported through the Clinical Governance Committee or the Staff Governance Committee. Those present felt that it should be the Staff Governance Committee. Mr Power raised that consideration was required on the proportion of time to be spent on this topic within the context of the overall agenda for the Committee. Mr Power stated that he had had initial discussions with Professor Fluck and would as a next step meet with Mr Donald.</p> <p>The Committee committed to a discussion at the April 2021 meeting on other data requirements. Committee members were asked to inform Mrs Duncan and Mr Power if there were any other issues to be discussed at the next meeting.</p> <p><i>Professor Hiscox left the meeting.</i></p>	<p>DA All</p>
<p>15/21</p>	<p>AOCB</p> <p>a) Implementation of the national Whistleblowing Standards</p> <p>Mr Donald briefed the Committee on the implementation progress of the national Standards effective from 1 April 2021. The work to implement the Standards could not be underestimated and this had been taken forward in NHS Grampian by a steering group and a working group. Due to the negative impact of the covid-19 pandemic, implementation would be split between the soft launch period up to 31 March 2021 and then the period</p>	

	<p>through spring and summer 2021. Following the presentation at the Board seminar, a paper would be submitted to the next Board meeting in April.</p> <p>Mr Donald reported that work was underway to launch the Standards, which would include how to report a concern, that it would be treated in confidence with the necessary support and protection provided. Confidential contacts were in place and there would be locally agreed procedures to identify investigators.</p> <p>Mr Donald was not assured that the arrangements would be fully in place in the H&SCPs, external services and primary care providers by 1 April 2021.</p> <p>Further work was required on the reporting requirements to the Board, quarterly and annually, and the Boards awareness of their responsibilities.</p> <p>Full roll out of the Turas training for staff and managers would be required and ensuring that if a whistleblowing concern was raised it could be dealt with following the new Standards.</p> <p>The Committee thanked Mr Donald for the helpful update, raising the complexity of joint teams comprising of NHS and local authority staff. Mr Donald stated that he had been communicating with the H&SCPs as to whether the extended agreement would be adopted, which would mean that the same approach i.e. the Standards would be used in handling concerns raised about local authority services.</p> <p>b) Thanks to Carolyn Venters</p> <p>Ms Little informed the Committee that this had been Ms Venters last meeting, with her replacement Jamie Donaldson attending from the April 2021 meeting. The Committee thanked Ms Venters for her contribution to the meetings and extended a welcome to Mr Donaldson.</p>	
<p>16/21</p>	<p>Date of next Meeting</p> <p>1pm on Thursday 22 April 2021 by Microsoft Teams.</p>	