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**NHS GRAMPIAN**  
**Minute of the Staff Governance Committee**  
**held on Wednesday 30 November 2022 at 2pm**  
**via Microsoft Teams**

**Present:**

Mrs Joyce Duncan, Non-Executive Board Member (Chair)	Board Meeting
Mr Steven Lindsay, Employee Director	Open Session
Mr Bert Donald, Whistleblowing Champion	06.04.23
Mrs Rhona Atkinson, Non-Executive Board Member	Item 14.4

**In Attendance:**

Mr Tom Power, Director of People and Culture  
Professor Caroline Hiscox, Chief Executive  
Mr Ian Cowe, Acting Head of Health and Safety  
Mr Alistair Grant, Partnership Representative  
Mr Jamie Donaldson, Health and Safety Partnership Representative  
Mr Philip Shipman, Acting Head of People and Change  
Ms Sue Swift, Divisional General Manager, Family Integrated Services Portfolio (for agenda item 72/22)  
Mr Michael Ritchie, Partnership Representative  
Ms Sarah Dalgarno, International Recruitment Manager, North of Scotland International Recruitment Service (for agenda item 73/22)  
Ms Tracey Hicks, Recruitment Manager (for agenda item 73/22)  
Mrs Ann Mudie, eRostering Programme Manager (for agenda item 73/22)  
Ms Linda McKerron, Service Manager Learning and Development (for agenda item 73/22)  
Mrs Faye Dale, HR Project Manager (for agenda item 73/22)  
Mrs Louise Ballantyne, Head of Engagement (for agenda item 76/22)

Minute Taker: Mrs Diane Annand, Staff Governance Manager

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>69/22</b>	<b>Apologies</b> Apologies were received from Ms Alison Evison, Chair; Ms Gerry Lawrie, Head of Workforce and Development; Dr Katherine Targett, Consultant Occupational Physician; Professor Lynn Kilbride, RGU representative; Dr June Brown, Executive Nurse Director; and Professor Mohamed S. Abel-Fattah, Aberdeen University representative.	
<b>70/22</b>	<b>Minute of meeting held on 5 October 2022</b> The minutes as approved as an accurate record.	
<b>71/22</b>	<b>Matters Arising</b> <b>a) Action Log</b>	

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	<p>Mrs Joyce Duncan stated that action SGC29 was on the agenda and SGC30 and SGC31 were for the February 2023 meeting.</p>	
<p><b>72/22</b></p>	<p><b>Staff Governance Standard Assurance – Integrated Family Services portfolio</b></p> <p>Ms Swift and Mr Ritchie attended the meeting to present to the Committee the distributed Integrated Family Services Portfolio Staff Governance Standard Assurance report. The following was outlined:</p> <ul style="list-style-type: none"> <li>• The alignment of Mr Ritchie to the Portfolio was welcomed.</li> <li>• The number of iMatter action plans submitted on the system had decreased this year, which may be a reflection of the volume of activity in acute services. There were plans for the new Portfolio Lead, Geraldine Fraser to lead the encouragement of teams to complete the whole process and highlight the value in doing so.</li> <li>• The cohorts of staff who had participated in the BPA Culture Survey were progressing with action plans.</li> <li>• Royal Aberdeen Children’s Hospital (RACH) had been put forward for Magnet accreditation which had given a good boost to staff, reflecting on the work done and those who had supported the staff.</li> <li>• It was the aim of the portfolio’s Women and Children’s oversight group to better understand what is impacting on staff.</li> <li>• The portfolio staff governance committee has not been well attended and is not representative of all staff groups. It is hoped Mr Ritchie’s alignment to the portfolio can help address this.</li> <li>• The Baird Family Hospital, Theatres and the Neonatal Unit were the Portfolio’s big priorities in terms of service delivery, workforce concerns and the support needed for teams.</li> <li>• Following discussion at the Chief Executive Team, an immediate response had been put in place to address colleagues’ concerns about the RACH Theatres due to workforce shortages and skills mix.</li> <li>• A Nurse Manager role had been reinstated following a redesign covering theatres at RACH and Aberdeen Maternity Hospital (AMH), which would give leadership now and in the transition to the Baird Family Hospital.</li> <li>• In preparation to moving to the Baird Family Hospital, there would be a redesign of services, with eight groups created to take this forward, fully involving staff.</li> <li>• The Neonatal Unit was waiting to hear if it would be designated as the third neonatal unit in Scotland after Edinburgh and Glasgow. The uncertainty in the meantime was currently impacting on recruitment.</li> <li>• Walkarounds take place, some with themes such as health and safety, wellbeing whilst others had no set agenda. Walkarounds give the opportunity to meet staff and encourage the voicing of any concerns at any point to identify key issues.</li> <li>• There was a range of compliance rates across Turas statutory and mandatory training, with scope for improvement. Teams had been asked to check staffing lists to ensure accurate reporting.</li> </ul>	

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- HSE work – whilst not the focus of the Improvement Notices issued in March, themes had started to be developed in light of these.

The Committee commended the submitted report.

The Committee asked what plans were in place to engage staff following the BPA Culture survey as the feedback received was that staff did not feel engaged or empowered. Ms Swift outlined that the Assistant Director of Midwifery had an action plan on how work was to be shared across wards and the Chief Nurse at RACH had produced flash reports, to empower staff to deliver. It is hoped that the staff will be more involved and creative as a result.

Ms Swift, explained for the Committee that as the Portfolio developed true integration it required to understand the linkages between services such as school nursing, health visiting, social work, criminal justice, irrespective of whether they are based in an H&SCP or Police Scotland for example. A monthly meeting attended by representatives from these services ceased due to the pandemic and had not resumed. Once the new Portfolio Lead was in post, the remit of the oversight group required to be developed to ensure more expansive integration. Ms Swift offered assurance that in relation to vulnerable children there was integration of the appropriate services.

The Committee asked if staff felt able to voice concerns during the walkarounds, what were the subjects raised and how were they taken forward. Ms Swift responded that the most significant concerns were workforce related but there had been success in recruiting new graduate nurses which was assisting staffing levels. In AMH concerns were related to the use of the building until 2024.

Using the chat function in Teams, Ms Swift answered three further questions. The first was in relation to actions taken to encourage medical staff to attend the staff governance meeting. There is very good attendance from Medical Managers but not from other medical staff. A current action is to re-introduce senior trainees into management meetings along with increasing the time to spend on non-clinical activities to facilitate this. The second question was regarding progress of familiarising staff with the Whistleblowing Standards. Staff are very aware of these, with the Standards used in a very open way with regard to the shortage of elective theatre activity available in RACH theatres. From the concern being raised a temporary solution is in place but the teams need assurance of a longer term solution. The third question was in relation to learning and development. Learning and development is an issue for everyone just now as services continue to work in an unprecedented way. The data is shared with teams and trajectories are being developed to reach 80% on all training for all staff groups.

Mr Donaldson informed that he had been invited to RACH for a health and safety walkaround, during which he observed staff engaging and had been able to solve a long standing matter.

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	<p>The Committee asked if there had been any impact on the iMatter participation due to the BPA culture survey and how can both work in tandem. Ms Swift responded that both can work in tandem. As staff feel the same issues are raised every year through iMatter, it was important to encourage more engagement in the action planning process. A sustained change would encourage participation. With regard to the BPA culture survey, once the outcomes had been understood, the results had been broken down to parts that can make change.</p> <p>The Committee was assured by the information presented. The report covered relevant topics and it was practical, realistic and demonstrated understanding the challenges.</p> <p>Professor Hiscox highlighted the positive comments about this report contents, asking who quality assured Portfolio’s reports before distribution to the Committee, to ensure they were supported in the process. Mrs Annand informed that she offered to discuss draft reports with portfolios to ensure they were as meaningful as possible for the Committee. To date only Facilities and Estates had taken up the offer whom she had met along with Rachael Little, Employee Director. It was agreed that in future a draft report must be shared with Mrs Annand first before distribution to the Committee.</p>	
<p><b>73/22</b></p>	<p><b>Delivery plan assurance for <i>Objective 2</i>:</b></p> <p>Flash reports from the following oversight groups:</p> <ul style="list-style-type: none"> <li>• Culture and Staff Experience</li> <li>• Sustainable Workforce</li> <li>• Occupational Health Wellbeing and Safety</li> </ul> <p>In-depth Sustainable workforce covering the following:</p> <p><i>By the 31 March 2023 support colleagues to be safe &amp; well at work</i></p> <ul style="list-style-type: none"> <li>b. Extending international recruitment capacity in collaboration with other North of Scotland Boards, &amp; streamlining recruitment, including bulk recruitment &amp; talent posts</li> <li>c. Improving retention of staff through use of available terms &amp; conditions, improved coverage of e-Rostering, &amp; enhanced bank working to reduce use of supplementary staffing &amp; level of vacancies</li> <li>e. Improving prioritisation of statutory &amp; mandatory training, &amp; develop approaches to ensure protected time &amp; learning</li> <li>f. Delivering key organisational role as a provider of research &amp; education – deferred</li> </ul> <p>Mr Power referred to the agreement at the last meeting that for assurance purposes a flash report for each oversight group would be presented at every meeting, with an in-depth focus for each Oversight Group twice a year. For this meeting a paper was provided for Sustainable Workforce covering the above deliverables.</p> <p>The three flash reports provided an overview covering:</p>	

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	<ul style="list-style-type: none"><li>• The key areas of discussion from the latest meeting of each group in relation to the in year deliverables from NHS Grampian’s Annual Delivery Plan.</li><li>• Key decisions, areas where the group is assured and any escalations to the Whole System Decision Making group or Chief Executive Team.</li><li>• Summary of progress against Plan for the Future strategic aims by 2028 in respect of the relevant Areas of Focus from the Colleagues and Culture section.</li></ul> <p>The Occupational Health Wellbeing and Safety flash report was the same version as previously presented as the Occupational Health, Wellbeing and Safety Committee had only met just before this Staff Governance Committee meeting.</p> <p>The Committee raised whether the presentation style gave the necessary depth of detail necessary for decision making. The style was easy to understand but an audit trail was required for decisions made. Mr Power responded that the purpose of the in-depth focus for each Oversight Group twice a year, along with inclusion of topical matters on the agenda at other times (for example: HSE visit update and preparedness for industrial action at this meeting) was to provide the necessary detail. The Committee was content with the proposed way forward however it was acknowledged that the Committee had no experience of providing an audit trail for a decision made. Professor Hiscox thanked the Committee for their feedback, stating there was the opportunity to shape paper styles and data sets. It was also necessary to present the right evidence to the right committee. The Committee acknowledged that the report style was being developed, with the current style a good start, with the need to evaluate the provision of both flash reports and periodic in-depth focuses in due course.</p> <p>Ms Dalgarno presented on extending international recruitment capacity in collaboration with other North of Scotland Boards, providing the following summary:</p> <ul style="list-style-type: none"><li>• Following Scottish Government allocation of recurrent funding, the North of Scotland International recruitment service was established as a cost effective way to achieve the related targets and to expand international recruitment at pace. The service included all North of Scotland boards except NHS Tayside who elected not to be part of the collaborative at this stage.</li><li>• Nursing was the first cohort as the NMC final exam can only be passed when in the UK. All other cohorts can achieve registration when overseas, which makes taking up employment on arrival more straightforward.</li><li>• On target to achieve the recruitment of 93 nurses.</li><li>• Local department led AHP recruitment ongoing.</li><li>• Education programme in place to deliver in NHS Grampian for all North of Scotland boards.</li></ul>	<p><b>JD/TP/DA</b></p>
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	<p>The Committee asked for assurance that standards were not being lowered to achieve targets. Ms Dalgarno reassured that she had been involved in international recruitment for four years and processes had evolved to be robust, with experienced staff involved. An individual would only be recruited if of the right calibre and were aligned to NHS Grampian's values. Mr Shipman added that international nurse recruits are required to pass an OSCE exam to obtain NMC registration, therefore if a lower calibre candidate was appointed they would not pass the exam. Passing the exam is a second level of reassurance from an external regulator and to date there had been a good pass rate.</p> <p>Mr Power explained that the current regional model was the preferred approach to that advocated by the Centre for Workforce Supply in NHS Education for Scotland of using an external provider, as it supported retention by ensuring individuals were settled into the area, using the experience of Ms Dalgarno and Elizabeth Wilson.</p> <p>Ms Dalgarno outlined that there was an in house education programme to prepare the nurse for the OCSE exam. The person centred approach had worked well over the last four years, with other Boards keen to work with NHS Grampian. The Committee requested for the next in-depth focus on Sustainable Workforce that retention information be provided.</p> <p>Ms Hicks presented on streamlining recruitment, including bulk recruitment &amp; talent posts, providing the following summary:</p> <ul style="list-style-type: none"><li>• Jobtrain, the National Recruitment System, implemented functionality which allowed for the use of Bulk Recruitment for vacancies where there were different locations or specialties and also the use of Talent Pools. This had been trialled for Band 2 Health Care Support Workers at Aberdeen Royal Infirmary, Rosewell House and Woodend Hospital. This will be revised to Band 3 as appropriate in line with the regrading of Healthcare Support Workers.</li><li>• One generic advert is used, rather than having a separate advert for each vacancy. An applicant applies once, with "real time" weekly interviews by administrators, saving clinical time.</li><li>• Talent Pools give the ability to hold candidates who are deemed appointable, for them to be matched to the next available vacancy that matches their specific criteria/preference when it arises.</li><li>• An evaluation will be undertaken from both a managers and a candidates perspective to obtain lesson learnt.</li><li>• It is already been trialled, at present, for Domestic Staff vacancies.</li></ul> <p>Mr Shipman presented on improving retention of staff through use of available terms and conditions, providing the following summary:</p> <ul style="list-style-type: none"><li>• To improve recruitment and retention looking at how we might use terms and conditions differently.</li><li>• Acknowledging subject to national provisions, the People and Culture Directorate is exploring how much we can push these locally to help resolve some of the workforce challenges.</li></ul>	<p><b>SD/PS</b></p>
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- Four step “Art of the Possible” process:
  - Step 1: a workshop with representatives from across NHS Grampian to brainstorm how it might be possible to improve/change/add to current terms and conditions was held on 7 November 2022.
  - Step 2: Review each suggestion from the workshop to identify how feasible it is from a terms and conditions perspective.
  - Step 3: Undertake a cost/benefit analysis for each of the feasible terms and conditions to identify their affordability.
  - Step 4: Progress feasible and affordable terms and conditions through GAPF Terms and Conditions Sub-group
- There may be changes to terms and conditions that might be desirable and worth further exploration, but not be feasible within current terms and conditions however would seek to either influence nationally.
- Recognition that financial challenges will have an impact.

Mr Power added that the work was inclusive of the health and social care partnerships, taking into account the challenge of geography.

Mr Shipman had raised the work at the monthly informal meeting held between staff side, himself and the HR Managers. Concern had been raised that the work could result in a reduction in terms and conditions however all of the circa 100 suggestions from the workshop were to enhance terms and conditions. Mr Grant raised that it was necessary to ensure there were no unintended consequences. Mr Shipman responded that this would be part of the role of the GAPF Terms and Conditions Sub-group in the process.

The Committee felt assured that terms and conditions were being looked at differently, necessary if working to be transformational.

Mrs Mudie presented on improved coverage of e-Rostering, providing the following summary:

- Cross Board implementation from late November 2022 was within the terms of the national eRostering contract, though NHS Grampian has been using the suite of products since 2018.
- As of 28 November 2022, 97 locations were live on HealthRoster, with the number increasing monthly. There was a focus on nursing and midwifery with the next priority areas agreed, mostly in Medicine and Unscheduled care.
- The Effective Workforce Utilisation Programme Board was overseeing roll out to the multi-disciplinary team and the delivery of a Medical Staffing Early Adopter location in spring 2023.
- 25% response rate from the 2,000 self-service users asked for feedback in summer 2022. Feedback was positive with the system deemed easy to use and accessible.

Mr Power highlighted from the Sustainable Workforce flash report a risk that e-Rostering roll out was currently dependent on significant manual data entry in the absence of a promised national interface between the





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	<ul style="list-style-type: none"><li>• As of 16 November 2022, 8 unions were balloting, or have recently balloted members for industrial action, covering 5,482 employees, approximately one third of NHS Grampian workforce.</li><li>• Preparation includes responding to industrial action taking place in key stakeholders such as Scottish Ambulance Service which directly impacts upon our services or industrial action in schools which indirectly impacts upon the availability of our workforce.</li><li>• A best and final offer pay award had been made by the Scottish Government for 2022/23, with 2023/24 negotiations yet to commence.</li><li>• Trade Unions had paused any industrial action to consult members on whether they want to accept or reject the final and best offer, with closing dates ranging from 12 to 19 December 2022.</li><li>• Outcomes will determine if there will potentially be industrial action with Trade Unions legally required to give 14 calendar days notice.</li><li>• There was a SLWG, a partnership group, co-chaired by the Head of People and Change and the Employee Director, with 37 representatives from across the System.</li><li>• FAQs developed for those taking industrial action, those not and for managers.</li><li>• Table Top Exercise with a number of lessons learnt of:<ul style="list-style-type: none"><li>• Attendees overwhelmingly thought a Command and Control structure was the most appropriate way to respond to Industrial Action.</li><li>• Developing detailed contingency plans in advance of knowing the duration or targeting of any action was not possible therefore an ability to be agile in responding when notified of Industrial Action was required.</li><li>• Caution needs to be applied when considering which services may need to be paused/scaled back during industrial action to ensure we do not overcompensate and pause too much.</li></ul></li><li>• Proposals and recommendations were approved by the Chief Executive Team, in that in response to a notification of industrial action and instigation of Strike Committees, the Chief Executive will stand up a command structure with the following in place at the end of the notification period:<ul style="list-style-type: none"><li>• Gold Command (Tom Power and Caroline Hiscox with support from other Executive Directors),</li><li>• Board Control Centre</li><li>• Tactical Leads Group (Silver Command) for:<ul style="list-style-type: none"><li>▪ Trade Union Negotiation Cell</li><li>▪ Comms Cell</li><li>▪ Workforce Information Cell</li><li>▪ Industrial Action Intelligence Cell</li><li>▪ Clinical Risk Management Cell</li><li>▪ Colleague Welfare Cell</li><li>▪ Sectors/Services</li></ul></li><li>• Sector Control Rooms (subject to alignment with Winter Preparedness plans)</li></ul></li></ul>	
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	<ul style="list-style-type: none"><li>• Comms for Staff, Patients and the Public</li><li>• A clear understanding of the anticipated impacts on staffing levels of the proposed industrial action on life and limb and other services</li><li>• Service specific contingency plans to mitigate the anticipated impacts of the reduced staffing levels.</li></ul> <p>Mr Shipman outlined that this was being progressed by the SLWG, with Gold Command meeting once to date, with work ongoing to agree objectives of the group. It was important to emphasis the message to demonstrate core values and continue to treat colleagues who may have different views with kindness, consideration and compassion.</p> <p>Mr Lindsay acknowledged the work by Mr Shipman and others, stating that the table top exercise had been incredibly informative. It was noted that the current dispute was in relation to Agenda for Change staff however there will be pay negotiations in 2023 for junior doctors.</p> <p>The Committee thanked Mr Shipman for the comprehensive update, commending the breadth and depth of the work undertaken. The Committee noted that it was assured.</p>	
<b>75/22</b>	<b>HSE Update</b> <p>Mr Cowe referred to the distributed report asking the Committee to note the ongoing work to address the enforcement notices issued by the HSE for the management of the risks to staff from violence and aggression at ARI and the further work required to enable the enforcement notices to be closed off.</p> <p>At the HSE visit on 11 October 2022 the enforcement notices were extended to 20 January 2023. A deadline of 1 December 2022 had been set by the HSE for receipt of information so that they can then decide whether the notices can be closed off, or a further extension is required, with a meeting taking place on 9 December 2022.</p> <p>Mr Cowe informed that in recent discussions with the HSE they have shown a particular interest in the role of senior managers/the Chief Executive Team/Portfolio Executive Leads in the strategic plan for addressing the requirements of the notices, and the maintenance of these arrangements in the future once the notices have been closed off.</p> <p>Mr Cowe acknowledged the work done by the Health and Safety Team with regard. Overall there had been work to revise the syllabuses for Prevention and Management of Violence and Aggression (PMVA) training, recruiting and training additional PMVA trainers to deliver training, releasing nursing and medical staff to attend PMVA training, updating area PMVA risk assessments, developing new guidance for the use of alarms, and introducing a tally system for recording low-level verbal abuse events.</p> <p>There have also been efforts across the organisation to improve compliance with mandatory PMVA e-learning but challenges remained in releasing staff for the face-to-face PMVA training for nursing, medical and domestic staff.</p>	

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	<p>There are a number of remaining actions which require attention in order to manage the risks to staff from violence and aggression, provide assurances to the HSE so that they can close the notices, and maintain oversight of PMVA KPIs going forward. The following work is underway to mitigate the risks that these will not be achieved by 1 of December 2022:</p> <ul style="list-style-type: none"> <li>• Senior Managers (Portfolio Executive Lead, Divisional Clinical Directors, Chief Nurses) for the areas covered by the notices have been asked to agree a plan for their teams for the release of the remaining nursing and medical staff requiring PMVA training – some returns awaited.</li> <li>• Organograms showing the hierarchy of accountability for both medical and nursing staff in the areas covered by the notices are being updated – complete.</li> <li>• The Chair of the Acute H&amp;S Committee, Director of People and Culture and Acting Head of Health and Safety are currently reviewing membership of the Acute H&amp;S Committee, Health and Safety Expert Group and Occupational, Health, Safety and Wellbeing Committee to ensure that there is appropriate representation from nursing and medical staff groups at these meetings who have the authority to effect change where required. These meetings will be key to monitoring the KPIs for PMVA going forward.</li> <li>• The Health and Safety Team have asked Nurse Managers and Senior Charge Nurses to confirm whether emergency plans for responding to violence and aggression incidents have been updated. Guidance on what should be included has been provided to help with the updating of these plans. The Health and Safety Team are confirming if arrangements are in place and supporting areas if there are gaps.</li> </ul> <p>The Committee raised the role of senior managers. Mr Power responded that this had been discussed at the Chief Executive Team and Portfolio Leads were clear of the responsibilities of their direct reports. He agreed that a sustainable focus with good engagement was required.</p> <p>The Committee noted the significant amount of work done however it appeared that it may have been preventable and the learning should be applied to other aspects of health and safety training.</p> <p>Professor Hiscox stated that the responsibility did not sit solely with senior management as it was a responsibility of all to value creating the time to undertake training. All required to consider colleague safety as equal to patient safety. She agreed that a sustained focus was required. The Committee acknowledged this however as the HSE had highlighted the role of senior managers, it was important this was included in the Committee discussion.</p>	
	<p><b>Statutory Information, Reports and Returns</b></p>	
<p><b>76/22</b></p>	<p><b>Whistleblowing 2022/23 Quarter 2 report</b></p>	

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	<p>Mrs Ballantyne presented the 2022/23 Quarter 2 report. Within Quarter 1 no whistleblowing concerns had been raised, whilst in Quarter 2 one concern had been raised. The average in 2021/22 was three concerns a month therefore there had been less concerns on average this year to date however five concerns had been raised in Quarter 3 so far.</p> <p>The Quarter 2 concern had been concluded within 40 working days, which exceeded the 20 working day target. The Independent National Whistleblowing Officer (INWO) would be satisfied with exceeding the target if the process was working as efficiently as possible.</p> <p>The 4 concerns (covering two departments) from 2021/22 that had remained under investigation into 2022/23, were now closing in Quarter 3 after investigations of between 9 and 12 months. This would be fully reported in the Quarter 3 report.</p> <p>Mrs Ballantyne stated that implementing the Whistleblowing Standards in full is a journey with the continued need to raise awareness and promote the Standards. There was the possibility of support from a part time Whistleblowing Co-ordinator role, who would link in with all parts of the health and care system.</p> <p>Mrs Ballantyne confirmed for Mr Shipman, that the increase in cases in Quarter 3 may be due in part to the Speak Up week but also because of the staff awareness sessions undertaken by Mr Donald, Whistleblowing Champion. Mr Donald stated that an increase in cases should be welcomed.</p> <p>The Committee raised the extended period of time to conclude 4 cases and whether the delays would be accepted if caused by the issues being investigated and not by any undue delay by those handling the concerns. Mrs Ballantyne explained that in both cases there required external reviews which added to the timeline along with the numerous number of concerns. Examples were 28 and 16 issues within concerns, all requiring independent and conflict free review. The Committee acknowledged the complexity and suggested the aim to shorten the length of time to review a concern could form part of the learning from the process.</p> <p>The Committee suggested that communicating the improvements made by those who had whistleblown could form part of the promotion of the Standards.</p> <p>The Committee was assured on behalf of the Board with no matters to escalate to the Board.</p>	
<p><b>77/22</b></p>	<p><b>Committee Matrix – follow up from discussion at last meeting</b></p> <p>Mr Power stated it was work in progress across all the Board Committees. Mr Power to discuss with Mrs Sarah Duncan, Board Secretary.</p>	<p><b>TP</b></p>
	<p><b>For Information</b></p>	

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78/22	<p><b>Scottish Government Staff Governance Standard Monitoring Framework 2021-22 submission</b></p> <p>Mr Power confirmed that the NHS Grampian return had been submitted within deadline. Feedback was expected in the new year.</p>	
79/22	<p><b>a. BMA Joint Negotiating Committee Minutes – 31 August 2022</b></p> <p><b>b. Culture and Staff Experience Oversight Group minutes – 5 September 2022</b></p> <p><b>c. Occupational Health, Wellbeing and Safety Committee – 25 August 2022</b></p> <p>Noted by the Committee.</p>	
80/22	<p><b>2023 meeting dates – all via Teams</b></p> <p>Noted by the Committee – subsequent to the meeting, all meeting lengths were extended by half an hour – new meeting start and finish times outlined below.</p> <p>24 February 2023 –10am to 12.30pm          18 April 2023 –2pm to 4.30pm          22 June 2023 - 10am to 12.30pm          22 August 2023- 2pm to 4.30pm          24 October 2023 - 2pm to 4.30pm          19 December 2023 - 2pm to 4.30pm</p>	
81/22	<p><b>AOCB – none raised</b></p>	
	<p>The Chair confirmed that the Committee was assured by the information and progression presented at the meeting, with no matter requiring escalation to the Board.</p>	
82/22	<p><b>Date of next Meeting</b></p> <p>Friday 24 February 2023 10.00am to 12.30pm via Teams</p>	