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Board Meeting
01 08 19
Open Session
Item 16.3

NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Wednesday 27 February 2019 at 11.30am
in the Seminar Room, Summerfield House

Present:

Mr Jonathan Passmore, Non-Executive Board Member (Chair)
Ms Rachel Little, Employee Director
Ms Luan Grugeon, Non-Executive Board Member

In Attendance:

Mrs Susan Coull, Interim Operational HR Director
Professor Amanda Croft, Interim Chief Executive (for items up to 6/19 and 7/19 c, d and e)
Mr Steven Lindsay, Full Time Partnership Representative
Dr Richard Coleman, Associate Medical Director, Education, Training and Workforce
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
Ms Gerry Lawrie, Head of Workforce Planning and Development (for items up to 6/19 and 7/19 c, d and e)
Mr Colin McNulty, Senior Nurse Manager (Deputy for Ms Hiscox)
Professor Nick Fluck, Medical Director (for items 4/19 and 5/19)

Minute Taker: Mrs Diane Annand, Interim HR Manager Staff Governance

Observer: Ms Florina Cus, Assistant HR Officer

Item	Subject	Action
1/19	<p>Apologies</p> <p>Apologies were received from Mrs Rhona Atkinson, Non-Executive Board Member; Mr Sandy Riddell, Non-Executive Board Member; Dr Lynda Lynch, Chair; Dr Annie Ingram, Director of Workforce; Ms Carolyn Venters, Health and Safety Partnership Representative; Dr Mohamed S. Abdel-Fattah, Aberdeen University representative; Mrs Anne Inglis, Head of Organisational Development; Mrs Caroline Hiscox, Interim Director of Nursing, Midwifery and Allied Health Professionals; and Mrs Elizabeth Hancock, Robert Gordon University representative.</p> <p>Ms Grugeon was thanked for stepping in at short notice as a co-opted member of the Committee, to achieve the necessary quorate, allowing the meeting to proceed.</p>	
2/19	<p>Minute of meeting held on 6 November 2018</p> <p>The Minute was approved as an accurate record.</p>	
3/19	<p>Matters Arising</p> <p>a. Action Log</p> <p>Mrs Annand highlighted the updates provided on the progress of incorporating the Clinical Professional Assurance Framework into Corporate Induction and the Kessock Clinic.</p>	

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	<p>i. Kessock Clinic</p> <p>The Action log recorded that the interim move of the services, previously provided from the Kessock Clinic on the industrial Estate, had now taken place with work starting to progress on permanent relocation, which will be reported through the NHS Grampian Asset Management Group. The Committee welcomed the progress. The Aberdeen Alcohol and Drug Partnership was monitoring the impact on service provision and staff in regard to working time and travel.</p>	
<p>4/19 5/19</p>	<p>Management of Risk</p> <p>Risk and Performance Governance arrangements</p> <p>Professor Nick Fluck, Medical Director on behalf of the Senior Leadership Team (SLT) delivered a presentation to the Committee on Supporting Systems Leadership to Thrive in a Complex World. The aim of which was to enhance system leadership and shared responsibility; give assurance based on a triangulation of performance, assurance, improvement and risk information; align the SLT to Board assurance model; establish intelligent Board principles; and embed risk evaluation into our systems and processes.</p> <p>The Committee received an update on; PAIR - Performance, Assurance, Improvement and Risk which is a mechanism to gather and link data and to develop assurance systems. The seven High Level Corporate Risks (Quality and Safety of Clinical Care; Workforce; Compliance; Infrastructure; Involvement and Engagement; Collaborative Working and Innovation and Transformation) and the planned corresponding SLT Sub-groups were outlined (each with an Executive lead). The first four risks described the core business of NHS Grampian with the latter three being strategic SLT Sub Groups. In the present climate Brexit was temporarily an eighth risk. Professor Fluck outlined the development of organisation risk trees to embed active review of risks, with every risk in the organisation aligned to a high level risk. Within Clinical risk management a weekly meeting reviewed all new or changed risks, with the ability to have a dialogue with every sector's clinical risk meeting.</p> <p>Examples were used to illustrate the SLT Sub Groups membership and outputs and how PAIR data would be used for assurance and learning, using the example of the Workforce SLT Sub-Group and the assurance link to Staff Governance Committee. Each Sub Group would meet six weekly chaired by the SLT risk owner. Outputs would be risk review and adjustment; SLT update report; assurance report; supporting PAIR report; and improvement plan alignment.</p> <p>Professor Fluck outlined a number of next steps. These were reviewing the Risk Policy; and undertaking engagement and training in how to define a risk and report it as a common risk reported was insufficient staffing however the actual risk was not described. Further next steps were clinical risk management from organisation to service level; development of risk register visualisation and reporting with publication the long term ambition.</p>	

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Professor Fluck described the ongoing work to develop PAIR datasets, comprising both Scottish Government and local datasets. Once developed the data could be split and reviewed a number of different ways for example by the Scottish Government dataset or by the Workforce Dataset. It was emphasised that PAIR was not a replacement for current performance management processes. The next steps for the PAIR datasets were outlined as pulling the already collated data together; create a visual and accessible model; engage and communicate; build, refine and develop to move to regular business within Teams; application within NHS Grampian systems; and potentially publish datasets.

A worked example from the Workforce SLT Sub Group was outlined to illustrate the link to the Staff Governance Committee, using PAIR data on sickness absence. At the Sub Group there would be a discussion on what the analysis of the PAIR. This would be followed by a report to SLT which may include consideration of a whole system improvement plan which SLT would commission and an assurance report containing a whole system evaluation of risk to the Staff Governance Committee.

Professor Fluck concluded the presentation by describing the next steps for PAIR data application of development with SLT Sub Groups; engage and communicate; critical link with assurance sub committees of the Board to undertake joint development work; organisational assurance system; establish SLT learning groups; and application to system learning by Sector and theme.

The Committee raised whether Health and Safety would be in the Compliance SLT Sub Group. Professor Fluck responded that as Health and Safety can cover a number of aspects the most appropriate Sub Group would require to be established with cross fertilisation as necessary with other Sub Groups.

The Committee raised the opportunity of the data lock work being undertaken by NES and the current capacity for the production of data. Professor Fluck reassured that the new system would only use currently produced data which would be bought together for a decision to be then made on the continuation, stopping or starting of data collation. The Committee discussed the additional resource of business support to analyse the data.

The Committee discussed the recognition that NHS Grampian's use of data to manage risks on a live basis to establish improvements and system wide change was at a more advanced stage than other Boards.

Professor Fluck outlined the importance of engagement and learning how to describe a risk, by providing feedback and active dialogue with sectors to establish what the actual risk is, for example for workforce risks to establish what part of the service will be affected. The amount of training required was raised as a concern but key for a cultural shift and the need for assurance that the correct conversations with staff were taking place. Professor Fluck emphasised that the new arrangements were a learning and assurance system not a performance assessment framework.

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	The Committee commended the progress made and the potential through the processes to further embed the Staff Governance Standard.	
	Provided with a Continuously Improving and Safe Working Environment	
6/19	<p>a. Occupational Health and Safety Service</p> <p>Mrs Rodriguez highlighted the following from the Report with regard to Occupational Health:</p> <ul style="list-style-type: none"> • Referral numbers in 2018/19 were down 11.28% for the same period last year. • Absence rates had decreased. The management of short term and long term absence was to become a priority for the Occupational Health Service as the Team focus shifted. • In December 2018 the criteria for those requiring pre-placement health screening was changed. For each category of staff the requirement for pre-placement health screening has been assessed by risk. For low risk categories of staff there will no longer be a requirement for OHS screening prior to taking up a new post. There will be no changes to the pre-placement health questionnaire requirements for external clinical staff; external non-administrative Facilities and Estates staff (porters, domestics, catering, laundry, linen services and other similar roles) and staff on redeployment due to ill health. This change has significantly reduced the time period to process pre-placement health screening thus potentially contributing to reducing the time period to commence a new start. The highest waiting time had been up to eleven weeks whilst at the date of the Committee the oldest health screening questionnaire was 11 February 2019. The change was a good example of joint working within the Workforce Directorate. • There had been a 17.97% increase (equating to eight individuals) in the number of exposures to Blood Borne viruses this year as compared to the same period last year. The increase in numbers may be related to improved reporting in Datix. An audit and assessment group had met twice and will re-audit the traditional sharps versus the new sharps, reviewing the availability of sharps in the catalogue and the risks assessments. Mrs Rodriguez to send a report to Mrs Annand for distribution published by Health Protection Scotland and National Services Scotland entitled “Summary report on Significant Occupational Exposures and Sharps-Related Injuries, and Sharps Devices.” • The first quarter of 2018/19 had seen an increase of 5.24% in the volume of health surveillance in comparison to the same period last year. • There had been an overall fall in the amount of skin health surveillance this year compared to last year of 26.26%, which relates to the roll out of the skin health surveillance programme and areas completing the initial screening of all wet workers. 	CR/DiA

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- There had been a sharp increase in the number of immunisations in the first three quarters of 2018/19 compared to the previous year of more than double mainly due to the availability of the Hepatitis B and the BCG vaccinations after a ten month shortage. The numbers would soon level off to business as usual.
- The uptake to date of the 2018/19 Influenza campaign was 3,654 doses administered. This figure did not include NHS Grampian staff who received the vaccine from the GP or local pharmacy, but the figures so far exceeded last year's total. The programme would continue to be reviewed as clinic locations were changed this year and work with Public Health on the revitalisation of wording. There had been confusion this year on the reasons for the unavailability of the vaccine.
- Did not attend (DNA) rates for all appointments are up from an average of 19.16% of appointments missed last year to 22.22% for the same period this year. The DNA criteria had been amended resulting in more aggressive recording. Skin health appointments continue to have the highest number of DNA rates. Staff and managers are encouraged to ensure that all appointments are attended or cancelled with two business days' notice (otherwise would be classed as a DNA) so that the appointments can be reallocated. This would significantly assist with wait times and access to specialist services. The Committee reviewed the actions currently being taken to reduce DNA rates and the future development of systems to allow self-booking, which the Committee thought would help. A global communication highlighting the need to reduce the DNA rates will be sent out

Mrs Rodriguez highlighted the following from the Report with regard to Health and Safety:

- Final report of the PWC audit relating to Health and Safety Governance and Reporting was awaited but would be reported to the Committee at the next meeting.
- Visits to all community hospitals within the Aberdeenshire area are progressing with a summary report to be prepared. This was a good example of joint working between Corporate H&S and Aberdeenshire HSCP management.
- Facilities and Estates joint working to improve adverse event reporting including quality and monitoring trends.
- Work was underway to review the existing 2015 policy on Learning from Adverse incidents, in collaboration with the Quality Governance and Risk Management Unit.
- Ensuring the staff handling the orange waste bags were appropriately vaccinated.
- In addition to the Health and Safety Development Day on 10 October 2018, "Move it Like Grampian" manual handling one day conference took place on 23 October 2018. More days were planned for the future, with violence and aggression being

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	<p>suggested as a topic.</p> <ul style="list-style-type: none"> • All courses are to be reviewed with Toolbox talks developed on relevant topics. The H&S Team along with medical and nursing colleagues were developing ligature reduction training for staff at Mental Health and Learning Disabilities. • There would be unlimited editors for COSHH Management System Sypol currently being rolled out across Grampian. • The Work Positive Toolkit was currently being piloted in Mental Health and Learning Disabilities. • The extensive policy development and review work being undertaken. • There were employees within the Acute Sector who had adjusted duties due to non-compliance with manual handling training. The decision had been made as the organisation was at risk, as compliance had a downward trend between November 2018 and January 2019. • The NHS Grampian Fire Team had transferred to the management of Paul Allen, Director Facilities and Estates from 1 February 2019. • The Prevention and Management of Aggression Team over the next twelve months will be trying to raise awareness of available training to equip staff on how to manage a situation when it arises. Professor Croft outlined that the Senior Leadership Team had commissioned work on this topic, to be led by Mrs Coull and Ms Little. • As part of the work of the Gap Analysis Stakeholders Group and the Health & Safety Expert Group, a jointly developed Workplace Inspection Forum was being created, an example of core joint working. <p>Mrs Rodriguez assured the Committee that the goal of the Health and Safety Team was to shift the balance of work to be more proactive, to avoid any regression. It was acknowledged that the PAIR work would assist with this.</p>	
	<p>Appropriately Trained and Developed</p>	
<p>7/19</p>	<p>Workforce Development and Redesign</p> <p>a. NHS Grampian Nursing and Midwifery Workforce Governance Council</p> <p>Mr McNulty highlighted the four strategic/operational work streams (safe and effective workforce; sourcing and recruitment; education; and transformation) which report directly into the Nursing and Midwifery Workforce Governance Council all with work logs and action plans.</p> <p>The Committee raised the national regrading of Health Visitors to Band 7, given the implications for other staff groups. Mr McNulty responded that a workplan was in place as he was involved in the Bank worker aspect. Mrs Coull reported that once the Board had been notified of the national regrading a short life working group had been set up, reporting to the</p>	

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GAPF T&C's Sub-group and for the next meeting could provide assurance to the Committee of the completed implementation, governance of the process and implications for other staff groups as this may be clearer. Mrs Annand outlined that from the discussions she had been party to there appeared to be the need for closer working between the national T&C's work and the professional route through the Directors of Nursing to avoid any confusion over implementation. The Committee agreed that it was more appropriate for the matter to be reported through GAPF.

b. Widening access to nursing through role-based play

Mr McNulty delivered a presentation to the Committee on the key aspects of this initiative, which is a workstream of the Sourcing and Recruitment Group and part of the Nursing and Midwifery Workforce Governance Council. The work originated from a NES 2018 report Pre-registration nursing recruitment and retention – underrepresentation of men. The report had noted that the number of males entering the nursing profession had remained static whilst the number of females entering the medical profession had increased. Mr McNulty explained that the initiative had been his idea influenced from a family discussion.

Fourteen schools across NHS Grampian and NHS Lothian participated in a pilot, the aim of which was to change the perception of what a nurse is and healthcare generally, by working with schools. There was an audit of perceptions across participating age group (primary 1-3) which illustrated that the children had a gap of understanding of the role of a nurse.

Thereafter there was the provision of new role play resources (six age 4 uniforms, approved by the Scottish Government and produced bespoke; interactive poster with four videos to scan covering a head injury, high temperature, limb injury and abdominal pain; toys; equipment); removal of old role play equipment; with a re-audit later in 2019. The vision thereafter was an ambassador scheme engaging with schools with an agreed message and a structure to support.

The Committee learnt that benefits could potentially arise from highlighting nursing and healthcare generally as a career and to lessen the anxiety of the child if they required healthcare. The Committee commended the initiative which was acknowledged as one that could be built on as a child progresses through education, continually highlighting healthcare as a career choice. To this end age 9-10 size uniforms had been agreed.

c. Workforce Plan Action Plan

Ms Lawrie presented the mid-year update of the NHS Grampian Workforce Plan Action Plan 2018/19, explaining that since the 2018/19 Plan had been written, the Workforce Strategic Intent had been written and considered by the Board. She highlighted a number of actions that have progressed including the use of advanced practitioner and transformational roles.

The Committee discussed the need if possible to increase the number of Physician's Associates in order to make their impact more significant. Ms Lawrie explained that the only Scottish Course is currently provided by the University of Aberdeen and NHS Grampian had been working closely with

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them and the students in order to employ as many Physician Associates as possible. In the last few years a bursary has been provided to the Physician Associates students as a commitment to the course with an agreement that once graduated they will commit to work in Grampian for at least 2 years. The Committee outlined that the Workforce Plan could detail for a particular category of staff the current number, the gap and the pathway to achieve the desired number.

The Committee summarised that the mid-year update was a useful document as it gave the detail of the actions however it did not give assurance that the workforce challenges had been addressed, bringing NHS Grampian closer to a sustainable workforce or identify gaps outwith the plan.

d. Staff Governance Report

Ms Lawrie highlighted the following from the Report:

- Year to date pay costs were over budget with a continued significant spend overall on supplementary staffing. Bank spend had decreased from the same period last year but there had been an increase in overtime, additional hours and agency spend (planned use in Nursing and Midwifery). It was clarified that the reported spend did include the additional money provided by the Scottish Government, used for the majority of Agency spend and that any variance in reported spend may be caused by different reporting periods.
- The number of Consultant and Nursing and Midwifery vacancies had decreased in the last quarter whilst AHP vacancies had increased.
- Monthly sickness absence had decreased from 6.36% in January 2019 to 4.21% in December 2018, contributed to by a decrease in short term absences. NHS Grampian continued to perform well in comparison to other Boards in the management of long term absence.
- NHS Grampian was the first Board to implement Turas Learn the replacement system for AD Learning, working with the NES Digital Team. The reporting capabilities were currently being developed using agile methodology with Health and Safety Executive reporting on statutory and mandatory training a project priority.

Mrs Coull highlighted the following from the Report:

- Whilst there were increases in vacancies the number of applications had decreased by 7% for the period April to November 2018 compared to the same period in 2017/18. 2017/18 had previously shown a decrease from 2016/17. The decrease was being experienced in the posts which had previously reported an increase due to the downturn of the oil industry.
- GAPF had now approved the application to extend the Recruitment and Retention Premia (RRP) paid to the Maintenance and Technical Services department now submitted for national consideration at the Scottish Terms and Conditions Committee. NHS Grampian was

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	<p>hopeful that the extension would be granted.</p> <p>Mrs Coull proposed that at a future Committee meeting an update is provided on regional working covering NHS Grampian as the lead employer in the North for Doctors and Dentist in Training and the creation of a new national NHS Scotland recruitment service being delivered on a regional basis. This included the introduction of the new national IT system, Jobtrain. Mrs Coull advised that NHS Grampian was now in Phase one for implementation after swapping with NHS Tayside.</p> <p>e. Staff Governance Report contents review</p> <p>Mrs Coull highlighted from the paper the request of the Committee to endorse the current Constitution for continued use and review over the next twelve months.</p> <p>Mr Passmore asked Committee members to consider the future Constitution in relation to the Performance, Assurance, Improvement and Risk work as presented by Professor Fluck and provide feedback to either himself, Mrs Coull, Mrs Annand or Ms Little.</p> <p>Mr Passmore referred to the Staff Governance Standard leaflet which summarised the expectations of the Standard on Employers and Employees, both of which should be covered in the agenda which slightly differed from the NHS Scotland Improvement Focussed Governance articulation of what the Committee should do. Mr Passmore stated that the high volume of information the Committee was currently supplied with illustrated the work being undertaken at an operational level but did not provide in all cases the necessary assurance.</p> <p>The Committee endorsed the current Constitution and agreed to review over the next six months or sooner and refocus the Committee using all elements of the Staff Governance Standard, and risk information which will become available through PAIR, to ensure the systems, processes and policies are in place in order to deliver the assurance of the achievement of the Standard. The Committee discussed an example of ensuring staff are involved in decisions that affect them.</p> <p>Mr Passmore, Mrs Coull, Ms Little and Mrs Annand would form a small group to present ideas regarding the Constitution at the next meeting. Ms Lawrie asked that consideration be given to the reports the Committee will receive.</p> <p>f. Medical and Dental Education Governance Group Report</p> <p>Dr Coleman highlighted that the Deanery visits continue with the subsequent reports acted on and of the work of the Medical and Dental Education Governance Group. The report detailed the changes in personnel within the Medical Education Team, including the retirement of Dr Ronald MacVicar, Postgraduate Dean – North Region.</p> <p>Dr Coleman after reflecting on the discussions at the Committee asked for guidance on the contents of future reports. The Committee responded that in the future it may be an annual report providing the necessary</p>	<p>SC</p> <p>All</p> <p>JP/SC RL/DiA</p>
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	<p>assurances however there would be no change for the next meeting. Dr Coleman commented that in the future the route for more regular reporting may be through the Workforce SLT Sub Group.</p>	
	<p>Treated Fairly and Consistently</p>	
8/19	<p>Partnership and Staff Governance</p> <p>a. National Staff Governance Standard monitoring Framework 2018/19</p> <p>Mrs Annand reported that following updates provided at previous Committees on the development of national Staff Governance Monitoring, she now presented the Committee with the national arrangements for 2018-19. The covering letter from the Scottish Government summarised the key messages on the future of Staff Governance monitoring and the work to be done by the national short life working group, of which Mrs Annand was a member. The Committee noted that national monitoring was in two parts. A Scottish Government local monitoring template will be distributed to Sectors to complete accompanied by a request to report on the full year progress of the commitments they made in the 2018/19 Staff Governance action plan. The local monitoring template will be used to assist the completion of the Return to the Scottish Government due by 31 May 2019, which had been personalised for the first time with NHS Grampian data in regard to key performance indicators for iMatter and Promoting Attendance. The Return would be completed as in previous years with a response provided by a topic expert supplemented with Sector examples.</p>	
	<p>Well Informed and Involved in Decisions</p>	
9/19	<p>Staff Experience</p> <p>a. BREXIT</p> <p>Mrs Annand reported that the nationally determined EU Nationality survey conducted last year had at the closing date 262 useable responses with a further eleven paper surveys subsequently submitted. Although it was unknown how many EU nationals were employed by NHS Grampian, it was clear from the number of respondents, that the survey had not captured all EU nationals. The responses were analysed by the Workforce Team and the communication of this discussed at both the HR Brexit Group and the NHS Grampian Brexit Group. It has been agreed that a communication would be sent to the General Manager/Director/Chief Officer who has respondents providing the following information:</p> <ul style="list-style-type: none"> • Overall number of respondents from the General Manager/Director/Chief Officer area and represented as a percentage to their total headcount. • A breakdown of the respondents by Directorate, Department, Sub-department, providing the Job Family and Sub-Job Family. 	

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	<p>Mrs Annand gave an example from Aberdeen City HSCP to illustrate that the information will inform of the location and job family of respondents but it had been agreed that individual names would not be provided, as the information outlined above was deemed sufficient for workplace planning purposes and assessing the impact on service provision.</p> <p>The Committee noted that as the survey had not captured all EU nationals employed by NHS Grampian, the outcome delivered insufficient data to fully assess impact on service provision.</p> <p>b. Staff Governance Workshop/National Staff Experience Report</p> <p>Mrs Annand briefed that the Staff Governance Workshop was taking place on 1 March 2019, to which the Committee had been invited. The aim of the workshop was to bring Sectors up-to-date with the results of iMatter, informing that our iMatter data and Staff Governance monitoring return are used to influence the Ministerial Annual Review; support an increase in meaningful action planning; update on national iMatter and Staff Governance monitoring developments; and capture evidence from Sectors on what is being done well and areas for improvement. One of the presentations would inform attendees of the NHS Grampian aspect of the National Staff Experience Report published on 1 February 2019, providing a comparison with previous years. Approximately 50 attendees had confirmed to date.</p>	
<p>10/19</p>	<p>a. Staff Governance Committee Board and Performance Governance Reports Content</p> <p>Mr Passmore summarised the key messages for the Board Report. The following were agreed:</p> <ul style="list-style-type: none"> • The management of risk presentation by Professor Fluck; • Review of constitution; • Early engagement in nursing careers through play based learning presentation by Mr McNulty; and • Occupational Health Service update. 	
	<p>For Information</p>	
<p>11/19</p>	<p>a. GAPF Minutes – 18 October, 8 November and 13 December 2018 - noted.</p> <p>b. BMA Joint Negotiating Committee (JNC) minutes – 22 August 2018 – noted.</p> <p>c. Staff Experience Steering Group minutes – 20 August 2018 – noted.</p>	
<p>12/19</p>	<p>AOCB</p> <p>a. Health Inequalities agenda</p> <p>Ms Grugeon raised the Health Inequalities agenda which had applicability to all Committees including those related to staff. The Committee</p>	

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	committed to consider how it is incorporated into the Committee's work.	
13/19	Date of next Meeting The next meeting of the Staff Governance Committee will be held on Monday 17 June 2019 at 12noon in the Conference Room, Summerfield House.	