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NHS GRAMPIAN
Minute of the Staff Governance Committee
held on Tuesday 6 November 2018 at 12.00noon
in the Seminar Room, Summerfield House

Present:

Mr Eric Sinclair, Non-Executive Board Member (Chair)
Ms Rachel Little, Employee Director
Mr Jonathan Passmore, Non-Executive Board Member
Mrs Rhona Atkinson, Non-Executive Board Member

In Attendance:

Dr Annie Ingram, Director of Workforce
Mrs Susan Coull, Interim Operational HR Director
Mr Steven Lindsay, Full Time Partnership Representative
Ms Carolyn Venters, Health and Safety Partnership Representative
Dr Richard Coleman, Associate Medical Director, Education, Training and Workforce
Mrs Cheryl Rodriguez, Head of Occupational Health and Safety
Mr Graeme Smith, Deputy Chief Executive (Deputy for Professor Croft)
Ms Gerry Lawrie, Head of Workforce Planning and Development (for item 44/18d)
Dr Mohamed S. Abdel-Fattah, Aberdeen University representative
Ms Elizabeth Wilson, Senior Nurse - Workforce Planning & Development (Deputy for Ms Hiscox)
Dr Shonagh Walker, Associate Medical Director/Deputy Responsible Officer (for item 44/18g)
Mrs Caron Thomson, Staff Experience Manager (for item 46/18a)

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

Item	Subject	Action
40/18	Apologies Apologies were received from Professor Stephen Logan, Chairman; Professor Amanda Croft, Interim Chief Executive; 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.	
41/18	Minute of meeting held on 9 August 2018 The Minute was approved as an accurate record.	
42/18	Matters Arising a. Action Log Mrs Annand highlighted the completion of three actions since the last meeting and the updates provided on the inclusion of the Clinical Professional Assurance Framework in Corporate Induction; Kessock Clinic; and the inclusion of workforce metrics in the performance review process of the Performance Framework.	

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approach and was approximately three-quarters complete. Saturday and late Wednesday evening clinics had been run to assist with the backlog.

- The level of DNAs for appointments had not reduced despite a variety of methods used. These included letters to staff and managers, SMS reminders of appointments and other multiple reminders, and direct conversations with managers. The notional DNA rate was 20% which significantly affected others accessing the service. Mrs Rodriguez confirmed there were pockets of good work, commending Audrey Bell and her Teams in Facilities. The Committee suggested that there was the continued advertising of hours lost to DNAs extended to include global email and the Intranet banner.
- The uptake to date of the 2018/19 Influenza campaign was 2,000 doses administered. A potential future shortage of the vaccine was being monitored.
- There had been an increase in the number of exposures to Blood Borne viruses this year as compared to the same period last year. The Sharps Improvement Group is currently being revitalised to ensure that any trends or issues are followed up appropriately.
- There had been an overall fall in the amount of skin health surveillance, which relates to the roll out of the skin health surveillance programme and areas completing the initial screening of all wet workers. The programme will move to auditing including systems in place within Sectors.

Mrs Rodriguez informed the Committee of the outcomes from a feedback survey on the Occupational Health Service. Positive feedback had been received on the quality of the service provided however waiting times to enter the service was highlighted as an issue. Work was being undertaken with the Recruitment Team to focus pre-placement health screening on high risk internal transfers, which should assist waiting times. Examples of high risk posts would be roles working in confined spaces or heights and transfers from a non clinical role to a clinical role.

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

- As the Health and Safety redesign became embedded positive impact had been reported from Sectors from the aligned Specialist Health and Safety roles.
- The HSE Improvement Notice for Ligature reduction had been extended to March 2021, following positive feedback from the HSE on the renovation of Huntly ward at Royal Cornhill Hospital.
- The HSE Improvement Notice for Manual Handling in ARI had been extended to 31 January 2019. There was a need to risk assess posts to determine whether manual handling was undertaken in the role to evidence why staff had not completed the training.
- The HSE had attended the Health and Safety Development Day on 10 October 2018 which assisted with the fostering of a good working

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	<p>relationship.</p> <ul style="list-style-type: none"> • Up-skilling of Health and Safety Specialists to conduct low risk area fire risk assessments to allow the diversion of the Health and Safety Fire Team to in-patient areas. Good joint working with the Scottish Fire and Rescue Service continued. • A Gap Analysis Stakeholders Group had been formed to share health and safety action plans, review risks and determine key priorities for improved joint working across Grampian and the Health and Social Care Partnerships. The three key priorities identified had been violence and aggression, manual handling and skin health surveillance. <p>Dr Ingram highlighted the significant work undertaken by all to ensure compliance with the HSE Improvement Notices, which should not be underestimated and gave thanks to all who had contributed to this.</p>	
	<p>Appropriately Trained and Developed</p>	
<p>44/18</p>	<p>Workforce Development and Redesign</p> <p>a. NHS Grampian Nursing and Midwifery Workforce Governance Council</p> <p>The Report was noted by the Committee.</p> <p>b. The Health and Care (Staffing) (Scotland) Act</p> <p>Ms Wilson delivered a presentation to the Committee on the key aspects of the Health and Care (Staffing) (Scotland) Bill 2019, including the creation of a general duty to cover both health and care services and the Common Staffing Method. The general duty was to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for a) the health, wellbeing and safety of patients, and b) the provision of high-quality healthcare, a responsibility of the Health Board. The Common Staffing Method included the existing triangulation process with additional requirements for staff to be engaged in the process and informed of outcomes; transparent risk based prioritisation and decision making; and provision of appropriate senior clinical professional advice to ultimately achieve staffing appropriate to provide safe high quality care.</p> <p>Ms Wilson briefed the Committee on the Excellence in Care Workforce measures effective from 2019 and the progress of the Bill through the legislative steps, expecting to conclude April 2019. A Nursing & Midwifery Workload Workforce Planning Programme (NMWWPP) Advisor had been allocated to NHS Grampian, from the Scottish Government, to provide support. Ms Wilson gave assurance to the Committee of NHS Grampian's contribution to the Scottish Parliament Information Centre survey which explored the current use and views of workforce planning tools. Mrs Annand to distribute the presentation and video clips links to Committee members.</p> <p>The Committee noted that the legislation covered all staff categories and</p>	<p>EW/DiA</p>

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	<p>will not impose minimum staffing levels or fixed staffing ratios.</p> <p>A full discussion took place on the range of challenges to implement the proposed legislation. This included the non-availability of workforce planning tools for all professions including social care; the need for a protocol for staff to follow if they consider there is not safe staffing in place; and that the legislation did not address workforce supply. An annual report was expected to be published on compliance to be reviewed by HIS. Ms Wilson acknowledged the points raised, stating that these had been raised at the stakeholder sessions held to assist with the development of the legislation.</p> <p>c. Workforce Plan Action Plan</p> <p>Dr Ingram stated that presentation of the mid year update of the NHS Grampian Workforce Plan Action Plan 2018/19 had been deferred to the next meeting of the Committee. This was to allow sufficient time for progress to be made on agreed actions since publication of the Workforce Plan in August 2018.</p> <p>d. Staff Governance Report</p> <p>Ms Lawrie highlighted the following from the Report:</p> <ul style="list-style-type: none">• Although there was a decrease in the supplementary staffing spend this was not reinforced by the increase in Nursing and Midwifery agency spend of £2M compared to the same point last year. It was clarified that the increase was not caused by under used Bank workers moving to be Agency workers, however every few years Bank workers who had not worked for some time were reviewed and removed from the payroll if they no longer wished to work in that capacity. Ms Lawrie stated that presentation of the benefits of the creation of an integrated nurse bank and the e-rostering system may be a future topic for the Committee. The increase was also not wholly attributable to the engagement of a specialist nursing agency through a long term contract.• The number of Consultant, AHP and Nursing and Midwifery vacancies had decreased as at 31 September 2018 compared to the previous quarter. A large number of newly qualified nurses and midwives were commencing NHS Grampian employment from end September through to November 2018, therefore a further reduction in vacancies should be reported in the next quarter.• Turas Learn, launched on 1 September 2018, is the new learning management system which hosts eLearning modules and provides a booking system, with a link to Turas Appraise. The system will assist managers with compliance reporting on statutory and mandatory training. <p>e. Medical and Dental Education Governance Group Report</p> <p>Dr Coleman highlighted the continued challenges of the Lead Employer model for Doctors and Dentists in Training. Dr Ingram reminded the Committee that NES had been an early implementer of the model with the</p>	<p>DiA</p> <p>DiA</p>
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employment of all GP trainees from August 2017, with the intention of the model to provide trainee doctors with optimum continuity of employment and a positive employment experience. At August 2018 approximately 5,500 trainee doctors were employed through four lead employers of NHS Grampian; NHS Glasgow and Clyde; NHS Lothian; and NES. Following implementation work was underway to improve processes in relation to for example occupational health; national programmes; single version of employment policies including a national relocation policy. Mrs Coull suggested for a future meeting a paper focussing on the risks and governance of the lead employer model.

f. GMC National Survey of Trainees and Trainers

The Committee was presented with a summary of the results of the 2018 GMC National Trainee undergraduate and postgraduate surveys, which were largely positive and the actions to be taken as a result.

Dr Coleman reported that data is scrutinised and departments asked to provide comments about any outlier results. As in previous years the Medical Education Team had prior awareness of areas with red flags; however these represented a very small element of the survey results.

Dr Coleman detailed that the Medical Education Team strive to ensure links between the requirements of service and educational delivery. The Committee discussed the wider considerations of the Lead Employer for Doctors and Dentists in Training in particular, the need for collaborative working between the medical education teams of all North region Boards to take forward future GMC National Trainee undergraduate and postgraduate surveys outcomes and strengthen links to the service. Dr Coleman outlined that within the model up to three Boards may have rights and responsibilities for a trainee doctor and how this works in practice was being worked through. NES has a responsibility with regard to revalidation; NHS Grampian as Lead Employer; and the third may be a placement Board.

g. Medical revalidation in Scotland 2016-17

Dr Walker reported that the analysis of the self assessment return completed by Boards had transferred to NES from HIS. For 2016-17 HIS were satisfied with NHS Grampian's 2016-17 self-assessment return, which indicated that 98% of doctors eligible to undertake appraisal had done so. Eligible doctors numbered 1,324 comprising of Consultants, Associate Specialists, Staff Grades, Specialty Doctors, GPs, Clinical Development Fellows and certain locums. The positive position of NHS Grampian was noted by the Committee. From the revalidation process 89% had a positive recommendation with the remaining 11% deferred, which can occur for a number of reasons. Dr Walker assured the Committee that 100% of appraisals had been undertaken by NES trained appraisers. Dr Abdel-Fattah highlighted the necessary 2-day course was only run in the central belt. Dr Walker stated that courses had been held in Dundee and as a request for an Inverness based course had been granted, requesting Aberdeen as a location was reasonable.

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	<p>The Committee discussed the fact that although a GMC licence was essential to practice as a doctor, 100% of doctors had not received a positive recommendation. Dr Walker explained that the GMC both grants and withdraws licences and there is an expectation on the doctor to participate in the annual appraisal and the five yearly revalidation process. The Board would support a doctor through the processes which may include the need to submit evidence the following year, however there were exemptions. In addition compliance figures may be reduced if for example the revalidation process cannot be completed for a locum doctor who leaves the Board. Dr Walker outlined that the scope of appraisal takes into account private practice and incorporates use of an on-line electronic system completed by the doctor reviewed by the appraiser prior to the meeting; patient feedback once in a five year cycle; and multi-source feedback. It was noted that medical appraisal was not performance related rather a process of facilitated self-review supported by information gathered from the full scope of a doctor's work, provided by the doctor. An example to illustrate was complaints which formed part of revalidation rather than appraisal.</p> <p>The Committee was assured with the level of eligible Doctors undertaking appraisal.</p>	
	Treated Fairly and Consistently	
45/18	<p>Partnership and Staff Governance</p> <p>a. Staff Governance National Annual Monitoring return 2017/18 Scottish Government letter and response</p> <p>Mrs Annand stated that following submission of the NHS Grampian Staff Governance return by 31 May 2018, a letter from Anna Gilbert, Head of Staff Governance, Scottish Government had provided feedback. The Committee noted the positive feedback and the NHS Grampian response to the additional questions asked.</p> <p>The Committee highlighted the Once for Scotland Workforce policies work. Dr Ingram responded that a national programme of work had commenced to be complete within eighteen months. All current PIN policies would be reviewed to create a set of Once for Scotland policies which all Boards would be expected to implement without local adaptation compared to currently where PIN policies are adapted to suit local systems. The requirement for consistent policies across NHS Scotland was highlighted during the adverse weather experienced earlier in the year, as staff were treated differently across the Health Boards in relation to the granting of special leave versus use of annual leave. Mr Lindsay stated that he was a member of that national policy review group and it had been discussed that fairness and consistency for staff was important. Dr Ingram confirmed that the Once for Scotland workforce policies would be approved by SWAG then by the Chief Executives Group.</p>	

b. Staff Governance Action Plan 2018/19 Mid Year Update

Mrs Annand presented the mid year update to the Committee which overall illustrated progress with the commitments made, highlighting key points to note by Sector, excluding Moray H&SCP due to lack of a submission.

A combination of Mrs Annand, Interim HR Manager Staff Governance; Mrs Thomson, Staff Experience Manager; and Ms Little Employee Director were in the process of visiting all Partnership Forums to support engagement with and the effectiveness of Staff Governance Action Planning and monitoring. To date there had been an acknowledgement from Sectors that progress with their Staff Governance Standard actions required to feature more in the agenda for their Forum, as this would ensure ownership of the actions and that they were being progressed. Additionally there may be a change to the report each Sector Partnership Forum provided to GAPF to include progress with their Staff Governance actions.

The Committee noted the positive feedback on the mid year update on commitments made within the Staff Governance Action Plan 2018-19. The Committee acknowledged the extensive work being undertaken throughout NHS Grampian which demonstrated good progress with the action plan and thus compliance with the Standard, however in order to further embed Staff Governance monitoring it was noted that the monitoring of action plan completion should take place at Sector Partnership Forums and through the revised performance review framework. This would enable mid and full year reporting to be more streamlined for a Sector, as the collation of evidence would have already occurred at the Sector Partnership Forum reporting.

c. Update on national Staff Governance Standard

Mrs Annand reported that she was a member of a Scottish Government Staff Governance Monitoring Framework short life partnership working group. It had been agreed nationally to refresh the approach to Staff Governance Standard monitoring to ensure that the process is streamlined, adding value and driving improvement and the paper presented gave a recap of the work done in 2017 to develop a proposal for 2018 for presentation to the Scottish Workforce and Governance (SWAG) Committee.

The working group had been reconvened, meeting on 31 October 2018, to discuss proposals considered at a SWAG Secretariat meeting of a future more 'blended' approach to staff governance monitoring with Boards working collaboratively to identify and drive improvement, as well as providing peer support. It had been felt that at local level there were sufficiently robust mechanisms and systems in place to provide assurance locally. It has been proposed that a Dashboard be developed which will pull together a number of key performance indicators (KPIs) in a 'one-stop-shop' providing information at national, regional and local level and a mechanism of peer review introduced.

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	<p>Mrs Annand gave an update from the 31 October 2018 meeting. Disappointment had expressed that the working group and especially the Employer representatives had not been involved in the papers discussed at SWAG Secretariat and SWAG on 7 November 2018. The latter paper contained high level proposals only, not describing the detail of the 'how'. The initial discussions at the working group had been an agreement to a more tailored approach to staff governance monitoring with questions pertinent to a Boards performance against the Dashboard and to follow up on actions committed to. KPI's would be further developed to highlight outliers, for example absence levels 5% or higher. There was recognition that peer review was perhaps not the correct language, it was more peer support/shared learning, either regionally or across NHS Scotland.</p> <p>Dr Ingram informed the Committee that as the Chair of the NHS Scotland Directors of Workforce and HR Group, she had written a letter to SWAG expressing the unacceptability of the lack of service involvement in the proposals; questioning the value and appropriateness of peer review and noting a lack of support for the proposals in the current format. Ms Little stated that the idea of peer review had been raised by the Scottish Government with the Employee Directors Group where similar points had been raised with regard to the effectiveness of the proposal and the resource required to operate. The Committee discussed the potential driver for the proposals, noting the acceptability of sharing best practice.</p> <p>Mrs Annand outlined that due to the availability of the NHS Grampian staff experience data annually in July, no additional staff experience data is obtained from waiting until the publication of the national staff experience report. Mrs Annand recommended that as an interim position the Staff Governance workshop is held in January 2019 using the 2018 iMatter Board report moving to holding a workshop in August/September 2019 using the 2019 iMatter Board report, annually thereafter. The rationale for the recommendation was to ensure that Sectors analyse and commit to relevant actions maintaining the improvement cycle within the year the feedback was provided. The Committee agreed the recommendation but as two Staff Governance workshops would be held during 2019, the January workshop would be restricted in length to half a day.</p>	
	<p>Well Informed and Involved in Decisions</p>	
<p>46/18</p>	<p>Staff Experience</p> <p>a. iMatter Update</p> <p>Mrs Thomson provided the Committee with an update on 2018 iMatter results and action plan creation. The NHS Grampian Board Report response rate would now be reported as 60% rather than the previously published 61% due to the late removal by Webropol, the system provider, of partially completed electronic responses. These had been removed to protect the validity of the iMatter model however for ten teams their response rate had been affected with Team reports now removed from the iMatter system for five of these Teams. The unacceptability of removal</p>	

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post publications of reports had been fed back to Webropol and in future partial responses would be removed weekly when the survey is open. Mrs Thomson was supporting managers with the impact for their Team.

The Committee noted the organisation's action planning rate had decreased overall by 5% to 49%, at the twelve week deadline, the benchmark which will form part of the 2018 Health and Social Care Staff Experience Measure Report. Mrs Thomson highlighted that a query had been raised nationally in relation to the accuracy of the calculation used to determine action planning rates, from where there is an expectation that when resolved there may be an improvement in the action planning rates.

Mrs Thomson stated that the 2018 Health and Social Care Staff Experience Report was due to be published in January or February 2019, which included qualitative evidence in the form of a case study. NHS Grampian was also participating in the national Staff Experience evaluation being undertaken by The Scottish Centre for Employment Research, Strathclyde Business School, University of Strathclyde. This would involve focus groups and interviews with the Director of Workforce and Employee Director. In addition, iMatter would feature in the Engage for Success research being conducted by the UK government.

The Committee suggested that Sectors should be held to account on their action planning rate through the revised performance review framework.

b. BREXIT

Dr Ingram briefed the Committee on the actions being taken to identify and address the Workforce risks. A EU nationality survey had been developed by the NHS Scotland Directors of Workforce and HR Group, agreed in partnership with the Scottish Partnership Forum. The UK Government intended to operate a pilot Settlement Scheme, aimed at all health and social care workers in the UK between 29 November and 21 December 2018, which Health and Social Care employers in NHS Scotland will promote to eligible employees. Only health and social care employees will be able to participate in the pilot with family members when the Scheme fully opens being able to link to the pilot application when applying. Dr Ingram was taking forward a query from Aberdeen City H&SCP as to whether the third sector was part of the pilot. A commitment had been made by the Cabinet Secretary to pay the £65 Settlement Scheme fee; the mechanism for this was yet to be established. A webinar with the Home Office was organised for 19 November 2018 to understand how the pilot will operate.

Dr Ingram outlined additional risks to the ability of NHS Grampian to deliver services in relation to the recognition of qualifications; procurement; Pharmacy, nuclear medicine: diagnostic and treatment, and other scare items; access to specialist treatments; and buildings and energy supply issues.

The Committee asked if there would be the opportunity for employees to complete the survey in the future. Mrs Annand responded that at present the survey would only be open between 2 November and 7 December

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	2018, as communicated nationally. The generic NHS Grampian email address set up was being monitored and a number of employees had signed up already to be kept up-to-date with developments. The Committee asked for consideration the survey should state that it can be requested in another language.	
47/18	<p>a. Staff Governance Committee Board and Performance Governance Reports Content</p> <p>Mr Sinclair summarised the key messages for the Board Report. The following were agreed:</p> <ul style="list-style-type: none"> • The Health and Care (Staffing) (Scotland) Act; • Medical and Dental Education Group including the GMC National Survey of Trainees and Trainers; • Medical Appraisal and Revalidation; • Staff Governance Monitoring; • iMatter Action Planning; and • Brexit. 	
	For Information	
48/18	<p>a. GAPF Minutes –19 July and 23 August 2018- noted.</p> <p>b. BMA Joint Negotiating Committee (JNC) minutes – 11 June2018 – noted.</p> <p>c. Staff Experience Steering Group minutes – 23 April 2018– noted.</p>	
50/18	<p>AOCB</p> <p>a. Thanks to Eric Sinclair</p> <p>Dr Ingram informed the Committee that this was Mr Sinclair’s last meeting. Dr Ingram gave personal thanks and on behalf of the Committee for the sterling job he had done. It was noted that Mr Passmore was the new Chair of the Staff Governance Committee.</p>	
51/18	<p>Date of next Meeting</p> <p>The next meeting of the Staff Governance Committee will be held on Wednesday 27 February 2019 at 11.30am in the Seminar Room, Summerfield House.</p>	