MINUTES OF THE ACUTE SERVICES DIVISION STAFF GOVERNANCE BOARD HELD ON TUESDAY 15 DECEMBER 2015 AT 1.30 PM IN THE BOARD ROOM, HAYFIELD CLINIC.

Present:
Professor S McLean (SMcL), Chief Operating Officer (Acute Services) (Chair)
Mrs V Hatch (VH), General Manager – Emergency Care
Mr M Cross (MC), General Manager – Planned Care
Mrs A Wilson (AW), General Manager – Clinical Support & Access
Mrs S Young (SY), HR Team Leader
Mr S Watt (SW), LPF Chair
Mrs M Gardner (MG), Associate Director of Nursing
Mr D Kerr (DK), Head of Learning & Development
Mr G Cuthbert (GC), Head of Finance (Acute)

In Attendance:
Mrs G McKinnon (GMcK), Personal Assistant to Chief Operating Officer (Acute Services)

Action

1 APOLOGIES FOR ABSENCE

There were no apologies for absence.

2 NOTES OF MEETING – 17 NOVEMBER 2015

The Minutes of the Meeting held on 17 November 2015, were accepted as an accurate record.

3 ACTION LIST & MATTERS ARISING

Medical Workforce

- SY advised she had not as yet discussed this with Rhona Waugh but would hope to speak to her in the next few weeks to discuss with her the request that medical workforce discussions did not take place in isolation.

Recruitment Process Mapping Session

- SY confirmed she would commence looking at the recruitment process mapping information in January 2016.
- MG advised she had been made aware of other NHS Board undertaking the recruitment process within 8 weeks with some NHS Board undertaking disclosure checks within one week and asked if
consideration could be given to shortening our recruitment timeframe. SY confirmed she would commence looking at this in January.

**iMatters**

- CS&A Directorate are scheduled to commence implementation of iMatters in January 2016.
- AW advised all Managers and staff awareness sessions have been arranged for January with a go live date of middle-end February.
- AW advised the largest part of the preparation was gathering information about Directorate structures and AW advised she would be happy to share this process with other Directorates. She would also be happy for Service Managers from other Directorates to join CS&A awareness sessions to ensure other Directorates think ahead and were appropriately prepared in advance of their roll-out dates.
- SW advised he had been shadowing Bruce Anderson and would be involved in some of the awareness sessions.

**Recruitment & Improvement Panels**

- SW advised he has been assured that staff side would be invited to attend future Recruitment and Improvement Panels.

**Training Numbers**

- A copy of the Core Skills Training Activity paper from the recent NHS Fife Staff Governance Committee to be circulated with the Minute of this meeting.
- Training within the Acute Division currently sits at 69% (Fire Training: 80%, ABLS: 45%).
- The NHS Fife position is 70%.
- DK advised that as we have double the number of trainers it would be useful to double the number of staff attending for ABLS training.
- SMcL advised at the next Performance Reviews he would like to have a numbers based conversation regarding training components by Directorate.
- AW provided an update regarding new guidance for basic life support training for non-clinical staff. This information has been circulated to GMs and HoN and MG agreed to forward the link to this online training to DK.

**Training Passport**

- DK advised he had considered the introduction of a staff Training Passport and provided an overview of the 5 available options:
  1. NES are currently looking to move from paper to electronic based recording for mandatory training but DK is not confident that this will
be forthcoming in the near future.

2. Produce an individual template for staff to take ownership but DK would challenge its value.

3. Develop an individual template for staff which could be held on a spreadsheet.

4. Inset the 9 core training areas for Acute Division staff on the PDP section of eKSF. Staff would be required to insert the dates of training undertaken with Managers sign off. This would also increase the eKSF compliance rates.

5. Medium to longer term, the 9 core training areas could be collected on eESS with staff being alerted to compliance and renewal dates.

- DK advised his preferred option would be for training information to be recorded using eKSF until the move across to eESS.
- It was agreed it would be useful to undertake a test area and to pilot this within AU1 and a non-clinical area (such as one of the smaller medical records teams) together with the preparatory work for eESS.

Agency Locum Process

AW confirmed she had circulated a copy of the form used by CS&A for approval of agency locums to ensure consistency in this area. Emergency and Planned Care Directorates confirmed they have adopted this process and SY has spoken with HR staff.

Nurse Bank

MG advised she had spoken with Helen Paterson regarding governance issues around the transfer of leadership of the Nurse Bank and discussions are ongoing regarding the best option.

Performance Review One-Page Summary

- GMcK to ask Shelley Dickson to provide Directorates with a one page summary following the PRs which can be shared with their teams. It was noted the summary included in the ASD pack would be sufficient.

4 ATTENDANCE AT WORK

- SY advised there has been a slight increase in sickness absence of 0.13% to 4.81%.
- CS&A has increased from 3.07% - 3.36%.
- Emergency Care has increased from 6.8% - 7%
- Planned Care has increased from 5.25% - 5.79%.
- The Directorate figures still require to be verified but are being monitored at local levels. GMs to advise SMcL of their end of month position.
- Absences have been attributed to short term sickness, D&V and
c

- It was noted within the Performance Review Packs a composite only figure was shown for sickness absence and it would be useful to break this down into short and long term absence. GMcK to ask Shelley Dickson to include this in future Performance Review Packs.
- SY advised training was still being rolled out on a monthly basis, with NHS Fife below the NHS Scotland average figure for October.
- SMcL advised within the Performance Review letters there had been some anxiety regarding HR Support. Planned Care had raised this as an issue with Managers feeling vulnerable presenting cases and insufficient HR support available. SY advised she would be the primary contact and any issues should be escalated to her in the first instance. SY advised a new structure would be put in place from January with the following HR support: (Planned Care, 0.96 WTE – Mechelle Sinclair-Forrow (Band 6 HRO); Emergency Care, 1.0 WTE – Karen Laird (Band 6 HRO); Clinical Support and Access, 0.8 WTE – Helen Gilfillan (Band 6, HRO)). There will also be 1.0 WTE Band 5 HR Adviser working across acute and also HR support during rest days, annual leave and cover during any periods of sickness absence.
- MG enquired about HR support for AHPs and SY and MG to discuss this outwith the meeting. This has been confirmed as Helen Gilfillan.
- It was noted there were hot desk facilities available on Level 11 and it would be beneficial for HR staff to spend some time with their respective teams and SY to discuss this within HR.

5 TRAINING

Discussed under Item 3 above.

6 RECRUITMENT & VACANCIES

- Within Emergency Care the vacancy position is once again widening with 55 vacant posts (14 preferred candidates).
- Within Planned Care there are currently 52 vacancies.
- Within CS&A, Radiology is sitting with 10% vacancies, 6% in Pharmacy, and 3% in Health Records.
- Feedback on the Nursing Workforce will be taken to EDG on Monday providing a highlight of the outcomes of the nurse staffing deployment and management.
- There are currently 27 medical workforce vacancies (14 substantive and 13 development posts).

7 TEMPORARY STAFFING

- MG advised in November 82% of nurse bank requests were filled. 97% for Ambulatory Care; 66% (registered nurses) and 78% (non-registered nurses) in Emergency Care; and 49% (registered nurses) and 80% (non-registered nurses) in Planned Care.
- The top reason for nurse bank request was vacancy.
- It was noted a number of shifts were being coded to annual leave and MG to ask Joan Main to check which areas this relates to and will respond to Directorates.
- 111 Agency shifts were filled during November; 78 within ODPs and 33 within Emergency Care.
- It was noted a number of shifts being filled within Emergency Care were Band 2s.
- AW advised we continued to use Sonographer agency cover and have recently used with agency within MRI.
- GC advised the overall bank, agency and overtime has reduced from £3.80k (October) to £2.80k (November).
- It was noted at the start of the year Emergency Care were spending £200k per month on agency and this had reduced to £25k. Planned Care continue to spend £100k per month.
- It was noted surge beds should be coded across unscheduled care funding.

8 SKIN SURVEILLANCE

- MG advised some areas continued to do well with Skin Surveillance with further work required in other areas.
- MG advised in Quarter 4 there was an embedded process in place within Planned Care. Emergency Care has made a start and a plan is in place.

9 WORKFORCE TOOL

- MG advised this was the 2nd week of the run of the workforce tool.
- Data would be collated and would be available in January with a meeting with Senior Charge Nurses, Nurse Managers and GMs for sign off.

10 STAFF GOVERNANCE ACTION PLAN

- SW advised additional information has been added to the Action Plan.
- SW has arranged to meet with MG and will arrange to include details regarding the 100th Patient Safety Huddle.
- Emergency Care updates to be added.

11 EMPLOYEE RELATIONS

- SY advised there have been no dismissals in the Acute Division during November.
- Discussions continue with Pharmacy staff regarding weekend working.

12 POLICY UPDATE
• SY advised the Fixed Terms Contracts, Redeployment Policy and Working Time Regulations Policies will go to the Area Partnership Forum on Friday.
• Work is ongoing in relation to the Professional Registration, Job Sharing and Flexible Working.

13 ORGANISATIONAL CHANGE

• VH advised a final paper on the Capacity Team would go to ASDMT in January.
• AW advised discussions were ongoing with Admin and Cancer Teams.

14 STAFF ENGAGEMENT:

14.1 iMatters

Update given under Item 3 above.

14.2 Staff Survey

• SW advised the 2015 Staff Survey results for NHS Fife are available, however the analysis tool used to extract the information for the Acute Division would not be available until next week.
• In the meantime SW would arrange to circulate some of the headline results from this year’s survey.
• It was noted the Staff Survey would continue in parallel until iMatters was operational in all areas.

14.3 Internal Communications

• Regular Staff Briefing Sessions and Pop-up Briefing Sessions continue.
• Internal communications for staff continue in relation to the Forth Road Bridge closure. The feedback on the staff communications has been well received together with positive comments received via social media.
• Consideration would be given to updating and refreshing the information contained in the Big Boards at hospitals entrances in the New Year.

15 FUTURE DATES – 2016

The 2016 meeting dates were noted for information.

16 ANY OTHER BUSINESS:
16.1 **Sickness Absence Codes**

AW advised a review of sickness absence code 99 is being undertaken to ascertain who is using this across Directorates.

16.2 **First Friday**

SW asked if the Bed Bureau could be considered as an area to be visited as part of First Friday. This was supported and it was agreed it would be useful to consider other areas such as portering, laboratories, laundry, and reception areas. MG and SW to liaise and discuss this for the April First Friday.

17 **DATE OF NEXT MEETING**

Tuesday 19 January 2016 at 1.30 pm in the Board Room, Hayfield Clinic, Victoria Hospital, Kirkcaldy.

GMcK/ASD Staff Governance Board/Minutes/2015/151215