

**STAFF GOVERNANCE STANDARD  
SCOTTISH GOVERNMENT NATIONAL ANNUAL MONITORING  
RETURN  
2016-17**

**Organisation Name**             
**NHS BORDERS**

Following the internal review of performance and progress towards the Staff Governance Standard, and completion of the Local Monitoring Template and Assessment Tool, all Boards are required to complete the following National Annual Monitoring Return and send to the Scottish Government at the address given at the end of the document. All Returns should reach the Scottish Government by **Wednesday 31 May 2017**.

Please answer the following questions as fully as possible.

Confirm that your Board has completed a full review of progress towards the Staff Governance Standard, using the Staff Governance Standard Monitoring Template. (Confirm by ticking the box )	
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Taking account of the information gathered and recorded on the Staff Governance Standard Monitoring Template, please provide the information requested below.

**Where available, please enter your iMatter Employee Engagement Index Score in this box.**

<b>75</b>
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## **Staff Governance Standard: Individual Strands**

### **1. Well informed**

**The Standard requires that all staff should receive regular, accessible, accurate, consistent and timely information about their organisation. In the light of the responsibilities set out under this strand within the Staff Governance Standard, and reflecting on the review of progress which has been completed, please identify one example of good practice which could be shared with others.**

Our Action to finalise the Social Media Policy with, over the next year, a supporting implementation plan, guidance for staff, training plan, toolkit and monitoring / review arrangements. The policy document was prepared, learning from good practice within Scottish Borders Council. Social Media Policy discussed as agenda item at APF in 2016 and featured on the agenda of HR Policy Group. The Workforce Conference – entitled “Living Our Values” was held on 11 March 2016. The conference featured a workshop session on “using social media effectively”. The workforce conference well attended. The policy is now live within the organisation. Social media used as requested for recruitment and engaging the staff and population. Now business as usual. Action Closed

We have been working very closely over the past year to develop a ‘tone of voice’. This is in keeping with the values work and closely aligned with the work that has taken place in feedback and complaints. The works outcome is to create a style around our communications. This is evident in the way that we communicate Inspections for example, and the rebranding of our ‘global’ emails to ‘staff share’. A communications tool we have developed called Ask the Board has been under various changes including allowing staff to identify who they wished their question to be answered by as well as setting rules around values. We have also undergone a review of this process with staff within the organisation..

The **example of good practice** we would like to share is one taken in the final months of the reporting year. NHS Borders has a good history of consultation linked to workforce issues. However, it was decided to adopt a more inclusive approach for a potential service change.

In order to ensure that the Board could understand the wider issues around existing arrangements of laundering uniforms for staff, we asked for staff perspectives and views.. Staff were provided with information, including that this potential change would not include uniforms of staff in highly infectious risk areas e.g. theatres or ITU. Only non infectious risk areas were to be included. We made sure that in every communication related to this that staff understood “we would value your opinion”:

Two simple questions were asked:

**1.** Based on the information do you think that we should stop the laundering of staff uniforms: YES/NO

**2.** Can you comment on why you have answered YES/NO above?

The questionnaire ran between 27<sup>th</sup> February 2017 and the 27<sup>th</sup> March, 2017.

491 staff responded from approximately 2066 staff who wears uniforms. This equates to approximately 25% of the staff that could be affected by the change. Anecdotally staff reported feeling well informed and included in the decision making process.

We plan to build on this form of informing in the coming year.

## 2. Appropriately trained and developed

### 2.1 What are your learning and development priorities for the coming year?

A workforce learning and development strategy will be developed in partnership, includes mandatory training, reflects the outcomes of PDP discussions, and identifies actions for implementation 2017/2020

To review PDR process and documentation aligned to PDR audit recommendations, NHS Borders Values and nursing & Midwifery revalidation requirements

To undertake a Course Booking System impact evaluation (the new compliance monitoring and reporting tool for statutory and mandatory training)

### 2.2 What actions have the Board taken to achieve the National eKSF Standard of 80% as at 31 March 2017.

Completion and publication of the review of the Policy Statement on Personal Development Planning and Review took place as per our Local Action Plan. The results of previous quality audit were also considered by appropriate forums e.g. A.P.F. and Staff Governance Committee. The review of the Personal Development Planning and Review, Policy Statement and Protocol is part of the Policy Development Group work plan for 2017/18. This was deferred from the 2016/17 plan pending the replacement e-KSF system being introduced.

We recognise that in order to reach the required National Standard again we need to review our current systems and supports. Full details will be available within our Local 2017/18 Staff Governance Action Plan.

However, we linked eKSF to the NMC Revalidation Introduction. We encouraged staff to go through the process and to support colleagues. Locally we support staff through learning and drop in sessions. There is still a drive for people to collate their learning but this is progressing well. It is well advised that the NMC can ask for information and that this can also be linked to eKSF portfolios. NHS Borders now have systems in place to support staff in the process.

### 3. Involved in Decisions

#### 3.1 How will you continue to promote and embed strong partnership working over the coming year?

Over the coming year we have set the objectives of;  
Raise Awareness across all staff groups about Partnership Principles  
Ensuring that staff know how to engage with the APF  
Evidence improve organisations understanding of Partnership Working

We will do this by

- .Implementing the actions from the external review of Partnership working (which we have commissioned)
- The Partnership Presentation which is under development will be delivered in Partnership between managers and staff to all staff groups/services
- We will be able to share and agreed script/FAQ's and understanding of Partnership working model and how it is implemented in NHS Borders
- We will build in FAQ and Partnership Presentation into Induction for all staff (currently only medical staff)

#### 3.2 Reflecting on the review of progress which has been completed, please identify one example of good practice which could be shared with others.

A "Plain English" version of the Staff Governance Standard has been produced and is currently being tested with Facilities, Catering and Laundry staff within NHS Borders. It is hoped that once tested and amended this can be rolled out across NHS Borders

#### 4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

**4.1 All Boards must have workforce policies which meet or exceed the minimum standards set out within national PIN policies and current legislation. During 2015 all Boards provided information relating to their position on PIN compliance and implementation. Please can you update this template (adding in new or reviewed PINs) and resubmit along with your return.**



PIN compliance 2017  
Return - complete.do

**4.2 We note that all Boards are progressing with the roll out of iMatter. Please provide practical examples on how it is supporting managers or facilitating teams to use the results to deliver improvements in any area of Staff Governance?**

During 2016/2017, NHS Borders completed the implementation of the continuous improvement tool and staff experience indicator of 20/20 Workforce Vision - "iMatter" Report findings have been shared with the Staff Governance Committee, Board Executive Team and Area Partnership Forum

The roll out of iMatter is complete in NHS Borders with the third and final cohort going live on 18 April 2016. Anniversary runs have been completed for cohorts 1 and 2. NHSB engaging leadership priorities reflected in the corporate objectives mapped to iMatter e.g.

- Supporting a developmental culture **maps to employee voice**
- Showing genuine concern **maps to well-being**
- Enabling **maps to leadership**
- Inspiring others **maps to engaging managers**

All staff have had the opportunity to complete the iMatter questionnaire and work has commenced on merging cohorts with the aim of moving to one run per year from 2018.

Resource has been identified for a short period to assist in the improvement in local action plan development. The action will be further expanded within the 2017/18 action plan. Current action closed. However, in our 2017/18 action plan we intend to focus on iMatter both Corporately and locally. This will result in facilitating continuous improvement across NHS Borders

**5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community**

**5.1 Please confirm the number and nature of formal whistleblowing cases raised during the past year. Please also give details of the status of these cases (i.e. investigation on-going or concluded) and whether feedback has been provided to the individual who raised the concern.**

One whistleblowing case has been raised in the past year which pertained to patient safety concerns. The investigation is concluded and feedback has been provided to the individual who raised the concern

**5.2 Reflecting on how whistleblowing cases have been handled, whether raised formally or informally, please identify one example of good practice which could be shared with others e.g. lessons learned, necessary improvements to processes**

Use of our adverse events review process to undertake the investigation.

**5.3 What action has the Board taken to achieve the National Sickness Absence Rates of 4% as of 31 March 2017**

The Promoting Attendance and Well-being Project grew out of the existing Sickness Absence Policy working group. Dedicated Project Management was provided between June 2016 and January 2017 to refocus the group and to test a series of actions. During the course of the project 101 individual's case notes were reviewed who had more than 5 episodes of absence within 12 months and all staff notes in the 10 "Hotspot" identified within in-patient areas were also reviewed. Action Plans were developed for all 45 managers who took part in the project. These involved encouraging managers to look at implementing simple processes for managing absence on a day to day basis (i.e. using a whiteboard to keep track of return to work interviews) or highlighted the need for managers to plan and manage more effectively. This resulted in an increased number of Returns to Work Interviews being recorded and a review of management notes. There had been a small reduction in short term absence. The diverse nature of the actions within the project plan resulted in a large amount of recommendations being made. However, it also produced a great deal of data and dispelled some organisational assumptions. NHS Borders continues to perform well against the other Scottish Mainland Health Boards. However it should be noted that during the time of the increased scrutiny of data it has become apparent that our Long Term absence is slowly rising. This is also evident in some other Boards and is probably linked to the demographics of our current workforce. The work commenced linked to age and employment and testing the effect of changes in shift patterns, reported within the project needs to be supported and continued if we are going to address this issue effectively. Analysis of Best practice data would suggest that NHS Borders is doing everything in relation to systems and processes. Resources appear to be appropriately used to their fullest capacity. However, wider management training needs to be seen as a means of continuing to improve absence management and promote staff well being. Work linked to staff health benefits should also be considered in any work going forward. There also needs to be more robust communication in order to manage expectations in relation to support services. This is particularly important within the current financial challenge.

**5.4 All NHS Boards should have achieved or be working towards Health Working Lives Gold Award. Please confirm your current status in relation to this.**

NHS Borders was awarded the Healthy Working Lives Gold Award in June 2015, with the maintenance award achieved in June 2016

The main aim of participating in the Healthy Working Lives Award programme is to improve the health and wellbeing of NHS Borders staff by promoting healthier lifestyles through the attainment and maintenance of the **Gold Healthy Working Lives Award**. The Working Group reports into the Occupational Health and Safety Forum with key activities aligned to our local Work & Well-Being Strategy and associated action plan. Membership consists of staff from all levels of the organisation and they co-ordinate activities in order to achieve the following goals:

- Assessing health and wellbeing needs in the organisation and developing an action plan to address these.
- Raise awareness of health issues through the provision of relevant health information.
- Promote health improving activities.
- Populate the HWL Gold portfolio with appropriate evidence

**Sign-off**

We confirm that this Staff Governance Standard National Annual Monitoring Return has been prepared in partnership, as set out in the guidance.



**Signed:**

\_\_\_\_\_ (Chair, Staff Governance Committee)

\_\_\_\_\_ (Employee Director)



(Chief Executive)

Date: 30/05/2017 \_\_\_\_\_

Please send completed return to:

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