Royal College of Physicians of Edinburgh

Response to the Scottish Parliament Health and Sport Committee
Call for views on
NHS Governance – Creating a culture of improvement
Staff Governance Standard

The Royal College of Physicians of Edinburgh ("the College") is pleased to respond to the Committee's call for views on NHS Governance. The College is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.

Does the NHS adequately implement the requirements of the Staff Governance Standard?

The staff governance standard has recommendations that staff be:

- **Well informed**
  Examples are given on the NHS staff governance webpages[1] of good practice. Some of these, such as those from NHS Greater Glasgow & Clyde, appear to be robust mechanisms of cascading relevant information but others are more of a newsletter style, containing good news stories or training opportunities rather than information affecting working conditions, practices and safety issues. More could be done to ensure dissemination of information from senior management teams to frontline staff. This issue is frequently raised in staff surveys and in iMatter reports.

- **Appropriately trained and developed**
  Being released from work to attend appropriate training events remains challenging for staff. There has been a welcome increase in web-based learning but there are some concerns about the quality of this and the tick box nature of completing training. In some Boards there is inadequate face-to-face induction and orientation to the workplace.

- **Involved in decisions**
  Staff are better informed but perhaps not more involved in decisions, especially where there is an external driver from the Scottish Government or a financial imperative.

[1] http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/staff-governance-standard-monitoring/staff-governance-standard-monitoring-good-practice/

- **Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued**
  Most health boards have robust equality and dignity policies in place however, despite some improvement there is inadequate emphasis on these in the workplace. This is an especially important ongoing training need for senior management teams and clinical leaders.

- **Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.**
  A key concern raised by Trainee doctors is the interview process. From initial results of a survey conducted by the College many trainees felt that the process for applying for jobs was impersonal and did not allow for any two way communication. They also often note that their personal wellbeing is challenged by rotations as many struggle to influence training locations and therefore relationships/friendships are put under the strain of long distance. Regarding day to day work often those in less senior positions are not involved in decisions about their training or the treatment of patients. As trainees are transitory staff they are often discounted in consultation processes.

Are there particular areas of the standard it implements well?

On the whole staff are adequately trained and developed. There are many opportunities for learning and further education. Communication is improved and regular personal feedback remains important with leaders feeding back down the chain to their teams.

Are there particular areas of the standard that are not implemented well?

Well informed
There are opportunities whereby staff could be kept better informed. Data is not shared well within and between health boards - at any level. For example, from an Acute Medicine perspective, there is a lack of data on Acute Medical Unit (AMU) processes and outcomes (for example discharge rate, readmission rate) to allow understanding of the variation that exists across Scotland in this regard. Additionally, unlike surgical colleagues, reliable data regarding individual physicians process and outcome measures is lacking. Although NSS Discovery was supposed to be able to provide consultant level data, it does not accurately reflect AMU activity. Very few consultant physician colleagues are aware of their own discharge rate, readmission rate and mortality rate yet this is fundamental to understanding their own practice.

Appropriately trained and developed
Both the Staff Survey and iMatter suffer from lack of tangible action after feedback is received and there are rarely clear improvement plans aligned with the feedback.

Sometimes those who work less than full time are viewed less favourably. There are both pockets of good training and areas where this is lacking. A survey of medical consultants carried out by the Joint Royal College of Physicians Training Board shows that when there are consultant vacancies in a department training opportunities are reduced.

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

This is an aspiration of the NHS which is delivered most of the time, despite the increase in demand and expectation. One example is the 4 hour emergency access standard (which the College supports). It's greatest strength (it's simplicity) is also its greatest weakness (it's binary nature – patients either breach or do not). Therefore, in an already extremely pressured environment, staff are put under immense pressure (cascaded down from above) to avoid four hour breaches almost irrespective of the implications for the patient. This is stressful for both patients and staff. Properly understood and used, the 4 hour standard provides a wealth of information to help plan services and assess the stability of the system as a whole. When labelled merely as an "A&E" target it compounds the problem. The target should not be abandoned but consideration should be given to making it more patient and staff centred.

Health and wellbeing of staff can come into conflict with patient safety as there is no laxity in the system to allow staff to take time off, for example a rota that does not have the extra capacity to cover sick leave. There can also be a lack of mentorship and caring for those staff that are transitory (students, trainees, locums) where their mental health and wellbeing is not necessarily taken into account.