8. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr T P Davison, Mrs S Kuenssberg and Mrs E Smith.

9. **MINUTES**

On the motion of Mr Sime, seconded by Mr Goudie, the Minutes of the meeting of the Staff Governance Committee [GGNHSB SGC(M)03/1] held on 23 April 2003 were approved as a correct record, subject to the following amendment:-

Minute 4 – NHS Trusts and NHS Board Action Plan from Staff Survey and Self-Assessment Audit Tool:

Paragraph 6, Line 2: insert “year”

**DECIDED:** insert: “i) That the work in compiling the Action Plans be commended and implementation endorsed.”

10. **MATTERS ARISING**

a) **Self-Assessment Audit Tool/Action Plans from NHS Trusts and NHS Board**

A paper [03/03] – Self-Assessment Audit Tool: Action Plans from NHS Trusts and NHS Board – was submitted asking the Committee to consider the content of the Action Plans in the light of the Accountability Review with the Scottish Executive Health Department scheduled to take place on 25 June 2003. The previous Committee discussion on 23 April 2003 had focused on the costs of implementation.
Mr Sime expressed the view that the difficulty with implementation of the Action Plans and, in particular, the PIN Guidelines lay in resourcing. He tabled a paper setting out the chronology since the introduction of PIN Guidelines and described staff side’s frustration at lack of progress. Given that other NHS Greater Glasgow organisations had made more progress, he suggested that the Staff Governance Standard relating to treating staff fairly and consistently was not being met across the whole of NHS Greater Glasgow.

Mr Reid confirmed that the Primary Care Trust had made progress; there were some concerns relating to consistency and discussions were continuing at a local level.

Mr Cleland commented that there was willingness to implement the policies in North Glasgow Trust, but there were practical issues, particularly costs, which were causing difficulty. Some organisations had made better progress, and it was up to others to catch up.

Mrs Ostrycharz explained that Yorkhill had agreed to implement the policies though not all had yet been fully implemented. She reported that throughout NHS Scotland there were concerns regarding costs.

Mr Cameron advocated a more reflective approach to making judgement on progress. Of the 8 PIN Guidelines published, the Family Friendly guideline included 12 policies, of which perhaps 2 were contentious. He doubted whether any NHS Greater Glasgow organisation lacked a policy on harassment, and most of the Family Friendly policies, for example, Special Leave, had been implemented.

Mr Goudie emphasised staff’s growing frustration, especially in the North and South Trusts, and suggested that the Staff Survey would bear this out. In the case of North Glasgow, they had produced costings for the last meeting, but others had not done the same.

Mrs McCreary emphasised that South Glasgow had worked hard at implementing the PIN Guidelines. A small committee met regularly and the Parental Leave Policy was the most difficult problem, and it had not been possible to produce robust costs for its implementation in the given timescale.

Mr Sime suggested that this was a credibility issue. The PIN Guidelines had been developed by the service in partnership, had been approved by the Scottish Partnership Forum and senior executives from Greater Glasgow had been involved. The message which staff were receiving was that policies would not be implemented when there were difficulties (for example lack of funding), so that there was no point working through hard issues.

Mr Robertson advised members that it was the intention of the Primary Care Trust to implement all the PIN Policies by December 2003, and suggested that this timescale should be agreed for all.

Mrs Ostrycharz stated that the Local Partnership Forum at Yorkhill was working on this, in the hope of adopting a staged approach to implementation.
Mr MacLennan emphasised the issue of consistency, giving as an example the position whereby both parents worked in NHS Greater Glasgow, but because they worked in different units, one could access parental leave, and the other could not. He suggested that staff were currently being denied an entitlement. In the case of a formal complaint, lack of funding may not be a defence.

Mr Reid drew attention to the method used for calculating costs, and suggested that some of the costs might already be in the system through other mechanisms for assisting parents.

Sir John stated that he accepted that the question of resources was central, but referred to the Board’s responsibility across the health system, particularly with the move towards single employer status. The view of the Committee was that this issue must be taken seriously, and solutions must be sought. The policies would be a useful recruitment tool, and pilots might be a means of measuring realistic costs.

Mr MacLennan welcomed Sir John’s statement, and suggested that more accurate information on costs would come from assessing and considering applications. Estimating on the basis of everyone eligible applying for Parental Leave would inflate the figures.

Mr Sime accepted this but the real costs would not be known until the policy was implemented. The North Glasgow Trust was looking for the support of the NHS Board to proceed with the implementation of all the PIN Guidelines. He reminded members of staff side responsibilities to their members. There was also an issue as to whether this was a contractual entitlement and legal advice was being sought.

Mr Cleland stated that he appreciated the comments regarding cost, but agreed with the suggestion that the policy might make the organisation a more attractive place to work. It would be the responsibility of both sides to manage expectation and how the policies were utilised.

Mr Cameron reminded the Committee that the Area Partnership Forum had been charged with identifying priorities and costs, and making proposals.

Following the expression of serious concern about the application of the PIN Guidelines consistently across NHS Greater Glasgow, it was agreed that a pan-Glasgow group be set up to look at the Parental Leave policy as an urgent issue. Sir John accepted that further delay would be undesirable, and asked that agreement be reached on a way forward before the next Staff Governance Committee meeting in September 2003. A remit for the group would be discussed outwith the meeting.

Mr Robertson requested confirmation that the Parental Leave policy was the only problem area. Mrs Ostryharz and Ms Forsyth explained that the other policies were not causing problems to the same extent, since these did not have the same impact on the service.
DECIDED:

That the Director of Human Resources, Yorkhill NHS Trust, would lead the establishment of a pan-Glasgow group to consider implementation of the Parental Leave policy and in conjunction with the Area Partnership Forum, ensure a report was available to the September meeting of the Staff Governance Committee.

b) Report from the Area Partnership Forum

Mr Goudie suggested that this item would be covered under Agenda Item 4.

11. WHITE PAPER: ‘PARTNERSHIP FOR CARE’

A report [Paper No. 03/04] – Greater Glasgow Area Partnership Forum Update – was submitted by the Employee Director and the NHS Board Chief Executive, entitled White Paper ‘Partnership For Care’ – Implications of Single Employer Status for Staff Governance.

Mr Goudie explained that the report from the Area Partnership Forum was mainly covered in this joint paper.

3 main issues had been identified:

- Single Employer Status
- Community Health Partnerships
- Area Partnership Agreement

Regarding performance and partnership, staff input into performance was seen as a priority, and there had been considerable discussion regarding the interplay between the Area Partnership Forum and the Performance Assessment Framework. The Area Partnership Forum, at its meeting on 2 June, agreed that the Staff Governance Committee’s responsibility would be focused on the Staff Governance Standard and the Self-Assessment Audit Tool developed in conjunction with the Standard. Performance overall was, however, a partnership issue and NHS Board Committees could involve staff through the Area Partnership Forum, where necessary.

Sir John reminded the Committee of its responsibility to ensure that Staff Governance issues were being addressed, and intervene if not.

Mr Reid explained that the White Paper emphasised a structure which would allow for devolved decision making, and partnership arrangements would retain local involvement.

Regarding Community Health Partnerships, Mr Reid explained that their development was at a very early stage. There followed a brief discussion, during which the following points were made:

- it had to be recognised that this would be a long-term process, involving other partners like the local authorities;
- the role of the Staff Governance Committee was to ensure that staff were involved and could influence developments.

With regard to single employer status, Mr Cameron suggested that, since this Committee did not meet again until September, it would be useful to be advised soon about what work was ongoing on the principles and values on moving towards being a single employer.
12. **NHS GREATER GLASGOW STAFF SURVEY**

A paper [03/05] – Staff Survey: October 2003 – was submitted, asking the Committee to note the arrangements in progress for the second national Staff Survey scheduled for October 2003.

There followed a brief discussion, during which the following points were made:

- an extended group would be working on the Staff Survey this year, with a view to improving the response rate;
- organisations were awaiting guidelines from the Scottish Executive;
- there would be a common Scotland-wide format, with local discretion on one question;
- although Local Partnership Forums were responsible for the survey, it had already been agreed that it would be organised on a Greater Glasgow basis, with the Human Resources Director, Yorkhill NHS Trust, identified as the lead;
- in 2002 the survey had been funded centrally by the Scottish Executive Health Department, with a contribution from the NHS Board.

**NOTED**

13. **WORKFORCE PLANNING**

Presentations on Workforce Planning within the Primary Care Trust and pan-Greater Glasgow were given by Sylvia Morrison, Strategy and Implementation Manager - Primary Care, and Derek Morgan, Workforce Planning Co-ordinator, Greater Glasgow NHS Board.

There followed a brief discussion regarding the importance of this work, and the necessity to take a strategic approach, in the context of the challenges facing NHS Greater Glasgow.

14. **DATE OF NEXT MEETING**

The next meeting would be held on 16 September 2003 at 2.00 p.m. within the Conference Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.40 a.m.