1. **INTRODUCTORY REMARKS**

The Chairman thanked Mr Robertson for chairing the previous meeting and he introduced himself to Mr Anderson and Ms McGinlay.

2. **APOLOGIES**

Apologies for absence were intimated on behalf of Ms R Agnew, Ms A MacPherson and Mrs E Smith.

3. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Staff Governance Committee [NHSGGC SGC(M) 06/3] held on 24 October 2006 were approved as a correct record.

**NOTED**
4. MATTERS ARISING FROM MINUTES

(a) Workforce Strategy

A report of the Director of Human Resources [NHSGGC Paper No 07/1] comprising an update on the proposed Workforce Strategy was submitted for consideration.

The Director of Human Resources pointed out that the concept of a Workforce Strategy arose from a view that it would be helpful to pull together all the strands of work which impacted on the workforce. However, given the nature of the organisational structure and associated service planning arrangements this was now probably unnecessary. All of the Acute Directorates/CHCPs/CHPs produced an annual plan which had workforce as a key element. In addition, the Human Resources function supported workforce development through a number of workforce specific plans:

- The Workforce Plan, which sets out the issues of workforce demand and supply for the Board.
- The Board Development Plan which sets out the key strategic issues facing the Board and associated workforce development issues.
- The Learning and Education Plan which sets out the learning and education priorities for the workforce.
- The Staff Governance Action Plan which, through the Area Partnership Forum, sets out, based on all the Board’s activity, the way in which the Board would address the five themes of the Staff Governance Standard.
- The Pay Modernisation Benefits Realisation Plan which sets out the way in which the Board was using the new pay arrangements to support service modernisation and delivery of targets.

In addition, the Organisation Development framework sets out the specific interventions which were supporting the Board’s transformational agenda.

Given this situation, the Director of Human Resources stressed that the Workforce Strategy seemed, at this point unnecessary and would be likely to lead to a further layer of activity which could confuse and diffuse the focussed activity around the strands of work outlined. The intention would now be to produce a Human Resources Plan which would describe the various strands of work identified. The final draft of the Human Resources Plan would be available very shortly.
In taking forward service and workforce development, the Human Resources function had a critical role to play. Therefore, the planning framework was reflected in the objectives of the Human Resources staff in either the specific functional areas or in the Heads of Human Resources who supported the various Board Directorates.

**DECIDED:**

(i) That the concept of a Workforce Strategy be dropped in favour of a more comprehensive Human Resources Plan incorporating workforce development through a number of more specific plans.

(ii) That the new Human Resources Plan be submitted to the Staff Governance Committee for comment.

(b) **Pay Modernisation Benefits Realisation Plan**

The Director of Human Resources advised that an update had been submitted to the Scottish Executive Health Department in November 2006. A draft document would be circulated to the Staff Governance Committee in due course.

**NOTED**

(c) **Partnership Conference Report 2006**

The Employee Director submitted a paper entitled ‘Planning Health in Partnership’ comprising the Partnership Conference Report which described the event held on 29 August 2006 at the Glasgow Royal Concert Hall.

The Employee Director intimated that the conference had been a most useful exercise and was of benefit to those who had attended. Ms Dhir was disappointed that there had been no real feedback or follow-up to the various issues raised. The Employee Director acknowledged the point and undertook to liaise with the Director of Human Resources on how to take this matter forward.

**NOTED**

(d) **Revised Staff Governance Standard and Self Assessment Audit Tool**

The Director of Human Resources advised that the Scottish Workforce and Governance Group were reviewing the current document in the light of comments received. He would keep the Staff Governance Committee informed of developments.

**NOTED**
(e) Human Resources Policies and Procedures Harmonisation

The Director of Human Resources referred to the complexity involved in harmonising the various human resources policies and procedures across the entirety of NHS Greater Glasgow and Clyde.

Whilst it had not been possible to meet all of the timescales envisaged it was expected that the process would be completed by the end of the summer. The Associate Director of Human Resources (Partnerships) emphasised the need to ensure consistency of approach in implementing these policies and he described the mechanisms by which staff would be made aware of them by means of specific launches and accompanying guidance notes.

Mr Anderson recognised the enormity of the task but was concerned that important policies, such as grievance procedures, might fall through the net in areas around partnership working. The need for reciprocal arrangements between the NHS and Local Authorities was recognised as an important element in this process. The Director of Human Resources pointed out that mechanisms were already in place within CHCPs/CHPs to deal with these and related issues where for example, each CHCP/CHP had a Human Resources Manager and a Staff Partnership Forum. Mr Redpath emphasised that all CHCP/CHP managers regarded grievance matters very seriously and would be keen to ensure that the correct policies for dealing with them were in place.

NOTED

5. STAFF GOVERNANCE ACTION PLAN 2006/07

A report of the Head of Staff Governance [NHSGGC Paper No 07/2] comprising the 2006/07 Staff Governance Action Plan and covering report submitted for the Peer Review Audit event organised by the Scottish Executive Health Department on 18 and 19 April 2007 was submitted for ratification.

The Head of Staff Governance pointed out that the Scottish Executive Health Department notified Boards of interim arrangements to monitor staff governance across NHS Scotland for 2006/07. These interim arrangements comprised a two-day Peer Review event held at the Beardmore Hotel, Clydebank which was attended by the Employee Director and the Head of Staff Governance.

Each NHS Board was asked to submit an update of progress and outcomes throughout 2006/07, integration to the Action Plan of any actions from the Annual Review process and integration to the Action Plan of any actions from the Staff Survey. Boards were also asked to have available a “List of Evidence” to support progress and outcomes.
Whilst a formal report on the outcome would be sent by the Scottish Executive Health Department, initial feedback on the Greater Glasgow and Clyde submission was positive and confirmed progress was being made with the staff governance agenda. One area raised was “Dignity at Work” and that specific actions were not visible within the Action Plan. Through the “List of Evidence” it was accepted that work in this area was progressing and a single Greater Glasgow and Clyde Dignity at Work policy would be finalised soon. This work was reflected in the 2007/08 Action Plan. Training and awareness raising would be timed to coincide with the launch of the policy.

The Head of Staff Governance referred to the letter received from the Scottish Executive Health Department which summarised the two-day event and proposed how matters should be taken forward in the future.

**DECIDED:**

That the Staff Governance Committee ratify the Staff Governance Action Plan for 2006/07 as submitted.

6. **STAFF GOVERNANCE ACTION PLAN 2007/08**

A report of the Head of Staff Governance [NHSGGC Paper No 07/3] comprising the Staff Governance Action Plan for 2007/08 was submitted for approval.

The Head of Staff Governance advised that the Action Plan for 2007/08 was drafted by the Staff Governance Action Plan Group, established at the request of the Area Partnership Forum. The draft had been circulated for comment to the Acute Division, Glasgow CHCPs, non-Glasgow CHPs and the Mental Health Partnership for consideration and comment by their local Partnership Forums. Confirmation of support was received from two individuals. No other comments were received.

The draft Action Plan was considered by the Area Partnership Forum at its meeting on 26 April 2007. It was discussed in detail and a number of small minor amendments were agreed. On that basis the Area Partnership Forum agreed to the Action Plan.

Some discussion followed on a number of staff governance issues. Ms Mc GinlAy referred to the recent health visitor review where the health visitors themselves had not felt part of the decision making process affecting aspects of their work. Difficulties were also perceived in ensuring that appropriate staff governance procedures were uniform across the various CHCPs/CHPs. These particular issues were being addressed.

The Chair noted the intention to design and establish a management development framework for Greater Glasgow and Clyde which would provide structured and functional support to managers and supervisors in their critical roles. He emphasised the importance of ensuring that first line supervisors were appropriately trained and supported. The Chair stressed that this was a very important issue crucial to the success or otherwise of staff governance procedures.

It was agreed that Lindsay Lauder be invited to the next meeting of the Staff
Governance Committee to explore this issue in more detail.

Sir John referred to the recent Staff Survey and the need to ensure that the various issues raised by staff were being adequately addressed. The Head of Staff Governance confirmed that mechanisms to achieve this were being finalised. It was likely that the next Staff Survey would be organised differently in an effort to make it more responsive to the major points raised by staff.

**DECIDED:**

(i) That the Staff Governance Committee approve the Staff Governance Action Plan for 2007/08 as submitted.

(ii) That Lindsay Lauder be invited to the next meeting of the Staff Governance Committee.

### 7. AREA PARTNERSHIP FORUM REPORT


The Employee Director pointed out that the agenda of the Area Partnership Forum continued to be wide-ranging and included issues such as Agenda for Change, Modernising Medical Careers, the Board’s financial planning, the consequences of the integration of Clyde, staff benefits, wider staff governance issues and car parking.

In regard to Agenda for Change, the Employee Director stressed that whilst the short-term Assimilation and Performance Group charged with the completion of job matching and evaluation to final assimilation, had now been dissolved there remained some work still to be done before full implementation was achieved. There were a number of associated issues that still posed a challenge such as payment of arrears.

The integration of Clyde had brought a number of clinical and financial challenges to the Board. It had been the desire of the Area Partnership Forum to be not only fully informed but also to be fully involved in the meeting of these challenges. The key to this was the full involvement of trade unions and professional organisations with general management and clinical leaders in both the Clyde Clinical Strategy and the Clyde Recovery Plan. Mr Robertson referred members to that part of the Board’s financial plans dealing with Clyde for further elicitation.

In regard to car parking, the Board, prior to the integration of Clyde, had agreed a car parking policy that would see introduction of car parking charges for both staff and patients. At the 1 March 2007 meeting of the Area Partnership Forum, the staff sides had proposed a moratorium on the car parking policy in response to complaints from members.

The Chief Executive reported at the 29 March 2007 meeting that the Board had agreed to the moratorium in order to undertake a review of certain
implementation issues such as the level of charging, impact on regular hospital attendees and out of hours staff.

The Employee Director pointed out that there was unlikely to be a consensus between the Board and the trade unions on the principle of charging. In addition, the staff side were concerned at the apparent lack of consultation on the application of the car parking policy within Clyde.

The Employee Director concluded that whilst enormous strides had been made there was still a need to deepen partnership working within NHS Greater Glasgow and Clyde.

NOTED

8. AGENDA FOR CHANGE

A report of the Director of Human Resources [NHSGGC Paper No 07/5] comprising an update on Agenda for Change implementation was submitted for information.

The Director of Human Resources advised that the final assimilation of the large job families took place in April 2007. There was now a significant piece of work underway to identify those staff not yet assimilated, the reasons for this and the action necessary to ensure all remaining staff were assimilated. The main reason was that many staff had changed their posts since 1 October 2004.

A further significant exercise was underway to complete the payment of arrears of pay to staff who had been assimilated. This involved a detailed calculation back to 1 October 2004 to take account of incremental changes, overtime work, occupational sick payments and any other elements such as maternity pay or acting arrangements. It was anticipated that all arrears of pay would be concluded by August 2007.

It was noted that around 3,500 requests for a review of the outcome of the matching exercise had been received. A process was now underway to deal with the reviews through a subgroup of the Area Partnership Forum. The Director of Human Resources pointed out that the number of people seeking a review of the outcome of the matching exercise was appropriately 10% of the total of those who had been matched.

The Director of Human Resources also referred to the progress being made in relation to job evaluation and the Knowledge and Skills Framework.

Ms McGinley pointed that there were concerns regarding what was perceived as a lack of communication on matters relating to assimilation deadlines and pay arrears. The Associate Director of Human Resources (Partnership) acknowledged the point but referred to the various methods by which the Board had communicated information on Agenda for Change to members including the use of Core Briefs in the Staffnet and newsletters.

The Director of Human Resources pointed out that a number of workshops for managers and staff had also been initiated but that these had unfortunately been poorly attended.
The Director of Human Resources undertook to take the issue of improved communications forward.

NOTED

9. ATTENDANCE MANAGEMENT

A report of the Director of Human Resources [NHSGGC Paper No 07/6] comprising an update on the attendance management process was submitted for comment.

The Director of Human Resources pointed out that in accordance with HDL(2005)51, each NHS Board in Scotland was required to achieve a target of no more than 4% sickness absence by 31 March 2008 in order to secure time released savings. Current absence rates within NHS Greater Glasgow and Clyde were set out in an Appendix to the report.

The Director of Human Resources emphasised that the 4% sickness absence target was a significant challenge to Greater Glasgow and Clyde and the purpose of the attendance management process was to provide the necessary focus to ensure that the Board successfully met this challenge.

A draft Attendance Management Policy, to replace a range of existing policies in place under previous divisional management arrangements within Greater Glasgow and Clyde, was currently under consideration and was expected to be concluded by the end of May. Key policy areas included the use of return to work interviews which were seen as a successful method of managing short-term absences, the use of trigger points for initiating a review of intermittent absences and much better use of the Occupational Health Service for those staff on long-term sickness (20 calendar days or over). Formal action, short of dismissal, may be required to be taken where continued long-term absence may place the individual’s continued employment in jeopardy. In order to provide further support for managers in the operation of these policies, an attendance management DVD was currently being developed and was due to be launched.

Sir John expressed his concern at the high level of sickness absence identified in both a number of acute specialties and partnerships within NHS Greater Glasgow and Clyde. Some of these figures were double the target being proposed. The Associate Director of Human Resources (Partnerships) emphasised that the various Human Resources Managers across the city were well aware of this situation and were diligently looking at different initiatives in the attempt to resolve it.

DECIDED:

That the Staff Governance Committee approve the Attendance Management process as submitted.

10. MINUTES OF REMUNERATION SUBCOMMITTEE

The Staff Governance Committee received for information copies of the Minutes of a meeting of the Remuneration Subcommittee held on 11 January
The Chair pointed out that there were a number of matters within the Minutes which were of a highly confidential nature. He asked that members return these Minutes to the Secretary at the end of the meeting and that the Secretary write to those members absent from the meeting reminding them of the confidentiality of the papers they had received.

NOTED

11. SENIOR MANAGERS’ PAY UPLIFT

The Employee Director expressed his disappointment that senior managers had not received their pay uplift. The Committee agreed that this was unsatisfactory situation and it was hoped it would be resolved in the very near future.

NOTED

12. DATE AND TIME OF NEXT MEETING

The next meeting of the Staff Governance Committee would be held on Tuesday 7 August 2007 at 1.00 pm in Meeting Room A, Dalian House, 350 St Vincent Street, Glasgow.