GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Staff Governance Committee held
in the Conference Room, Ground Floor, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 20 November 2007 at 12 noon

PRESENT

Mr R Cleland (in the Chair)
Sir J Arbuthnott Mr A O Robertson OBE
Ms R Dhir MBE Mr D Sime

IN ATTENDANCE

Ms R Agnew ... APF Staff Side Secretary
Mr G Anderson ... APF Joint Trade Unions Representative
Mr G Archibald ... Director representing Acute
Mrs M Bassy ... Head of Staff Governance
Mr A Carter ... Associate Director of Human Resources (Partnerships)
Ms R Fishlock ... Staff Governance Adviser
Ms A MacPherson ... Associate Director of Human Resources (Acute)
Ms A McGinley ... APF CHCPs Joint Trade Union Representative
Ms M Robertson ... APF Staff Side Secretary
Mr W S Marshall ... Secretariat Officer

25. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon, MBE, Councillor J McIlwee, Mr I Reid and Mrs E Smith.

26. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Staff Governance Committee [NHSGGC SGC(M)07/2] held on 7 August 2007 were approved as a correct record.

NOTED

27. MATTERS ARISING FROM MINUTES

(a) Health Visitor Review

The Associate Director of Human Resources (Partnerships) referred to the background of this issue and acknowledged that the staff concerned had not felt part of the decision making process affecting aspects of their work. There were two main grievances. The first was around the role of health visitor team leaders within CHCP/CHPs and the second was around the direction of travel for health visitors within children’s services more generally. Both of these grievances were being addressed.
Both Ms Agnew and Ms McGinley articulated the disappointment felt by the staff side and trade unions concerned as to how this issue had been originally handled by the management side but negotiations were being continued now that all parties were an integral part of the review process.

The Employee Director intimated that the issue had come up at the recent Accountability Review where it was acknowledged that there was a need for the Board to strengthen its CHCP/CHP Partnership relationships particularly in regard to strategic issues. Mr Anderson suggested that the Mental Health Partnership offered a good example of successful partnership working and could provide a model to follow.

The Chairman pointed out that it was important to learn the lessons of past experience. A properly agreed framework for engagement for such issues in the future would be a prerequisite for their success. He was pleased to note that despite the past difficulties constructive dialogue was continuing on what was an important and complex issue.

**NOTED**

(b) **Human Resources Plan**

A report of the Director of Human Resources [NHSGGC Paper No 07/15] comprising a revised Human Resources Plan was submitted.

The Head of Staff Governance explained that the Human Resources Plan had been revised in line with comments received and was now being circulated for information.

**NOTED**

(c) **Policies and Procedures Harmonisation**

The Associate Director of Human Resources (Acute) referred to the complexity involved in harmonizing 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 original timescales envisaged, progress was being made. The Work-Life Policy was nearing completion whilst the other policies were currently subject to detailed discussions with the trade unions. It was hoped to have all of the various policies finalised by the Spring of next year.

It was noted that the Health and Safety Forum was also in the process of developing policy and procedure harmonization across the Board’s area.

**NOTED**

(d) **Senior Managers’ Pay**

The Head of Staff Governance advised that the definitive Scottish Government Circular setting out the new arrangements for implementing the outstanding pay awards for executives and senior managers was still awaited. It was now expected at the end of November 2007.
Sir J Arbuthnott advised that the Scottish Government was well aware of the views of the Board regarding this issue. It would no doubt be raised again at the meeting of NHS Board Chairmen being held on 26 November 2007.

**NOTED**

(c) **Agenda for Change**

A report of the Director of Human Resources [NHSGGC Paper No 07/16] comprising an update on Agenda for Change implementation was submitted.

The Associate Director of Human Resources (Acute) advised that by the end of October 2007 Glasgow had successfully assimilated 21,541 employees and Clyde had successfully assimilated 7,758 employees giving a total of 29,299. A breakdown of these figures was included as Appendix 1 to the report. The total number of employees on Whitley grades at the point of calculation was 31,872.

The Associate Director of Human Resources (Acute) then referred to exceptions. An exception was where an employee had more than one post from 1 October 2004 or had received acting allowances. These needed to be manually calculated as the system could not process this level of change. The total number of exceptions was currently 3,311 in Glasgow and 457 in Clyde. Within October 2007, 363 exceptions had been cleared with a further 88 processed for November 2007.

The Employee Director and the Director of Human Resources were currently looking at a process to move this particular group forward. The Employee Director pointed out that those affected were becoming increasingly irritated by the length of time the process was taking but it was as much a resource problem as anything else.

In regard to arrears, as at the end of October 2007, 17,987 employees for Glasgow and 6,084 employees for Clyde had received arrears of pay which totalled 24,071 with a further 2,049 processed without payment due for staff assimilated up to 31 August 2007, the remaining arrears were 26 and 68 for Clyde.

The Clyde figure included Trust Nurses where an agreement had now been reached in partnership to pay this group. It was expected that the arrears would be cleared by the end of November 2007.

The Associate Director of Human Resources (Acute) concluded her remarks by giving brief outlines on the positions regarding nurse bank, reviews, hours change and KSF outline development.

Ms Robertson pointed out that Payroll moving to single system working could result in further delay in Agenda for Change implementation. It would be important to monitor this situation as it developed.

**NOTED**
(f) Attendance Management

A report of the Director of Human Resources [NHSGGC Paper No 07/17] comprising an update on average sickness absence rates to 30 September 2007 was submitted.

The report included a number of appendices. Appendix 1 set out the average sickness absence rates within the Board for the twelve months to September 2007 (at 6.17%) and also the absence rates for the first six months of the current financial year (at 5.86%), against the national target of 4% by March 2008. Monthly variance in absence rates during October 2006 to September 2007 was shown at Appendix 2. Appendix 3 showed the distribution of sickness absence during the first six months of 2007/08 between short-term (that is less than 28 days) at 2.2% and long-term (28 days or more) at 3.7%.

Members were aware of the Director of Public Health’s recently published report entitled “A Call to Debate : A Call to Action” which identified Greater Glasgow and Clyde as having a disproportionate amount of the most unhealthiest areas in Scotland. Work was ongoing with colleagues within Public Health to determine whether there was a correlation between employee sickness absence rates and areas of residence using home address post code information against areas of high deprivation. The results of this analysis and proposed actions which may follow would be reported to a later meeting of the Staff Governance Committee.

Some discussion followed and the challenge in meeting the 4% attendance management targets was noted. It was important to look beyond the bare statistics by looking at the reasons for absence.

The Associate Director of Human Resources (Acute) pointed out that work was ongoing to look at significant outliers. At least two had been identified so far. The necessity to provide some written commentary by means of explanation for some of the statistics being produced was acknowledged and would be provided at future meetings.

Mr Archiebald and Mr Anderson both pointed out that staff who were assaulted by relatives or patients and who quite understandably might be reluctant to return immediately to their place of work was precisely the type of employee absence that the bare statistics alone could not explain. There were other such examples as to why staff may be absent from their work.

The Employee Director advised that the attendance management target employed by Glasgow City Council was actually lower than 4%. Yet despite the Council having a specific policy and a dedicated unit looking at the issue its average rates of absence were still higher than those pertaining in NHS Greater Glasgow and Clyde.

NOTED
28. **AREA PARTNERSHIP FORUM REPORT**

A report of the Employee Director [NHSGGC Paper No 07/18] comprising an Area Partnership Forum Report and the Minutes of meetings of the Area Partnership Forum held on 30 August 2007 and 13 September 2007 were submitted.

The Employee Director emphasised that equality legislation placed a duty on the Board to monitor and gather statistical information on the diversity of the workforce relating to all aspects of employee relations. This information was obviously desirable not only from the legal standpoint but also to ensure NHS Greater Glasgow and Clyde was able to provide for the equitable treatment of all the Board’s employees, a goal which was shared by the joint trade unions and professional organisations representing these very same employees.

The Area Partnership Forum, received at its October meeting, a paper and a presentation on the “Commission for Racial Equality Compliance Action Plan Update” from the Associate Director of Human Resource (Partnerships). The update outlined the increased returns on diversity data achieved by means of the Scottish Workforce Information Standards System (SWISS), a return the staff had been previously reluctant to complete; the capture of data by use of returns related to activity around learning, education and organisational development; and the development of a database for recording diversity relating to disciplinary and grievance activity.

The next steps should include using this information to inform the Staff Governance Action Plan but also areas of concern such as any so called “glass ceilings”. To this end, the data would prove to be an invaluable source for the future work of the Area and Local Partnership Forums.

An equal concern of the joint trade unions and professional organisations to that of workforce monitoring was workforce planning. Ms Robertson confirmed the importance of this issue as a key agenda for joint working. There had been some work on work planning at a Scottish level with the production of a Nursing and Midwifery Workforce Tool. The staff side of the Area Partnership Forum had raised concerns with the Forum that the Board did not seem to be fully engaging in the use of the Tool. It had, therefore, been agreed that between Forum meetings a small group would get together involving the Director of Nursing and the Director of Human Resources and staff side representatives to discuss the principle of workforce planning and measurement.

In regard to the Staff Governance Action Plan, the Area Partnership Forum received in October an update on the progress with the plan from the Head of Staff Governance. It was agreed that in future the Forum would receive reports on the plan over the year by means of a series of reports focused on a single strand of the Standard such that the plan would be fully reported in a single year. The elements of the other strands not reported at a particular meeting but that were of concern would be reported by exception.

It was also agreed at the meeting that the Forum should take a pro-active approach to plan development, rather than depend solely on the staff survey, by the establishment of focus groups across the Board area. The intention being that the plan should be an active document that was flexed to changing circumstances.

The Employee Director concluded by highlighting future agenda items.

**NOTED**
29. STAFF GOVERNANCE ACTION PLAN 2007/08

A report of the Head Staff Governance [NHSGGC Paper No 07/19] comprising an update of the Staff Governance Action Plan 2007/08 was submitted.

The Head of Staff Governance pointed out that the Staff Governance Action Plan comprised update notes as at November 2007. A series of presentations from Divisions or Partnerships had been arranged starting from this meeting through to 2008. The first presentation was from the Acute Division and it would inform members of progress with staff governance within the Acute Division.

The Associate Director of Human Resources (Acute) then provided members with a very detailed presentation on the progress of the Acute Services Division Staff Governance Standard to date. She particularly focused on communications; training; decision making processes; fairness and consistency in treatment and improved and safe working environments and did this by highlighting the various strands of work being undertaken against each of these categories.

Mr Robertson noted that the bursary scheme had now been launched and he suggested that a report on its progress should be submitted to the Board’s Endowments Committee. The Associate Director of Human Resources (Acute) noted this point. Ms Agnew suggested that more work needed to be undertaken around exit strategies. The Associate Director of Human Resources (Acute) agreed but at the moment there was no specific policy in place to address this. However, work was ongoing in relation to this issue. Some discussion then followed on the utility of staff surveys.

The Associate Director of Human Resources (Partnerships) then provided members with an update on the Compliance Action Plan – Race Equality Duty. He reminded members that the Commission for Racial Equality had given notice of its intention to serve the Board with a compliance notice for failure to comply with the Race Equality Duty. The Board had subsequently submitted a portfolio of information which outlined what it was doing in regard to this issue. As a result of this action a compliance notice would not be issued. The Commission for Racial Equality was satisfied that the Board was making progress.

Central to ensuring that returns on diversity data was achieved in the future was the Scottish Workforce Information Standard System (SWISS). It was noted that in the past some staff had been reluctant to complete these returns due to the sensitive nature of some of the questions. However, all staff would now be encouraged to complete the forms and work was ongoing on finding ways of assuring staff that the information they provided on the form was genuinely anonymous.

NOTED

30. PARTNERSHIP CONFERENCE REPORT : 2007

A report of the Employee Director [NHSGGC Paper No 07/20] comprising a Partnership Conference Report for 2007 was submitted.
The Employee Director explained that health inequalities had been one of the issues raised regularly in the course of meetings of the Area Partnership Forum since its reorganisation in April 2006. The Forum’s interest in this particular topic had been informed by means of presentations from Dr C Tannahill, Director of the Glasgow Centre for Population Health and Dr L de Caestecker, Director of Public Health. It was, therefore, agreed appropriate that the emphasis of the programme for the 2007 Partnership conference should be health inequalities.

The Employee Director advised that the conference had taken place on 5 November 2007 and had been attended by sixty delegates comprising managers and trade union/professional organisation representatives. The event used workshop sessions with the aim of drilling down behind the facts and figures and looking at what an inequalities sensitive work place should be. This was achieved by using case studies and questions posed to the groups by the facilitators who each dealt with a particular inequalities issue.

The Employee Director advised that the conference had been well received.

**NOTED**

31. **STAFF GOVERNANCE – TIMETABLE FOR MEETINGS AND REPORTING**

A report of the Head of Staff Governance [NHSGGC Paper No 07/21] comprising a timetable and reporting protocol for meetings of the Staff Governance Committee, the Area Partnership Forum and the Staff Governance Action Plan Group was submitted.

**NOTED**

32. **DATE AND TIME OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be held on Tuesday, 19 February 2008 at 2.00 pm in Meeting Room B, Dalian House, 350 St Vincent Street, Glasgow.