

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Staff Governance Committee held
in Meeting Room B, Ground Floor, Dalian House
350 St Vincent Street, Glasgow
on Tuesday 22 June 2010 at 2:00 p.m.**

PRESENT

Mr R Cleland (in the Chair)

Ms R Dhir MBE Mr A O Robertson OBE
Councillor J McIlwee Mr D Sime

I N A T T E N D A N C E

Mr A Carter	Head of Staff Governance
Ms R Fishlock	Staff Governance Advisor
Ms A MacPherson	Associate Director of Human Resources (Acute)
Ms D McErlean	APF Staff Side Secretary
Ms J Murray	Head of Human Resources (North and West Glasgow CH(C)Ps)
Mr K Redpath	Director representing CHP/CHCPs
Mr I Reid	Director of Human Resources
Mr W S Marshall	Secretariat Officer

F O R M I N U T E 1 6 O N L Y

Ms A Harkness	Director of Rehabilitation and Assessment
Mr D Miller	Human Resources Manager

F O R M I N U T E 2 2 O N L Y

Dr E Waclawski	Consultant Occupational Physician
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ACTION BY

12. INTRODUCTORY REMARKS

The Chair opened the meeting by welcoming Ms Anne Harkness, Director of Rehabilitation and Assessment and Mr D Miller, Human Resources Manager, who would be giving the Staff Governance Committee a presentation on the staff governance arrangements in place within the Rehabilitation and Assessment Directorate.

The Chair also welcomed Dr Eugene Waclawski, Consultant Occupational Physician, who would be addressing the issue of the Staff Health Action Plan.

13. APOLOGIES

Apologies for absence were intimated on behalf of Mr G Anderson, Mr G Archibald, Ms F Lyall and Ms M Robertson.

14. MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Staff Governance Committee (NHSGGC SGC(M)10/01) held on 16 March 2010 were approved as a correct record subject to the following amendment:-

Omit "Councillor McIlwee asked whether agency staff could be included in these statistics and this was agreed."

Add "Mr Anderson asked whether agency staff could be included in these statistics and this was agreed."

NOTED

15. MATTERS ARISING FROM MINUTES

(a) Occupational Health – Changes to Service

The Associate Director of Human Resources (Acute) gave a short presentation on the reorganisation of the Occupational Health Service.

The Board had explored a number of value-for-money options including outsourcing and had decided on an internal proposal to redesign the service. A Programme Board was set up and chaired by the Director of Finance to oversee the project and a working group was established and chaired by the Associate Director of Human Resources (Acute). Both occupational health staff and trade union representatives were fully involved in this process.

The Programme Board agreed the core and non core services and a hub and satellite model for the new service was adopted. The service would be delivered from a single hub within the old Victoria Infirmary out-patients department and existing premises would be utilised for satellite clinics at Inverclyde Royal Hospital, Vale of Leven Hospital, Royal Alexandra Hospital, Glasgow Royal Infirmary and Gartnavel General Hospital on the basis of evidence based demand.

The Associate Director of Human Resources (Acute) explained the implementation stage and the mechanisms being adopted to move towards a new paper light system of working. IT would have a key role. The new service would be nurse led, included enhanced physiotherapy input and improved IT based administrative support. The Associate Director of Human Resources (Acute) advised that the new service model now had extended opening times from 8:00 a.m. – 6:00 p.m, Monday to Friday, with on-call provision if required.

The Associate Director of Human Resources (Acute) referred to the co-operation which had been received from the Occupational Health Service staff in working through these changes and to their commitment during what had been a difficult period of transition to the new service. The change had resulted in about £1.1M in efficiency savings.

NOTED

(b) Human Resources Policy Update

A report of the Director of Human Resources [SGC Paper No. 10/07] comprising the Workforce Change Policy and Procedure and the Employee Capability Policy and Procedure, were submitted.

The Director of Human Resources advised that the Dignity at Work Policy was now almost completed and there were a couple of other policies currently being finalised.

NOTED

(c) Update on Appeal Hearings

The Director of Human Resources referred to the progress being made on tackling some of the concerns previously expressed by Non Executive Board members over the timing of disciplinary appeal hearings and the way in which appeal hearings had been conducted. The need for consistency in the presentation of cases and in the substance of cases being brought to an appeal hearing was recognised. The Chair emphasised the need for a more structured approach to arranging appeals which would result in more Non Executive Board members being able to fully participate in the arrangements.

It was recognised that the situation was improving now that new mechanisms were in place. Ms Dhir thanked the Human Resources Department for acting on the concerns previously raised by participants in the process.

The Director of Human Resources pointed out that the Occupational Health Services facility at the Victoria Infirmary had suitable rooms available which could be used in the future for appeal hearings.

NOTED

(d) Bank Staff with Substantive Contracts

In response to an inquiry made by Mr Anderson at the previous meeting, the Head of Staff Governance advised that there were 6785 bank staff who had substantive contracts in NHS Greater Glasgow and Clyde.

NOTED

(e) Appeals Society (Staff Lottery)

Ms Dhir referred to her membership of the Appeals Society Committee which allocated funds from the staff lottery. She had been most impressed by the way it conducted its business and with the good work it was doing in the allocation of its resources. The Staff Governance Committee was pleased to note these comments.

NOTED

16. ASSURANCE FROM SERVICE AREAS

Presentation by the Rehabilitation and Assessment Directorate

The Chair introduced Ms Anne Harkness, Director of Rehabilitation and Assessment and Mr D Miller, Human Resources Manager, who would be giving a presentation on the staff governance arrangements in place within the Rehabilitation and Assessment Directorate.

The Director of Rehabilitation and Assessment explained what the Directorate was responsible for. This included medicine for the elderly, disability, stroke, palliative care, Westmarc, falls, six allied health professions for adults, chaplaincy, psychology and a range of community services including back pain, care home services and weight management. The Directorate was responsible for about 3000 WTE staff but the overall head count of employees was nearer 3500. It was responsible for 1400 beds across fourteen sites. In addition, the AHP staff also provided services to other Directorates.

The Director of Rehabilitation and Assessment pointed out that such a varied and diverse workforce presented challenges from a staff governance perspective but the Directorate had a serious commitment to partnership working. She explained the mechanisms in place for achieving this which included staff members of the Directorate Management Team, papers shared with key staff members in advance and key issues identified between partners. Staff partners were also integrally involved in specific projects of the Directorate and these had included the Merchiston Hospital closure and the service development programme at Westmarc.

The Director of Rehabilitation and Assessment referred to the five specific commitments identified in the Staff Governance Action Plan which required action. She took members through each of these commitments and explained how the Directorate was satisfactorily addressing them. Mr Sime was particularly interested in the service walkabouts undertaken by management within the Directorate and the Director of Rehabilitation and Assessment confirmed that these had proved a most useful mechanism for obtaining feedback from staff and patients on a wide variety of issues.

The Chair queried the reasons why the Directorate did not have a specific Staff Governance Committee. The Director of Rehabilitation and Assessment advised that this was because staff governance and partnership working was interwoven with everything the Directorate did. Staff governance was a standing item for every management team within the Directorate. The Chair was pleased to note this and hoped that in such a diverse Directorate the existing mechanisms would be maintained and enhanced for keeping staff fully informed on staff governance issues and how they related to them.

The Chair thanked Ms Harkness and Mr Miller for a most interesting and informative presentation.

NOTED

17. VIOLENCE AND AGGRESSION UPDATE

A report of the Head of Health and Safety [SGC Paper No. 10/08] comprising an update on the activities of the Violence Reduction Group was submitted.

The Chair advised that this was the latest of the twice yearly reports which the Head of Health and Safety would be submitting to the Staff Governance Committee for information. The report covered the following issues; violence and aggression data; the Management of Violence and Aggression Strategy and Action Plan; supporting documentation for policy implementation; Working Well Challenge Fund projects; violence and aggression training; court cases through the Victim Information and Advice Service and the Stalking Policy.

Ms Dhir referred to the data on incidence of violence and aggression. It was noted that the measures being put into effect to alleviate such incidents seemed to be working as the data indicated a 30% to 35% reduction from 2008/09 to 2009/10. The Staff Governance Committee trusted these improvements would be maintained as any violence directed against staff was completely unacceptable.

NOTED

18. WORKFORCE PROJECTIONS

A report of the Head of Workforce Planning and Development [SGC Paper No. 10/09] comprising a position update on the NHS Greater Glasgow and Clyde Workforce Plan and Projections for 2010/2011, as at June 2010, was submitted.

The Director of Human Resources pointed out that since 2005, the Scottish Government Health Department had asked all NHS Boards to submit workforce projections for the main job families including medical, nursing, midwifery and AHPs in April of each year. This information had primarily been used to agree training numbers with the educational institutions and the Board's predictions had been relatively stable for the past three years.

In December 2009, the Scottish Government Health Department had written to Boards suspending this arrangement pending a review of workforce planning methodologies across the Scottish NHS as the current processes were not considered to be robust enough. However, on 9 April 2010, the Scottish Government Health Department Workforce Directorate wrote to all Boards requesting that workforce projections for 2010/11 should be submitted in a standard template by 30 April 2010. This was undertaken by the Board although as was evident from the covering letters the Board had not had the opportunity to discuss this with staff partners because of the very short timescales involved.

The Director of Human Resources explained the background to the production of the current figures. The Chief Executive and the Director of Human Resources had met with Staff Side representatives to share with them the projections and rationale submitted to the Scottish Government Health Department.

The figures produced had evoked a great deal of interest from both the media and the Scottish Parliament which had led to the Scottish Government Health Department requesting considerable further detail. The Board had also received Freedom of Information requests from MSPs on the same subject.

The Director of Human Resources advised that it was likely that workforce numbers and plans would continue to be the focus of intense interest and scrutiny by both the public and the Scottish Government for the foreseeable future. In anticipation, the Board was improving and strengthening its processes and workforce infrastructure.

NOTED

19. AREA PARTNERSHIP FORUM REPORT

A report of the Employee Director [SGC Paper No. 10/10] comprising an Area Partnership Forum report and the minutes of meetings of the Area Partnership Forum held on 24 February 2010 and 24 March 2010 was submitted.

With regard to financial and workforce challenges, the Area Partnership Forum continued to work together in recognition of the financial challenges faced by the Board and the consequences for the workforce. Given this situation there had been a number of meetings of the Workforce Challenges Sub Group. The last planned meeting had received a paper with workforce projections for 2010/11 which as the Director of Human Resources had already stated had become the subject of questions to the First Minister within the Scottish Parliament and consequently the focus of much media attention.

A number of programme boards had been or were being established to take forward some of this work including acute ward skill mix, mental health services in-patient review and specialist children's services redesign within CHCPs. Future meetings of the Forum would receive reports on progress of these redesigns.

With regard to policy development, the Area Partnership Forum had agreed and approved Board policies in relation to employee capability and workforce change. The workforce change policy gave the Board a single policy covering staff across the whole NHS Greater Glasgow and Clyde area. It was hoped that the Area Partnership Forum would shortly be able to sign off a policy in relation to dignity at work. This policy would drive cultural change by aiming to provide staff with an environment that discouraged bullying and harassment.

Dr E Waclawski, Consultant Occupational Physician, had attended the Area Partnership Forum in March to present the Board's Staff Health Action Plan. This plan was part of a strategy to ensure a health legacy from the Commonwealth Games in 2014. Much of the plan involved promoting physical activity utilising small grants that had been awarded to the Healthy Working Lives Groups.

NOTED

20. STAFF GOVERNANCE

(a) Improvement Plan 2009-10 Year End Out-Turn

A report of the Director of Human Resources [SGC Paper No. 10/11] comprising an end of year update for the Staff Governance Improvement Plan for 2009-10 was submitted.

The Head of Staff Governance pointed out that the Staff Governance Improvement Plan for 2009-10 was formally signed off at the Staff Governance Committee meeting held on 20 October 2009. The Plan was organised around the results of the 2008 NHS Greater Glasgow and Clyde staff survey.

The plan used three classifications of progress; “achieved (a)”; “on target (o)” and “slippage (s)”. The break down of progress against the plan was summarised below.

As at October 2009;

Classification(Half Year)	Number of Objectives (Half Year)
Achieved	6
Partly Achieved	40
Stopped	3

As at April 2010;

Classification (Year-End)	Number of Objectives (Year-End)
Achieved	23
Partly Achieved	29
Stopped	1

Significant effort had gone into improving staff communication, the pursuit of Healthy Working Lives accreditation, modernising staff induction, reporting on equality and diversity matters, human resources policy development and developing strategies to minimise violence & aggression against staff. One work item was not progressed in the course of the year as funding was not available. Full detail of progress was recorded in the accompanying report to the paper.

NHS Scotland undertook a staff survey every two years. In October 2010, NHS Scotland would undertake the next staff survey. Results should be available in December 2010. This would present a valuable opportunity to reflect on whether NHS Greater Glasgow and Clyde had made progress against the goals set out in the 2009-10 Improvement Plan.

The Head of Staff Governance asked the Staff Governance Committee to note the progress made against the 2009-10 Staff Governance Improvement Plan and to consider rolling over the plan into the period April to November 2010 to allow time to progress some or all of the partly achieved objectives. The Committee was also asked to consider developing a new two year Staff Governance Improvement Plan for 2011-2013 in line with the cycle for the NHS Scotland staff survey. Once the results of the 2010 NHS Greater Glasgow and Clyde staff survey were released work could then begin on devising a new plan.

Whilst agreeing in principle to moving production of the Staff Governance Improvement Plan to a two year cycle, given the new circumstances outlined by the Head of Staff Governance, the Chair was nevertheless concerned about any possible slippage in relation to implementing the five main staff governance commitments.

The Head of Staff Governance acknowledged this point but was confident that the new arrangements being proposed would not impact negatively on the existing time tables for delivering the five staff governance commitments. Ms McErlean emphasised the importance of demonstrating in the Improvement Plan how comments made by staff in the staff survey were actually being acted upon. The Head of Staff Governance acknowledged this was a key element in the production of the Improvement Plan.

DECIDED

- (i) That the Staff Governance Committee agree to rolling over the plan into the period April to November 2010 to allow time to progress some or all of the partly achieved objectives.
- (ii) That the Staff Governance Committee agree to developing a new two year Staff Governance Improvement Plan for 2011-2013 in line with the cycle of the NHS Scotland staff survey.

**Head of Staff
Governance**

**Head of Staff
Governance**

(b) Self Assessment Audit Return

A report of the Director of Human Resources [SGC Paper No. 10/12] comprising the Self Assessment Audit Submission sent to the Scottish Government Health Department in early June, was submitted.

The Head of Staff Governance advised that NHS Scotland organisations had been required to evidence their commitment to staff governance for the past six years. In this time, there have been a range of methods used for measuring performance including peer review and the use of external auditors. For the second year running, NHS Greater Glasgow and Clyde had been asked to complete a self assessment pro forma, rating performance against the five Staff Governance Standards from 0 (described as Initial - Development) through to 3 (described as Exemplary - Reviewing).

A paper attached to the report was presented to the Area Partnership Forum on 19 May 2010, asking members to critically evaluate NHS Greater Glasgow and Clyde's performance and decide how the Board should score its performance. This task was accomplished and the NHS Greater Glasgow and Clyde self assessment return was submitted to the Scottish Government Health Workforce Directorate on 3 June 2010. A copy of this return was attached to the papers.

For the second year running, NHS Greater Glasgow and Clyde rated performance as:

- Well Informed – 2 Monitoring;
- Appropriately Trained – 3 Review;
- Involved in Decisions – 2 Monitoring;
- Treated Fairly – 2 Monitoring;
- Safe and Improved Working Environment – 3 Review.

The Staff Governance Committee noted that the evidence to back up the above classifications was highlighted in the paper circulated with the agenda and subsequently submitted to the Scottish Government Health Department.

It was noted that with effect from 2011 there would be a new and different methodology for measuring NHS Board's performance against the Staff Governance Standards.

NOTED

(c) Staff Survey 2010

A report of the Director of Human Resources [SGC Paper No. 10/13] comprising an update on the arrangements for the staff survey for 2010 was submitted.

The Head of Staff Governance advised that NHS Scotland had undertaken three previous staff surveys. The survey was undertaken every two years and was NHS Scotland's principal method of testing how effectively the Staff Governance Standards had been translated into everyday employment policy and practice inside different employing authorities. The process served to test for staff attitude and sense of well-being.

The Head of Staff Governance pointed out that the next survey would be undertaken in October and November 2010. Work was underway to design a survey which struck a balance between asking valid and reliable questions and allowing for a degree of tracking performance from year-to-year. The Scottish Government had established a Partnership Working Group involving the following constituents:

- HR Directors of NHS Shetlands and the Golden Jubilee National Hospital;
- Employee Directors of NHS24, NHS Ayrshire & Arran & NHS Borders;
- Trade Union and Professional Organisation National Officers (Unison/RCN);
- Scottish Government Health Workforce staff;
- Scottish Government Quality & Communications staff;
- University of Nottingham input for survey design and analysis.

It was noted that the Scottish Government would continue to fund the design, analysis and national distribution costs involved with the survey. NHS Boards would be expected to cover more local distribution costs and would be responsible for local publicity.

As a cost-reducing measure, NHS Boards would not be able to ask local questions this year. Furthermore, NHS staff would be encouraged to complete the survey on-line and Boards would be asked what was the bare minimum number of paper copies they would require. The paper copies of the survey would be directed towards those staff who either did not have IT skills or did not have ready access to workplace PCs, including laundry, domestic, portering and catering staff.

The Chair expressed his surprise at aspects of the composition of the Partnership Working Group which did not appear to be appropriately representative of the NHS in Scotland as a whole but was gratified to learn that the Head of Staff Governance was assisting the Scottish Government Workforce Directorate progressing the survey.

The Head of Staff Governance advised that the Partnership Working Group was working to achieve greater clarity around some of the questions being asked in the staff survey and to having the survey better publicised than it had been in the past.

NOTED

(d) Staff Governance Statistics

A report of the Director of Human Resources [SGC Paper No. 10/14] comprising an update and commentary on the mandatory Staff Governance Statistics was submitted.

The Staff Governance Advisor reported that these figures represented the most recently available data and at the December 2009 meeting of the Staff Governance Committee it had been agreed that regular workforce data sets would be provided to members for their perusal.

The Staff Governance Committee was now being presented with a commentary on the statistics and these included details on the following issues:

- WTE and head count broken down into staff group as at 31 April 2010
- Bank Usage from May 2009 to April 2010
- Staff turnover as at April 2010 including and excluding medical and dental staff
- Temporary and fixed term contracts as at 31 April 2010
- Sickness absence from April 2009 to March 2010
- Discipline and grievance by Division from 1 March 2010 to 31 May 2010

There was some discussion about how NHS statistics were collated and presented generally. The Director of Human Resources advised that mechanisms were being put in place to improve consistency in reporting.

NOTED

21. AGENDA FOR CHANGE UPDATE

A report of the Director of Human Resources [SGC Paper No. 10/15] comprising an update on Agenda for Change implementation was submitted.

The Director of Human Resources advised that at the meeting of the Staff Governance Committee held on 16 March 2010, members had received a paper which updated them on the work undertaken to conclude the Agenda for Change reviews which were completed at the end of January 2010. The current paper updated members of further activity underway to deal with the residual issues following the review process.

The Sub Group of the Area Partnership Forum overseeing the review process would meet with representatives of the Scottish Terms and Conditions Committee (STAC) on 30 June 2010 to consider the next steps in resolving the 200 posts where there had been a failure to agree.

There had been a number of grievances from members of staff who believed that the process applied to their review had been incorrect or that key issues in relation to their posts had not been considered. These grievances would be dealt with in the near future.

NOTED

22. STAFF HEALTH ACTION PLAN

A report of the Consultant Occupational Physician [SGC Paper No. 10/16] comprising a review of progress to date with the implementation of the Staff Health Action Plan was submitted. The Chair introduced Dr Eugene Waclawski, Consultant Occupational Physician, who would be addressing the Staff Governance Committee on the background to and implementation of the Staff Health Action Plan.

Dr Waclawski pointed out that the Staff Health Action Plan (SHAP) was launched in September 2008 and was a three year plan that aimed to provide an opportunity to improve the health and wellbeing of staff and their families across Glasgow and the wider area. The Board was now 18 months into the plan providing an opportunity to review progress. The Boorman review of the health of the NHS workforce in England was published in November 2009 and iterated the business case for change and provided a comprehensive set of recommendations for improvement in provision for health and wellbeing across the NHS. Organisations that prioritise staff health and wellbeing performed better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence.

The joint SHAP with Glasgow City Council commenced before the review report was published and had placed both organisations in a better position with regard to staff health and wellbeing. The momentum needed to be maintained to achieve long term improvements. The plan set out a number of priorities including, alcohol; obesity and physical activity and mental health and wellbeing. Dr Waclawski also wanted to add smoking to this list of priorities for the coming 18 months.

Dr Waclawski advised that topic groups for each of the priority areas were established. The recommendations set out in the report for the next 18 months had been developed in consultation with the topic specialists from the NHS and the Council and these continued to be those topics that were public health concerns.

In addition, using the Healthy Working Lives Award Framework provided an opportunity for the organisations to have external assessment of activity and receive awards from the Scottish Centre for Healthy Working Lives. In this way progress could be measured and all areas encouraged to match the best levels of achievement within the Board.

With regard to the Healthy Working Lives Award Scheme, most Divisions within NHS Greater Glasgow and Clyde were at the bronze level with some now ready to apply for silver.

The Chair thanked Dr Waclawski for a most interesting and informative presentation and asked him to return to the Staff Governance Committee to provide an update on the SHAP in a year's time. Dr Waclawski agreed to do this.

**Consultant
Occupational
Physician**

NOTED

23. DATE AND TIME OF NEXT MEETING

The next meeting of the Staff Governance Committee would be held on Tuesday, 7 September 2010 at 2:00 p.m. in Room B, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow.

The Chair suggested that the Staff Governance Committee should continue to seek brief and concise presentations on relevant issues at every meeting and this was agreed.

**Head of Staff
Governance**