

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Staff Governance Committee held  
in Meeting Room B, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow,  
on Tuesday 7 September 2010 at 2:00 p.m.**

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**PRESENT**

Mr R Cleland (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**

Ms R Fishlock	Staff Governance Advisor
Ms F Lyall	APF Acute Division Joint Trade Union Representative
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 I Reid	Director of Human Resources
Mr W S Marshall	Secretariat Officer

**F O R M I N U T E 2 8 O N L Y**

Mr R Copland	Director of Health Information and Technology
Ms B Howat	Head of Human Resources (Corporate Services)

**ACTION BY**

**24. INTRODUCTORY REMARKS**

The Chair advised that Ms M Robertson, APF Staff Side Secretary, had resigned from this position. He thanked Ms Robertson in her absence for her substantial contribution to the work of the Staff Governance Committee and wished her well for the future. Ms Robertson's replacement would be notified to the Secretariat Officer in due course.

The Chair also welcomed Mr R Copland, Director of Health Information and Technology and Ms B Howat, Head Human Resources (Corporate Services) who would be giving the Staff Governance Committee a presentation on the staff governance arrangements in place within the Health Information and Technology Directorate.

**25. APOLOGIES**

Apologies for absence were intimated on behalf of Mr G Anderson, Mr G Archibald, Mr A Carter and Mr K Redpath.

**26. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Staff Governance Committee [NHSGGC SGC(M)10/02] held on Tuesday 22 June 2010 were approved as a correct record.

NOTED

**27. MATTERS ARISING FROM MINUTES**

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

The Chair referred to the agreement to roll over the plan into the period April to November 2010 and stressed the importance of maintaining this timescale. The Staff Governance Advisor assured him that the various outstanding strands of the plan were on schedule for completion within the timescale agreed.

NOTED

(b) Future Meetings of Staff Governance Committee

The Chair suggested that a schedule be drawn up in advance for future presentations at meetings of the Staff Governance Committee and this was agreed.

**Head of Staff  
Governance**

The Secretariat Officer was asked to canvas members for meeting dates in 2011. It was agreed as a general principle that these meeting dates should be held on the same day as Board meetings or Board seminars wherever possible.

**Secretariat  
Officer**

NOTED

**28. ASSURANCE FROM SERVICE AREAS**

Presentation by the Health Information and Technology Directorate

The Chair introduced Mr Richard Copland, Director of Health Information and Technology and Ms Bridget Howat, Head of Human Resources (Corporate Services), who would be giving a presentation on the staff governance arrangements in place within the Health Information and Technology Directorate.

The Director of Health Information and Technology explained that prior to his appointment the Directorate had been split into seven separate units and sites. A restructuring exercise was initiated to bring the Directorate more fully together. This exercise included full consultation and information sharing with the staff and they were also involved in the decision making process. The result was that the Directorate was now structured into three teams covering Corporate Services, Acute Services and the various Partnerships.

The Director of Health Information and Technology referred to the staff governance measures put into place within the Directorate and highlighted how these effected certain groups of staff including, for example, Health Records Managers. It was not always recognised that there were complex aspects to their jobs but they had now been appropriately trained to undertake these tasks. The Director of Health Information and Technology stressed the importance of ensuring staff were provided with an improved working environment and he cited the recent accommodation review as an example of good practice within the Directorate.

The Director of Health Information and Technology was keen to ensure that the culture being developed within the Directorate was one where it was recognised as a good place to work and a good Directorate to work with. He encouraged a high visibility for Directorate managers and engagement with Staff Side. He summed up this philosophy as being ok to disagree but not to be disagreeable. The Director of Health Information and Technology recognised that as the Board moved into a more difficult financial climate, the Directorate would ensure that trust would be at the forefront of all future engagement.

In response to a question from the Chair, the Director of Health Information and Technology confirmed that the Directorate was planning to meet the challenges of a paper-light system in the future. Electronic systems were the way ahead but the Directorate had the mechanisms in place to fully engage with its staff on the changes required to their current working practices. It was primarily a question of acquiring different skills for the staff involved.

The Chair asked the Director of Health Information and Technology if he would prepare an action plan to meet the staff governance challenges in the Directorate and submit it to the Staff Governance Committee as soon as possible. This would be reviewed at a future visit to the Staff Governance Committee, perhaps a year from now, and he agreed to do this.

**Director of  
Health  
Information  
and Technology**

The Chair thanked the Director of Health Information and Technology for a most interesting and informative presentation.

NOTED

## **29. AGE RETIRAL**

A report of the Director of Human Resources [SGC Paper No 10/17] comprising a draft Retirement Policy was submitted.

The Director of Human Resources explained the background to this issue and outlined current practice within NHS Greater Glasgow and Clyde. The Corporate Management Team had discussed this issue at its meeting in August and agreed that current practice should be continued whilst ensuring that consistent practice was adopted throughout the Board. It was also considered that some criteria be developed to support managers in their decision making.

It was noted that the UK Government was reviewing the issue of the retirement age and therefore should the current legislation change then the Board's policy would require to be amended to reflect this. It was also thought that, in a time when the Board was seeking to reduce its head count through service re-design and efficiency measures, within the context of the Scottish Government's Organisational Change Policy and policy of no compulsory redundancy within the NHS, turnover through age retirement was one of the ways to achieve this.

The draft policy circulated to the Staff Governance Committee had been produced bringing together current policies and practices in a single document which could be referred to by all staff. The processes set out were inline with good practice as set out in the ACAS guide on “Age and the Workplace”.

The Director of Human Resources stressed that the intention was to discuss this document at the next meeting of the Area Partnership Forum together with proposed criteria for decision making. It was suggested that such criteria could include;

- The impact on the service and other colleagues of the loss of the individual.
- The employees health.
- The necessity to replace and the potential scarcity of the skills and knowledge held by the employee.
- Any planned service re-design or efficiency programme impacting on the function, department or service.
- The effect on promotional opportunities for other staff.

Ms McErlean expressed her disappointment that Staff Side had not had the opportunity to view this policy initially and she thought that there may be difficulties in accepting these changes as currently proposed. Ms Lyall noted that the timing of the proposed changes was unfortunate giving that a large number of staff within the Facilities Directorate over 65 years of age had already been approached in relation to their intentions around retiral. The Director of Human Resources explained that the document came to the Staff Governance Committee before Staff Side because the Corporate Management Team was very keen to alert the requisite Board Committee to this issue as soon as possible.

The Director of Human Resources emphasised that the adoption of a unified policy would assist in ensuring that all staff who wished to retire or request to continue to work were dealt with in a fair and consistent manner. The Chair recognised that this was all work-in-progress but it had been useful to see it now. The obvious sensitivities around this issue were noted. The Chair asked for an updated paper on this issue to be submitted to the next meeting of the Staff Governance Committee and the Director of Human Resources undertook to arrange this.

**Director of  
Human  
Resources**

NOTED

### **30. AREA PARTNERSHIP FORUM REPORT**

A report of the Employee Director [SGC Paper No. 10/20] comprising an Area Partnership Forum report and the minutes of meeting of the Area Partnership Forum held on 23 June 2010 was submitted.

With regard to financial and workforce challenges there was intense parliamentary and media interest in the workforce implications for the NHS resulting from the current financial situation. The Cabinet Secretary for Health and Wellbeing had, therefore, decided to set up a National Scrutiny Group to review the NHS Board’s workforce plans. The Area Partnership Forum had agreed that the detailed work required for any joint reports to the new group would be done within the existing Workforce Challenges Subgroup.

The Subgroup itself continued to meet and had received all of the current Project Initiation Documents associated with the Board's plans to balance the budget. The Subgroup was also looking at guidance in relation to redeployment as required by the Board's Workforce Change Policy.

The Employee Director referred to two specific examples of workforce challenges. Firstly, the Area Partnership Forum had received a report from the Director of Nursing on the progress of the Nursing Skill Mix pilots. This was acknowledged to be a difficult exercise however, progress was being made. The Pilot Board had met three times and from now on would do so on a monthly basis. A framework for implementation had been agreed and an Acute Implementation Group was in the process of being established in partnership. Ten demonstration sites from generic ward areas were currently being identified.

Secondly, the Director of the West Dunbartonshire CHP had updated the Area Partnership Forum on the process being put in place for the redeployment of staff consequent on the cessation of funding for Condition Management Programmes as of 31 March 2011. This exercise affected about 50 members of staff. Reports would be brought to the Area Partnership Forum as matters progressed.

With regard to policy development, the Dignity at Work Policy was launched with effect from 1 September 2010 and was available on the Human Resources intranet site. The policy was part of the Board strategy for rolling out the NHS Scotland "Give Respect, Get Respect" campaign. It was recognised that bullying and harassment was only really dealt with by providing a culture within an organisation that made such behaviour unacceptable. The emphasis within the policy was to resolve matters as much as possible informally and consequently it relied to a great extent on mediation. Management and Staff Side were now in the process of identifying individuals who would be willing to undergo training with a view to becoming mediators.

Other policies currently under discussion included those relating to re-grading and whistle blowing. In addition a number of awareness sessions in relation to the recently launched Workforce Change, Employee Capability and Alcohol Policies had been rolled out.

With regard to Health Care Support Workers Code of Conduct, the Area Partnership Forum had a keen interest in the implementation of CEL23(2010):Health Care Support Workers – Mandatory Induction Standards and Code of Conduct for Health Care Support Workers and Mandatory Code of Practice for Employers of Health Care Support Workers which, unusually, carried a Ministerial Directive for application. A Steering Group and Working Group had been established in partnership to oversee the implementation of the terms of this circular.

Some discussion followed on the current arrangements around redeployment and the funding mechanisms required to continue to support it.

NOTED

### **31. STAFF SURVEY 2010**

A report of the Director of Human Resources [SGC Paper No. 10/18] comprising an update on the arrangements for the NHS Scotland 2010 staff survey was submitted.

The Staff Governance Committee noted that NHS Scotland had undertaken three previous staff surveys in 2002, 2006 and 2008. The survey was currently 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 attitudes and sense of wellbeing.

The dates for the next survey had now been announced. The 2010 survey would launch Monday 18 October 2010 and would run for three weeks, closing on Friday 5 November 2010. First results were expected in December 2010.

Across Scotland, the absolute priority was for online completion where possible so as to minimise paper wastage. Where staff did not have access to personal computers or did not have the skills to complete the survey online, paper copies would be provided. An exercise within NHS Greater Glasgow and Clyde had identified a need for more than 5000 paper copies to be circulated to a range of staff including porters, domestics, catering staff and some ward based nursing staff. With regard to communications a strategy had been circulated to survey leads and heads of communications around Scotland including posters, articles for use in staff magazines, templates for press releases and advice on how to encourage interest in and completion of the survey.

The Staff Governance Committee also received detailed statistics on the 2008 staff survey response rates. It was noted that 36% of the NHS Greater Glasgow and Clyde workforce had completed and returned the staff survey to ORC International and this compared very favourably to other Scottish NHS Boards.

Ms Dhir referred to the differences in response rates between different sectors of NHS Greater Glasgow and Clyde and the Director of Human Resources suggested some possible reasons for these differences. The Staff Governance Committee noted that since this was a national survey there was no opportunity to ask any local questions in the return. New initiatives were planned to increase completion rates across the Board's area, for example, facilities management and HR were supporting staff to complete the survey where staff had literacy problems or where English was not a first language. It was noted that the Chief Executive and Employee Director would encourage completion using a combination of team/core briefs, staff news, Staffnet and through the use of all user emails.

NOTED

## **32. STAFF GOVERNANCE STATISTICS**

A report of the Director of Human Resources [SGC Paper No 10/19] comprising an update and commentary on the mandatory staff governance statistics was submitted.

It was noted that the figures represented the most recently available data and included details on the following issues;

- WTE and headcount broken down into staff group as at 31 July 2010.
- Bank usage from June 2009 to July 2010.
- Staff turnover as at July 2010 including and excluding medical and dental staff.
- Temporary and fixed term contracts as at 31 July 2010.
- Sickness absence from 1 August 2009 to 31 July 2010.
- Discipline and grievance statistics.

The Chair suggested that more commentary was required in certain areas of the report a point the Director of Human Resources undertook to arrange with the Head of Staff Governance.

**Head of Staff  
Governance**

Ms Dhir referred to the high number of discipline and grievance figures cited in the report for Facilities. The Associate Director of Human Resources (Acute) explained the background to this and the different mechanisms being enacted by the Directorate to address it.

NOTED

### **33. AGENDA FOR CHANGE UPDATE**

The Director of Human Resources advised that the final stage of implementation of the process was now almost complete. Reports from the “split panels” were expected in the near future. The final outcome of the review process was therefore expected by the end of October 2010. He would keep the Staff Governance Committee informed.

NOTED

### **34. MINUTES OF THE MEETING OF THE REMUNERATION SUBCOMMITTEE HELD ON MONDAY 10 MAY 2010**

The Staff Governance Committee received for information copies of the minutes of a meeting of the Remuneration Subcommittee [RSC(M)10/01] held on 10 May 2010.

NOTED

### **35. DATE AND TIME OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be held on Tuesday 21 December 2010 at 2:00 p.m. in Room A, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow.