

GREATER GLASGOW NHS BOARD

STAFF GOVERNANCE COMMITTEE

**Minutes of a meeting of the Staff Governance Committee
held in Board Room 2, Dalian House,
350 St Vincent Street, Glasgow,
at 10.30 a.m. on Wednesday 23 April 2003**

PRESENT

Professor Sir John Arbuthnott (in the Chair)

Mr J Cameron
Mr R Cleland
Ms S Forsyth

Mrs S Kuenssberg CBE
Mrs H Ostrycharz
Mr D Sime

IN ATTENDANCE

Mr J C Hamilton Head of Board Administration
Ms J Thompson Human Resources Manager

ACTION BY

1. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr T P Davison, Mr W Goudie, Mr S MacLennan, Mrs P McNally, Ms K Murphy, Mr I Reid, Mr A O Robertson, and Mrs E Smith.

2. **MINUTES OF PREVIOUS MEETING**

On the motion of Mr Cleland, seconded by Mr Sime, the Minutes of the meeting of the Staff Governance Committee [GGNHSB SGC(M)02/2] held on 3 December 2002 were approved as a correct record, subject to the following amendment:-

Minute 8 – Minutes of Previous Meeting - First line: delete John and insert Jim.

**Human Resources
Manager**

3. **MATTERS ARISING**

a) Working and Operating Arrangements

Mr Cameron confirmed that he had received no further comment on Paper 02/7 since the meeting on 3 December 2002.

b) Staff Governance: Process to Consider Innovation and Good Practice

A report [Paper 03/01] – Staff Governance: Process to Consider Innovation and Good Practice - was submitted by the Group which had considered the issue of identifying innovation and good practice in the management of staff.

The following areas had been identified for discussion:-

- sharing good management practice
- empowering innovation
- recognising staff's achievements

The paper described the advances made nationally and locally in raising the profile of good staff management and the Group's desire to avoid introducing any duplication or unnecessary process.

Local Partnership Forums had a key role in improving communications with staff on issues such as staff governance and they needed to be more visible to staff in the future. It was suggested that the communication issues arising from the 2002 Staff Survey had not yet been fully addressed.

Mrs Kuenssberg emphasised the view that there should be no duplication of existing structures, although it had been useful to summarise how the processes came together. Different Trusts were at varying stages, but the real challenge was for individuals, particularly managers in terms of identifying resources and time.

Mrs Ostrycharz, in reference to Item 4 on the agenda – Action Plan: Staff Survey and Self-Assessment Audit Tool - suggested that there were some planned initiatives, for example a Health and Safety Awareness Day and a Glasgow Learning Day, which would require to be resourced. Mr Syme suggested that this should be via the Area Partnership Forum.

Mr Cameron suggested that perhaps innovation went beyond the short term need to achieve parity between organizations and share best practice, and required 'blue sky' thinking and pushing boundaries. Radical change would be needed if the organisation were to become a single entity within 12 months.

Mr Sime reminded members of the clear message that the new arrangements should not mean centralization, but developing and delegating power to divisions, with decisions taken as close as possible to service provision.

There followed a discussion regarding the need to balance innovation against short-term priorities, during which the following points were made:-

- Short term measures were important – without getting these right, it would not be possible to move on to the next stage.
- Innovation required to be addressed as a separate challenge.
- For some, meeting short-term goals did require innovation.
- It was implicit in the Self Assessment Audit Tool arrangements that a 'bottom up' rather than 'top down' approach was required.

Sir John emphasised an earlier point made by Mr Sime that in moving to a single organisation there required to be an over-arching staff governance framework within which the divisions would operate and manage their staff taking account of local circumstances. The combination was crucial, and the Staff Governance Committee would have a role in providing assurance to the NHS Board that good practice was in place and ongoing monitoring was being carried out.

Mr Cleland expressed the view that all employees needed to move in the same direction, and that the role of the Committee was to set the framework and format, as with Clinical Governance and Audit and monitor progress. There may be set policies, but interpretation might be different in each division.

Mr Cameron reiterated his suggestion that innovation required more than simply complying with good practice, and questioned whether this could all come from divisions, or whether there was need for some corporacy.

Sir John accepted the need for a corporate framework, but considered that the divisions must also be engaged. The new developing communications strategy was a major development in this respect.

Mr Cleland asked what staff side colleagues could contribute to getting staff engaged. Mr Sime explained that the staff side consisted of different organisations with various means of communication, and he and Ms Forsyth gave examples of practices within their own organisations.

Sir John reminded members that NHS Greater Glasgow would become a large organisation with one Employee Director. This was a difficult role which required support and while all Directors/Members of the NHS Board had responsibilities in ensuring the development of the workforce, the Employee Director carried a particular responsibility for workforce planning, partnership working and the Staff Governance Standard.

Mr Cameron suggested that although there were challenges for the Employee Director in his corporate role, this could not replace professional human resources advice, which the NHS Board also required.

NOTED

c) Dates of Future Meetings

The Human Resources Manager confirmed that dates had been circulated to members.

4. NHS TRUSTS AND NHS BOARD ACTION PLAN FROM STAFF SURVEY AND SELF-ASSESSMENT AUDIT TOOL

A report [Paper No. 03/2] – NHS Trusts/Board Action Plans from Staff Survey and Self-Assessment Audit Tool – was submitted asking the Committee to consider the content of the Action Plans and the costs associated with implementing the required actions. Mr Hamilton explained that this work had been led by the Area Partnership Forum. The original draft action plans from the Staff Survey had been merged with the action plans from the Self-Assessment Audit Tool and costs identified. These would have to be considered in the financial framework of the Local Health Plan.

Mr Cameron reminded members that the audits identified actions required of Trusts to meet the Staff Governance Standard and the introduction of the PIN Guidelines and also the Self Assessment Audit Tool would form part of the Accountability Review. Work was already in progress, and much had already been introduced by the Trusts, but some of the actions required additional resources.

The Area Partnership Forum had requested indicative costings so that funding could be submitted to the NHS Board as part of its consideration of competing demands for resources from the financial framework of the Local Health Plan.

However, more work would be required in 2004/05; the costings would require validation to ensure that they were robust and that there was no duplication. The various Action Plans showed a disparate range of actions and costs, and whilst helpful as a first attempt, it might be necessary to establish a working group to integrate the documents and areas which might require funding.

Mr Sime referred to the action plan from the North Glasgow NHS Trust, and explained that the highest costs related to work/life balance. The PIN Guidelines had been in place since 2000/2001. He hoped that the next Staff Survey, scheduled for October 2003 would show some progress in this important area. The task for this Committee was to ensure that the Local Health Plan included some acknowledgement for these requirements, which were now mandatory and formed part of the conditions of service for staff. He indicated that there was willingness within his Trust to comply with the PIN Guidelines, but the reality was the cost associated with backfilling posts. The costs for his Trust had been approved by the Local Partnership Forum.

A wide-ranging discussion took place regarding the practicability of requesting ringfenced funding in the coming financial year for meeting the Staff Governance Standard. The following points were made:

- Work was required to produce robust and consistent costings across the NHS Trusts. What had been presented was work in progress and it was not at the stage of being submitted to the NHS Board seeking funds to resource the identified actions.
- The key priorities, and how these were related to key policies were not evident from the papers. The NHS Board would require a clear assessment with tables linking cost estimates and priorities - it would not want to see a 'wish list'.
- Timescales would not allow robust figures to be produced in time to have a staff governance allocation in the Local Health Plan, but without this, the information would lack credibility.
- It would be preferable if the information were presented in a common format, although it was recognized that the respective organizations were at different stages in development and had different priorities.
- More information was required regarding current spending, what was unachievable unless resourced, and must therefore be ringfenced. To have this available for the financial year 2004/05, the process must be started early.

- It was acknowledged that had the Employee Director been present, he would certainly have pressed for resources in the current financial year.
- It would be useful to review the paper and determine priorities, for example implementing PIN policies. There was no evidence that the figures presented reflected the true cost of staff governance.
- Trusts had been working through action plans resulting from the 2002 Staff Survey. Parental leave was a major concern, but the true cost would not be known until the policy was implemented.
- There was an acknowledgement that NHS Trusts would only be able to fully implement PIN policies with financial support.

The Committee was of the view that the Action Plans and their associated costs were not yet in an adequate state of completion to be submitted to the NHS Board with a request for funding in 2003/04. It would be preferable to put in place a process which identified current costs across NHS Greater Glasgow; key priorities from the Action Plans and an assessment of the pace of change required for each; identify costs of implementing agreed Actions over forthcoming financial years and prepare proposals to submit to the NHS Board on an NHS Greater Glasgow basis for the 2004/05 financial year. It was agreed that this task should be remitted to the Area Partnership Forum.

DECIDED:

- i) That the work in compiling the Action Plans be commended and implementation be endorsed.
- ii) That the Area Partnership Forum be asked to review the Action Plans submitted by individual organizations and present them in a common format with robust costings for implementation, so that the Board could consider allocating resources for the financial year 2004/05.

Employee Director

5. MINUTE OF REMUNERATION SUB-COMMITTEE

The Minutes of the Remuneration Sub-Committee held on 13 March 2003 were noted.

It was noted that a Group had been formed to agree a common format for objectives. Mr Cameron informed members that Human Resources Directors had discussed this with the Scottish Executive Health Department, and it had been accepted that the current year's appraisal would not necessarily adhere to the proposed format, due to the late issue of Circular HDL (2002)64, and the requirement for training.

NOTED

6. AREA PARTNERSHIP FORUM AWAYDAY: 9 APRIL 2003

A short paper was tabled which summarised the actions agreed at the Area Partnership Forum Awayday, which took place on 9 April 2003.

Sir John asked what progress had been made on operating jointly.

Mr Cameron explained that Partnership Agreements were a key driver in this regard, and would ultimately be submitted for consideration by the Staff Governance Committee. It was anticipated that NHS Greater Glasgow would have single employer status with external partnerships. Mr Sime reminded members that the White Paper, Partnership For Care, delegated authority to divisions, which would still require Local Partnership Forums.

NOTED

7. DATE OF NEXT MEETING

The next meeting was to be held on Tuesday, 10 June 2003 at 9.30 a.m. in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 12.15 p.m.