

Joint Staff Forum
29 July 2013 at 10:30am
Room 2 - Council Offices, Garshake Road
Draft Minute

Present: Ann Cameron-Burns
Tom Morrison, Unison
Peter O'Neill, Unison
Kenny McColgan, Unison
Nazerin Wardrop, WDC
Diana McCrone, BAOT
Maureen McDiarmid, RCN
Keith Redpath, Director, WDCHCP, Chair
Jackie Irvine, CSWO, Head of Children's Services, WDCHCP
Christine McNeill, Head of Community Services, WDCHCP
Soumen Sengupta, Head of Strategy, WDCHCP
Linda McAlister, HR Business Partner, WDCHCP
Gillian Gall, Senior HR Adviser, WDCHCP

1 **Apologies**

Apologies were received from:
Dorothy McErlean
Brian Johnstone
Duncan Borland
Val Jennings
Elaine Smith
Serena Barnatt
Ross McCulloch

2 **Minutes:**

JSF Minute

- Item 3.9 update. Linda McAlister has now had feedback from Peter O'Neill with an update about a specific case.
- Page 3 – Grievance and Discipline Actions should be fully and routinely recorded. It was claimed that outcome letters are being received which do not show which aspect of grievances have been upheld or otherwise by managers. Guidance has been issued which says that the findings should be based on the grievance. Managers should understand the policy and the question of training was discussed. It is clear that the responsibility sits with the manager and it is important to ensure that the advice they are given is correct. There have been a couple of instances where that is not happening and this is being reinforced both through HR and management processes.
- Absence management and discipline and grievance training is being rolled out, initially through care homes.
- Any member of staff who has a line management responsibility for staff should be given access to training. There is a list of delegation levels at the back of the Council policy which describes what level of action each grade can take.

- Joint HR proposal – It was noted that the NHS Board had commissioned a review of its HR Function and this piece of work will be delayed until the Review had been completed.
- Violence Against Women – the process is concluded with a lot of input from staff. Soumen Sengupta advised that he is happy to speak to any issues.

The minute was accepted as an accurate record.

APF Agenda

The agenda was noted

The slides from presentation on Integration were to be circulated and time will be set aside at the next meeting for a further detailed discussion on the Integration Bill as it goes through Parliament.

JCF Minute

The Minutes from meetings in April and June were noted.

There was a discussion around paid lunch breaks and this matter is being addressed by HR and Unison.

Employee Liaison Group

The Minute was noted.

The Minute discussed the award won by the CHCP and congratulations were offered to everyone involved in the development of partnership working over the past few years.

3 Matters Arising:

i. Children & Families/School Nursing

13 month assessments started at the beginning of July. School nurse recruitment for community health visitor teams is underway.

ii. Older People Change Fund Update

Workstreams are progressing well and positive outcomes for clients and staff are being evidenced.

iii. Care/Case Management update

This issue is complete. It has been reviewed, rollout agreed and this has been presented to staff. Delete item from future agendas.

iv. Community Care Redesign

The first stage is complete and the review point has been reached. Outcomes will be monitored to establish what benefits are being achieved for both staff and clients.

A monitoring activity worksheet was produced. Staff requested that this be held back but it appear to have been implemented. Chris agreed to review the situation.

v. DN Review update

Noted that the first draft of the DN review is out for discussion.

vi. Vale Centre for Health & Care Update

The new centre has been completed on time and within budget and staff were invited to visit the new centre which represents a major achievement for the CHCP.

vii Rehab Job Descriptions

National negotiations are ongoing.

4 Standing Items:

i. Committee Update

The next meeting is 21 August and reports include various inspectorate reviews, performance review outcomes, single outcome agreement, update on publication of Public Bodies (Joint Working) Bill, and Acute and Mental Health Activity from the Vale of Leven Hospital.

It was agreed that, in future, the Committee agenda will be routinely shared with the Joint Staff Forum.

ii. PAG

The paper was noted. Invitations to attend the PAG will be extended. A newsletter will be produced to inform people what the PAG is about and to explain its workings. The function of attendees is to provide professional advice around service development. The PAG, as we move towards integration, will need to be reviewed as to its purpose and function. The whole set up of the PAG will need to be reviewed, including the input from the locality groups.

iii. Sickness absence update

Linda McAlister introduced the paper and discussed the Council absences, the reasons for these and the duration of absences. Gillian Gall described the absences for the NHS – most recent figures are a little increased. Short term and long term have been increased marginally year on year.

iv. Mental Health Services Update

John Russell updated the group on current developments.

The Development Group Minute was included with the papers. The main item under review is the Clinical Services Review. The good news story is that the CHCP will have access to the ESTEEM service which supports young people and their families at first presentation of psychosis.

A supported accommodation project is being developed. A service provider has been identified and it is hoped that people currently in Gartnavel can start to be repatriated back to the local area.

The Primary Care Mental Health Team will be based at the Vale Centre for Health and Care and consideration of how to develop the resultant space in the Riverview Resource centre is ongoing. John also reported of the keen awareness amongst staff of the impact of Welfare Reforms and work is ongoing to try to minimise the impact of

that.

v. Health and Safety Forum

The Minute of 17 June 2013 was noted.

Vi. Discipline & Grievance

A report has been prepared for information from 2012/13 and this will be produced quarterly in future. Linda described the content of the paper. Work is ongoing to improve documentation for disciplinary hearings and grievances. One major change in approach is that at the Appeals Committee, the case is presented by a management representative. There has been positive feedback from members on that process.

From an NHS point of view, informal aspects are recorded and talk about mediation being the first port of call. Quarterly updates will be provided.

Peter O'Neill asked for stats on dignity at work complaints to be included in the figures and this was agreed. Gillian Gall confirmed that these would be captured under grievances for NHS figures.

5 Attendance Management Action Plan

The level of absence has been commented on regularly and the report describes the current situation. Diana McCrone requested advice on the stress management policy and the Chair provided this.

Tom Morrison advised on negative feedback from members on the current displays relating to absence situated on various sites. People found the terms used in the poster campaign "intimidating", "disgusting" and "demeaning". The view was expressed that the campaign is unfair on people, particularly those with chronic illness. He also referred to Improvement Notices continuing to be produced as a result of Management Attendance Review meetings where the member has no control over their illness.

The Chair was concerned to hear that and asked for details of the cases concerned so that any necessary action could be taken.

The importance of delivering appropriate training was stressed.

It was agreed that the views of staff re the posters will be fed back to CMT.

There was discussion around support for staff suffering stress at work and it was confirmed that there are a variety of stress supports available. Healthy Working Lives is supposed to help staff at work and stress awareness clinics have been organised across the council and the CHCP in conjunction with HWL.

6 CSR Emerging Service Models

The slides were distributed and the Chair asked for comments and advice on the best way to engage in this type of process. Over the next few months, there will be some tangible changes proposed but for now, there are no clear proposals.

7 Finance

Keith reported on the headline financial challenges that face the Council and the NHS Board in future years but also confirmed that for 13/14 there were no local savings to be met from the NHS budget for the CHCP and the savings options in respect of social work had been agreed back in February.

Care Home Update

The Project Manager has been visiting a number of care groups with updates on design proposals. Several possible sites have been identified and site surveys are under way at present. Work is underway with HUB Scotland to commission an architect and the intention is to continue to engage with staff, residents and their carers and staff throughout the process.

The next phase will be to look at models of care. Sessions have been undertaken with staff and these will continue. Staff will be able to influence decisions. What kind of care do we want to deliver and what do we need to deliver it. There is Project Board meeting tomorrow and any update from that will be shared with this forum.

It was agreed that there will be staffside representation on the operational groups once these are established.

This is an exciting time for staff and represents an opportunity to refresh how services are delivered. Management are very keen to sit down with staff and discuss directly how this is managed. There is an opportunity to raise morale and reduce stress amongst staff groups.

Date and Time of next meeting: 28th October 2013 at 10:30am, pre-meeting at 9:30am,
Meeting Room 2, Garshake