

Partnership: Delivering the Future

Taking Stock of Partnership Working
Report by the Project Steering Group

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ISBN: 0-7559-2786-9

Scottish Executive
St Andrew's House
Edinburgh
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Produced for the Scottish Executive by Astron B43794 10/05

Published by the Scottish Executive, October, 2005

Further copies are available from
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PARTNERSHIP - DELIVERING THE FUTURE

TAKING STOCK OF PARTNERSHIP WORKING

REPORT BY THE PROJECT STEERING GROUP

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EXECUTIVE SUMMARY

1. A stocktake of partnership working at a national level was undertaken by a Project Steering Group. This report sets out in detail the discussions and conclusion and recommendations of this Group.

2. It is recognised that partnership working has served NHSScotland well, with a model having been in place since 1999. The objectives of the stocktake were to build on what was recognised to be effective and to streamline the partnership infrastructure. The new partnership structures would be required to have a clear purpose and a business focus to be able to engage with staff across NHSScotland.

3. The scope of the project was to review the national partnership structures and key groups. There had been a clear commitment to the principles of partnership, so these were not included in the review. Area Partnership Forums (APFs) and other local partnership arrangements, including Employee Directors, were also not included in the review.

4. The project was undertaken in partnership between the Scottish Executive Health Department (SEHD), NHSScotland employers and trade unions and professional organisations.

5. The NHS has always worked in conjunction with trade unions and professional organisations to negotiate terms and conditions for staff. “Designed to Care” in 1997 identified the need for a radical change in the way in which industrial relations were conducted, and this was further developed in “Towards a New Way of Working” in 1998 which concluded that a new employee relations framework based around partnership needed to be established. In July 1999 NHS MEL (1999) 59 was issued which set out the new partnership arrangements which NHSScotland employers were required to comply with. The first Scottish Partnership Forum (SPF) was established in 1998 and the Human Resources Forum (HRF) in April 2003. This was the structure which existed at the time of the review along with over 30 sub-groups either directly or indirectly linked to the SPF and HRF.

6. The Staff Governance Standard is the overarching policy for partnership working, employment practice and employee relations. The Standard is the key policy document and is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004. The Staff Governance Standard sets out what each employer must achieve in order to improve continuously in relation to the fair and effective management of staff.

7. The employee relations climate which existed prior to partnership working could be characterised as one of conflict and confrontation. Research from the International Labour Organisation (ILO) highlights the value from enhancing the role of workers through information and consultation mechanisms. Additional research also indicates that a culture of openness and involvement with staff has a direct impact on employers’ ability to recruit and retain staff.

8. The purpose of partnership as set out in 1999 was about harnessing the potential of staff at all levels so that they are involved in the decision-making process, based on a firm

belief that an investment in staff was an investment in patient care. The Project Steering Group concluded that the purpose of partnership was to improve healthcare services and the wellbeing of the people of Scotland through engaging staff and their representatives at all levels in the early stages of the decision-making process.

9. Future partnership arrangements need to recognise and respect that ultimate decision making rests with the Minister for Health and Community Care. Partnership arrangements should focus on creating an informed context in which decisions can be made. The Project Steering Group felt that it was important that there should be a single forum where SEHD, NHS employers and trade unions and professional organisations work together to improve health services for the people of Scotland: a refocused and refreshed SPF, sponsored by SEHD, with a clear focus on service change and modernisation, service delivery and workforce. There will be one standing sub-committee, the Scottish Workforce and Staff Governance Committee (SWAG), whose main function will be to support the development of the workforce strategy and to support the Chief Nursing Officer (CNO) and Interim Director of HR (about to become Director for Workforce). Both forums will normally meet four times a year and will be supported by a Partnership Secretariat.

10. Negotiations will continue to be undertaken through the Scottish Terms and Conditions Committee (STAC). Negotiations should be taken forward in a way which is consistent with partnership working behaviours and in line with UK arrangements. The main function of STAC will be to negotiate collective agreements on terms and conditions for any staff group other than issues which form the basis of recognised separate collective bargaining arrangements. It will meet as and when required.

11. One of the criticisms of the current model was that issues were passed between the various groups with little clarity about where the matter should get resolved. It was agreed that a Partnership Secretariat would be put in place that takes an overview of the business of the SPF, SWAG and STAC, known as the Partnership Secretariat. This will comprise representatives from the three forums who would have an overview of the work of these three groups. The Partnership Secretariat will normally meet four times a year.

12. The Partnership Support Unit (PSU) was set up in 2002 and located within SEHD, to act as a dedicated resource to support the further development and implementation of partnership working at national and local levels. The role of the PSU has developed and it now also has a substantial role in assisting NHSScotland to meet the requirements of the staff governance legislation. There will continue to be a requirement for a resource to support partnership working and this should be included in arrangements as a result of the restructuring of the HR Directorate of SEHD.

INTRODUCTION AND PURPOSE

13. The purpose of this report is to set out the views and conclusions from the Project Steering Group to the Minister for Health and Community Care on future partnership working arrangements that are fit for purpose and demonstrate the added value that partnership working brings to improving health and healthcare at local, regional and national levels.

14. It is recognised that partnership working has served NHSScotland well. ACAS note that: **“employees will only be able to perform at their best if they know their duties, obligations and rights and have an opportunity of making their views known to management on issues that affect them”**. In recent years NHSScotland has moved much closer towards such an organisational culture by taking significant tangible steps to implement partnership working between NHS employers and trade unions and professional organisations.

15. The framework for this has been developed at a national level with SEHD, NHSScotland employers and trade unions and professional organisations working together. It is underpinned by a philosophy that the pursuit of ‘win-win’ solutions to problems benefits all partners’ interests in the achievement of service objectives. The current partnership model has been in place since 1999. The purpose of that model was to define the difference between partnership and negotiation so that it was clear that there were two different approaches: one ‘around the table’ and the other ‘across the table’. It was recognised by all parties that there was a need to build on what had been established and that there was a need to develop arrangements that would work for the future. These should ensure that NHSScotland is well placed to tackle the significant challenges ahead for the workforce who are central to the delivery of policy requirements.

CONCLUSIONS AND RECOMMENDATIONS

The Project Steering Group has concluded the following:

- **Partnership creates the conditions for the most effective employee relations that supports the improvement of health and healthcare services and the wellbeing of the people of Scotland. It is based on a philosophy that an investment in staff is an investment in patients and services.**
- **Partnership arrangements recognise and respect that ultimate decision-making rests with the Minister for Health and Community Care.**
- **Partnership arrangements must focus on creating an informed context in which decisions can be made, ensuring that key considerations inform the thinking around the development of national priorities and strategies.**

The Project Steering Group has recommended the following:

(i) At a national level there should be a single main forum (the SPF) supported by a Scottish Workforce and Staff Governance Committee (SWAG). This should replace the existing SPF, HRF and National Workforce Committee (NWC) and related sub-groups.

(ii) The SPF should be *the* forum where SEHD, NHSScotland employers and trade unions and professional organisations work together to improve health services for the people of Scotland.

(iii) The SPF should be a forum where key stakeholders can engage with key national policy leads from across SEHD to inform thinking around national priorities on health issues.

(iv) SEHD will act as sponsors, and support and champion the SPF and ensure that there is a dedicated resource to support the new structures. This will be sponsored by the Staff Governance branch of the Workforce Directorate.

(v) There should only be one sub-group of the SPF – SWAG - that will commission and quality assure work.

(vi) For the purposes of collective bargaining there will be a Scottish Terms and Conditions Committee (negotiating forum). Mandates for negotiation should be determined in line with UK pay agreements and from the respective partners. SEHD and employers will act together as ‘management’ side in any Scottish negotiations. The outcomes of negotiations will as a matter of protocol be reported to the SPF.

(vii) The SPF and SWAG should be led by shared Chairs on a tripartite basis representing the three constituencies along with a secretariat on the same basis.

(viii) The STAC should be co-chaired with the appropriate secretariat. This reflects the fact that SEHD and NHSScotland employers form the ‘management side’ and trade unions and professional organisations form the ‘staff side’ for negotiation purposes.

(ix) A Partnership Secretariat should manage and facilitate the business of the SPF, SWAG and STAC.

(x) The Partnership Secretariat should agree which issues go to which group in line with the decisions of the SPF and SEHD policy, take a high level strategic view of the overall agenda and ensure that appropriate links are made and business effectively implemented.

(xi) SWAG and STAC should ensure that their business is enacted efficiently and effectively and is adequately supported. This will be through the appropriate Joint Chairs and Joint Secretaries. Therefore, the structure of the Partnership Secretariat will consist of eight Co-Chairs and nine Joint Secretaries (one additional Joint Secretary for SWAG from the trade unions and professional organisations), including the Director for Workforce.

(xii) The way forward for specific strands of outstanding work outlined in Appendix 1 should be endorsed.

(xiii) At regional level, the requirements of the Staff Governance Standard should be adopted through the regional planning structures and robust partnership mechanisms established. This will include trade union representation in regional planning structures. This should be monitored by the SPF.

(xiv) At local level, APFs should continue to evolve and develop to meet the requirements of employers and employees. This should also reflect the wider interests and challenges of partnership working such as in Community Health Partnerships, (e.g. GPs, Local Authorities). SPF should provide leadership and support to APFs.

OBJECTIVES OF THE STOCKTAKE

16. The objectives of the stocktake were to build on what was recognised to be effective and to streamline the partnership infrastructure to assist in the delivery of Ministerial priorities. This would include having architecture with:

- a clear purpose and remit, with a business focus;
- the potential to engage with staff and their representatives and foster a willingness to work together on key issues;
- a clearly defined differentiation between partnership working and negotiation; and
- a clear and simple structure with no overlap or duplication,

and which demonstrated the following:

- support for service change and modernisation;
- stable employee relations, with a motivated, flexible and productive workforce;
- a corporate and mature approach to managing difficult decisions;
- appropriate negotiated agreements and effective joint working at all levels; and
- high quality care and patient satisfaction.

SCOPE OF THE STOCKTAKE

17. The scope of the project was to review the national partnership structures and all key groups, such as SPF, HRF and its sub-groups (these include Scottish Pay Reference and Implementation Group (SPRIG), the Staff Governance Working Group, Partnership Information Network (PIN) Board etc) and NWC and all of its sub-groups and work-streams.

18. There had already been a clear commitment to the principles of partnership, so these were not included in the review. The review did include a stocktake of the stated purpose and remit of partnership working to ensure that these would deliver the required objectives and outcomes.

19. The stocktake did not include the role of APFs and other local partnership structures within the Board areas. Evidence existed from a number of sources, such as the Annual Review process and from Chief Executives, to say that these structures worked well and made a valuable contribution. In addition, the stocktake did not include the role of the Employee Director. It was however recognised that the links between national structures and Boards and APFs needed to be clearly understood.

THE PROJECT TEAM

20. The project was undertaken in partnership between SEHD, the employers and trade unions and professional organisations. A Project Steering Group was set up to take forward the review, and this was chaired by the CNO and Interim Director of Human Resources, Paul Martin. Secretariat support for the Project Steering Group was provided by the Partnership Support Unit. Members of the Project Steering Group were:

Jim Cameron – HR Director, NHS Greater Glasgow (South Glasgow Acute Division)

Michael Fuller – AMICUS
John Gallacher – UNISON
Ian Gordon – Director of Policy, SEHD
Ann Hawkins – Chief Executive, NHS Forth Valley (Primary Care Division)
Gerry Marr – Chief Executive, NHS Tayside (Acute Division)
Paul Martin - **Chair** – CNO and Interim Director of Human Resources, SEHD
Anne Thomson – RCN
Pam Whittle – Director of Health Improvement, SEHD
Hamish Wilson – Head of Primary Care Division, SEHD

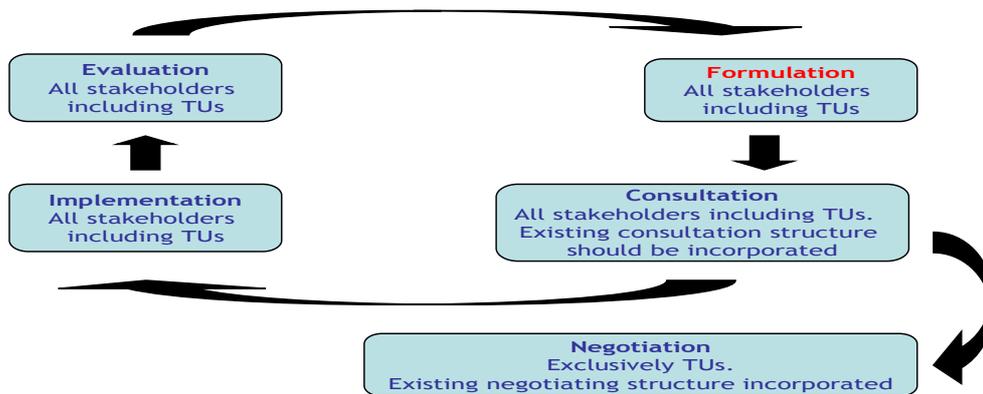
HISTORICAL POSITION

21. The NHS has always worked in conjunction with trade unions and professional organisations to negotiate terms and conditions for staff. However, a change of government in 1997 heralded a shift in health policy, placing the need to modernise at the centre of reform. This was set out for NHSScotland in “Designed to Care” that had a vision of a world-class health service designed from the patient’s viewpoint. At the same time it was acknowledged that this vision could not be achieved without giving staff and their trade unions a greater say in how NHSScotland’s services were planned and managed. The strategy identified working in partnership with trade unions as a critical success factor and recognised the need for a radical change in the way in which industrial relations were conducted in NHSScotland. It was essentially based on the philosophy that involving staff at the beginning rather than consulting at the end of the decision-making process was a more effective way of ensuring ownership and delivery of solutions.

22. This was further developed in the first Human Resources strategy for NHSScotland “Towards a New Way of Working”. Published in 1998, this strategy made the point that if the modernisation of NHSScotland were to be successful a new employee relations framework based around partnership needed to be established.

23. On 22 July 1999 NHS MEL (1999) 59 was issued that set out the partnership arrangements with which NHSScotland employers were and still are required to comply. The model, shown below, illustrates a model of employee relations which requires the need for all stakeholders to be involved at the stage of formulating potential change or development before moving to the consultation stage.

Partnership Model – MEL (1999) 59



24. The SPF was set up in 1998 in order to support partnership working at a national level. The SPF provided the main forum where all stake-holders, including the trade unions and professional organisations and NHSScotland employers, could work together to influence national priorities and policy on health issues.

25. In April 2003 the HRF was set up. The remit of the HRF was to ensure that NHSScotland operated as an exemplary employer and to ensure consistency of HR practice and procedures. In order to do this, the HRF commissioned a series of smaller sub-groups to look at very specific issues in more detail. As the workload of the HRF has increased, so did the number of sub-groups, which in turn created problems of control and accountability.

26. In 2004 SEHD announced the launch of the NWC. The remit of the NWC was to provide focus and leadership on workforce planning and development for NHSScotland. The NWC split its work into nine work-streams which were taken forward by working groups. This included projects on careers, recruitment and retention, Occupational, Professional and Regulatory Standards, workforce performance and effectiveness, workforce planning, education and redesign among others.

27. The structure of partnership that existed at a national level within NHSScotland at this time was that there were over 30 sub-groups either directly or indirectly linked to the SPF and HRF. The NWC had nine work-streams which were viewed as a significant duplication and overlap with the SPF and the HRF. Partnership had begun to feel bureaucratic, cumbersome, complex and time consuming: in short, no longer fit for purpose - hence the need to take stock of partnership. As part of the review we have examined the work that is currently being undertaken by the various groups and make recommendations for how this should be dealt with within the proposed structures (**Appendix 1**).

STAFF GOVERNANCE

28. The Staff Governance Standard is the overarching policy for partnership working, employment practice and employee relations. The Standard is the key policy document and is enshrined in legislation as part of the NHS Reform (Scotland) Act 2004 which aims to improve how staff in NHSScotland are treated at work. Staff governance focuses on how

NHSScotland staff are managed, and makes up the third pillar of the governance framework (alongside clinical and financial governance) within which NHS Boards must operate.

29. Staff Governance is defined as “a system of corporate accountability for the fair and effective management of all staff” (Staff Governance Standard 2004).

30. The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented. As part of this, the Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained;
- involved in decisions which affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment.

Each employer is systematically audited through a combination of self assessment and staff survey to provide evidence that the Standard is being met or exceeded.

Figure 1 – Staff Governance

Measurement of organisational success against the elements of the Standard is carried out locally and also by the Minister for Health and Community Care, involving the SPF. APFs are involved in assessing the performance of NHS Boards as employers through the staff survey and the Self Assessment Audit Tool (SAAT).

The SAAT sets out the key measures that demonstrate an NHS Board’s progress towards becoming an exemplary employer. NHS Boards are required to produce a response to each indicator in each of the sections, provide statistics for each key performance indicator and an action plan which identifies solutions to key issues highlighted through the staff survey or the SAAT process. They are also required to demonstrate progress on the action plan on an annual basis. Audit Scotland validate the action plan, provide independent assurance that the self assessment process is robust, that the action plan is agreed and credible and that the action plan is being delivered year on year.

NHS Boards are also required to conduct the national staff survey at agreed intervals. The survey focuses on how staff are managed and feel they are managed. The results are used to identify areas of concerns and inform action plans. The results of survey, SAAT, action plan and external auditors report are submitted to SEHD through the Performance Assessment Framework. This feeds as part of the Annual Review process carried out by the Minister for Health and Community Care.

THE BENEFITS OF PARTNERSHIP WORKING

31. NHSScotland has moved towards an organisational culture based on employee involvement and engagement through partnership working between the trade unions and professional organisations and the employers. The employee relations climate which existed prior to partnership working could be characterised as one of conflict and confrontation with individual employers responding on an issue by issue basis to claims by the trade unions and professional organisations. There was little or no sense of cohesion or collectiveness. This represented an inefficient and ineffective way of working, with time and resources constantly being diverted to conflict resolution measures. At national level, it was recognised that in order to ensure more consistent treatment for the workforce across the country there were benefits to be gained from putting in place arrangements where SEHD, employers and trade unions and professional organisations could discuss issues corporately.

Figure 2 - Benefits of Partnership Working

The employee relations climate over the past decade has developed significantly away from a culture in which the requirement for competitive tendering led to inconsistency in pay and conditions and employment practice, and a confrontational, adversarial approach. The emphasis now is placed on working collaboratively at all levels and becoming an exemplary employer, both to the benefit of staff but also to the benefit of patient care.

In aiming to achieve a consistency of approach across Scotland in dealing with people, SPF established the PIN Board. The PIN Board undertakes, through development groups, to produce minimum standards of employment practice, with which NHS employers are required to comply. A total of 13 such publications now exist covering a wide range of issues, such as Health at Work, Managing Employee Conduct and Supporting the Work Life Balance.

These documents are produced in partnership and ensure a consistency of approach across NHSScotland as a minimum standard. NHS Boards can either adopt the PIN policy and practice or develop their own policy, provided that it exceeds the minimum standard.

32. Research from the International Labour Organisation (ILO)¹ highlights the value from enhancing the role of workers through information and consultation mechanisms. Economic and social value are derived from workers being key stakeholders in an organisation utilising the knowledge, experience and intelligence of those involved. This can also improve productivity and efficiency.

33. This has also been our experience in NHSScotland. Some of the benefits of partnership are a commitment by staff to delivering high quality services. This is based on the premise that the quality of service being delivered is ultimately affected by the way in which those delivering it are treated and valued by their employer. A valid conclusion from this would be that if employees are treated fairly and consistently, and involved in decisions which affect them, then the quality of the service provided will be good.

Figure 3 – Involving staff and the link to service provision

Greater staff involvement in decisions which affect their work allows for better quality of decision making. The Information and Consultation Directive notes that by improving channels for information and consultation with staff, employers are able to improve risk anticipation, make work organisation more flexible, make employees aware of adaptation needs and increase the effectiveness of the organisation.

Employers and managers, usually being one step removed from actual service delivery, do not always appreciate the full implications of any proposed changes on day to day working, for instance when facing the challenge of redesigning a service. By involving staff early in the thinking process and then throughout the change process, managers can have more comfort that all the small but critical details and nuances have been taken into consideration. Not only this, but the staff will feel more involved, have greater ownership of the changes and are more likely to ensure that they are successful, thereby improving the quality of the decision and the service.

34. A commitment to NHSScotland as an organisation is also a benefit of partnership working. Professor Kerr at the end of the consultation process on the future shape of NHSScotland concluded that in NHSScotland “people really seem to believe that we stand together shoulder to shoulder and help each other out”. This represents a real ethos of

¹ Jones P, ‘Industrial Democracy: A United Kingdom Perspective on the Works Council Directive’ in Kenner J (Jed), Trends in European Social Policy, Dartmouth, 1995

working in partnership. We have a responsibility to embed and to enhance this, to benefit health services and patient care.

Figure 4 – The ethos of partnership working: ‘Standing shoulder to shoulder’

Modernising, redesigning, changing the way in which we deliver health services is probably one of the biggest challenges faced by any organisation. The public, patients and politicians all feel huge ownership of the NHS as do the staff who deliver the services. There is also a tendency in the press to focus on the negative aspects of service delivery without thinking of the consequences for staff, who can end up feeling demoralised and under-valued. If we can further enhance this sense of really belonging to a team, the feeling of ‘we are all in this together’ and mutual support, it can only help the process of redesigning services. The organisational change policy, which gives staff comfort in respect of job security and earnings, greatly assists in this. Staff can be assured that the organisation will look after them even through the tough times. This includes the objective of NHSScotland becoming an exemplary employer.

Figure 5 – Shared services

Advanced partnership engagement has enabled key national strategies to be developed between SEHD, NHS Boards across Scotland and the trade unions and professional organisations in relation to Shared Services, Procurement and Logistics. Agreed Governance arrangements and human resources strategies are in place. Major efficiency savings are being realised through the skills of NHS staff.

In procurement for example, £38.5M savings have been achieved. Additionally, current forecasts indicate that an additional £8.2M - £11.7M of savings will be secured by the end of March 2006. In Logistics £9M has been saved to date.

35. Additional research indicates that a culture of openness and involvement with staff having a real say has a direct impact on employers’ ability to recruit and retain staff. This has been directly related to delivery of high quality care and patient satisfaction.²

THE PURPOSE OF PARTNERSHIP – FIT FOR THE FUTURE

36. The purpose of partnership as set out in 1999 was about harnessing the potential of staff at all levels so that they are involved in the decision-making process, have access to information and have the opportunity to make their views known about organisational changes which may affect them. This was based on the firm belief that an investment in staff was an investment in patient care.

37. The Partnership Steering Group discussed the purpose of partnership working in the light of changes which have taken place since 1999. The conclusion of the Project Steering Group is that the purpose of partnership is as follows:

The purpose of partnership is to improve healthcare services and the wellbeing of the people of Scotland through engaging staff and their representatives at all levels in the early stages of the decision-making process in order to have improved and informed decision making, through achieving and maintaining a positive and stable employee relations culture and gaining commitment, ownership and consensus to decisions through joint problem solving.

² Borrill.,CS., West.,MA., Shapiro,D., and Rees.,A (2000) Team Working and Effectiveness In Health Care. British Journal of Health Care Management, Vol 6 no 8 and West.,MA., Borrill.,CS., Dawson.,JF., Scully.,JW., M & Carter., M.,Anelay., S.,Patterson., M & Waring.,J (2002) The link between management of employees and patient mortality in acute hospitals. International Journal of Human Resource Management, 13.8

38. Considering all of these points, the Project Steering Group concluded the following:

- There is evidence that local partnership arrangements are working well and contributing to a wide range of issues, such as service redesign. There is, however, a need to strengthen linkages between national and local partnership structures.
- At a national level there should be a single entity: one partnership forum with a supporting working group to discuss practical operational matters and to inform the detail of the workforce strategy.
- The national forum must have a clear focus and purpose.
- The national forum has a legitimate role in influencing and contributing to the implementation of national strategies.
- The national forum must lead the promotion of the Staff Governance Standard which provides the overarching policy framework for partnership working.
- There should be a negotiating forum that informs the Scottish Partnership Forum of agreed outcomes.

PARTNERSHIP ARRANGEMENTS – GENERAL ETHOS

39. The current partnership arrangements have delivered some significant benefits to NHSScotland both nationally and locally. It is recognised by all partners that establishing and maintaining a climate that is conducive to constructive problem solving is more productive than one where there is little co-operation or trust. It was felt to be vital that the ‘rules of the game’ needed to be clear and should recognise that each of the partners had potentially different interests which could not always be mutually satisfied. The strength of partnership is where differences as well as consensus can be managed, without resorting to what we have described, as the more adversarial approach. One of the challenges has been the uncertainty amongst policy makers in how to engage in the partnership machinery. There was a perception that every idea or issue had to be taken through either through SPF or HRF or both, often with the partners around the table not being clear what was being asked of them. One of the important principles that the review is recommending is that it is the responsibility of policy leads within SEHD to ensure that their work is partnership proofed.

Figure 6 – “Partnership proofing”

If a policy lead within SEHD is considering a development then it is not necessary to take this through the SPF to start off. The principle behind “partnership proofing” is to ensure that all key stakeholders are engaged, have ownership and that the development can be developed and delivered collaboratively. A more effective use of time would be for the policy lead to work with either members of the SPF, or preferably their nominated representatives to ensure that the development is deliverable and to work through the detail before any discussion at the SPF. It is intended that the SPF is a strategic body and therefore will take an overview rather than getting involved in the detail.

40. Future partnership arrangements need to recognise and respect that ultimate decision-making rests with the Minister for Health and Community Care. Partnership arrangements should focus on creating an informed context in which decisions can be made and ensuring key considerations augment and inform the thinking around the development of national priorities. In this way they can best help shape decisions. When decisions have been made we should work together in partnership and collaboration to implement them.

41. It is important that partnership arrangements recognise the different roles of the three partners and should accurately reflect the diverse nature of the organisation:

- The role of SEHD is to set the strategic vision for NHSScotland and manage its performance. SEHD creates a framework for the provision of health services. It develops national strategies and plans to deliver the Minister's objectives and works to ensure that NHSScotland deliver these objectives.
- The role of NHSScotland is to deliver health services and deliver the Minister's objectives. As employers, NHSScotland want a motivated productive workforce, a positive employee relations culture and the opportunity to help shape and influence national strategies.
- The primary role of the trade unions and professional organisations is to harness and advocate the views of their members in relation to strategic vision and NHS policy, and to promote staff interests in the delivery of health services within a positive employee relations structure.

THE PARTNERSHIP STRUCTURE

42. The Project Steering Group reflected that partnership is a way of working: it permeates everything we do and therefore partnership should be a mainstream activity and not seen as something separate or an additional activity. In simple terms, partnership is the way we do things. However, partnership structures have to be fit for purpose and should have the capability and capacity to be both analytical and respond quickly and positively to a changing environment. Partnership and its associated structures should not be complicated or bureaucratic.

43. The Project Steering Group felt it was important that there should be a single forum where SEHD, NHSScotland employers and trade unions and professional organisations work together to improve health services for the people of Scotland. It would be a forum where key stakeholders can engage with key policy leads from across SEHD to inform thinking around national priorities on health issues. It was felt that the SPF, refocused and its membership refreshed, could act as a powerful enabling force to:

- inform thinking around national priorities on health issues;
- inform and test delivery and implementation plans in relation to national strategies;
- advise on workforce planning and development;
- advise on the delivery of the staff governance legislation; and
- support and promote benefits realisation.

44. The SPF should recognise that both the Minister and SEHD have to observe Parliamentary procedure, Cabinet considerations and confidentiality.

45. SEHD would act as sponsors, and support and champion the SPF.

46. It is vital that the SPF has a clear focus and purpose, principally:

- ***Service change and modernisation.*** This will form the basis of work across NHSScotland for the next 10 years. There is a need to redesign, change and modernise services across NHSScotland. Services are delivered by the staff of the NHS and on this basis the SPF has a legitimate role in influencing and supporting service redesign.
- ***Service Delivery.*** The Staff Governance Standard states that staff should be involved in decisions which affect them. Any changes to service delivery will ultimately have to be taken forward by the staff providing the service. Therefore the SPF has a role in influencing and engaging in the formulation of national strategies to ensure that they are deliverable and have the ownership and commitment of the staff involved.
- ***Workforce.*** It is imperative to the success of NHSScotland and the future of healthcare services that a positive employee relations culture exists. The provision of a world-class health service can only be delivered by a motivated and productive workforce who feel valued and respected. The SPF has a role in taking a corporate overview on issues regarding the workforce, specifically to promote and enshrine the Staff Governance Standard. It is proposed that SWAG is set up to manage the range of workforce issues that will require more detailed work.

47. The SPF should have a collective responsibility to provide evidence-based advice and support. It should be a resource to SEHD and Ministers and be responsible to its constituents. Its focus will be strategic, exploring the service and workforce consequences of policy decisions, and looking at longer term implications and impact. It is also the natural forum for discussion on the workforce strategy for NHSScotland.

48. The role of the SPF as champions of partnership will be to:

- facilitate the Employee Directors group through the provision of guidance, support and training and development; and
- support APFs through regular communication and by providing training and development events.

49. The agenda of the SPF would be informed by the structure of SEHD categorised as follows:

- Healthcare Policy and Strategy
- Workforce
- Primary and Community Care
- Health Improvement
- Finance and e-health
- Delivery
- Clinical and professional issues

50. The SPF should be managed on a shared Chair basis with each of the partners electing a designated Chair, chairing meetings on a rotational basis. The Director for Workforce would be responsible for sponsorship, facilitation and support.

51. The SPF should comprise a maximum of 14 places to each of the constituent parties, with a minimum of seven places to be taken up. There should normally be four meetings a year.

52. The SWAG would be the only standing sub-committee of the SPF. Its main function will be to support the development of the workforce strategy and to support the Director for Workforce in the development and implementation of employment policy and practice for NHSScotland. Specifically it will be responsible for:

- ensuring that NHSScotland acts as an exemplary employer by developing and endorsing best employment policy and practice and monitoring its implementation;
- ensuring that NHSScotland-wide agreements on workforce issues are used across all NHSScotland employers whenever consistency is appropriate;
- developing frameworks and advice to inform the workforce strategy;
- acting as guardians of the Staff Governance Standard and maintaining close links with local Staff Governance Committees and APFs;
- promoting equality and the elimination of discriminatory practices in employment; and
- helping implement the agenda of the Workforce Directorate of the Department.

53. The SWAG will comprise a total of 38 participants taken from the three constituent parties. A maximum of 19 places will go to the trade unions and professional organisations and this will include the chair of the Employee Directors Group. A quorum for the meetings will be nine from the trade unions and professional organisations, six from the employers and three from the SEHD.

54. The SWAG will normally meet four times a year.

55. It is expected that regional planning arrangements must demonstrate that they comply with the Staff Governance Standard and have robust partnership mechanisms in place. This will include trade union representation in regional planning structures. The SPF will take a formal monitoring role in this regard.

NEGOTIATING MACHINERY

56. Negotiations are currently being undertaken within the Terms and Conditions Committee which is a sub-group of the HRF. Discussions within the Project Steering Group concluded that the forum for negotiations in NHSScotland will be called Scottish Terms and Conditions Committee (STAC) and that negotiations should be taken forward in a way which was consistent with partnership working behaviours and in line with UK arrangements.

57. The STAC will be constituted to be the forum to undertake negotiations at Scottish level. It will report the minutes of its activities to the SPF. Agreements determined in STAC will be issued under cover of Health Department letter (HDL), having been reported to the SPF.

58. NHSScotland employers and trade unions and professional organisations are party to the UK Agenda for Change agreement and any subsequent agreements issued by the Staff Council (eg unsocial hours). There is, however, a considerable agenda which require 'local' agreement within the Agenda for Change framework. Examples include: recruitment and retention premia, on call payments, standby etc. In NHSScotland it is understood and agreed that 'local' agreements will be struck at the level of NHSScotland and applied uniformly across the service.

59. The main functions of STAC are to:-

- negotiate collective agreements on terms and conditions and/or employment-related matters for any staff group other than issues which form the basis of recognised separate collective bargaining arrangements;
- advise on the interpretation of UK agreements and the general operation of the modernised pay system including equal pay;
- ensure the application of collective agreements to NHSScotland staff; and
- discuss and, if appropriate, resolve other general issues of common concern on pay and terms and conditions of service.

60. For negotiation purposes the Management Steering Group will be the operational arm for both the SEHD and the NHSScotland employers.

61. The STAC will meet as and when required. The full constitution and terms of reference for the STAC are set out in Appendix 5.

THE PARTNERSHIP SECRETARIAT

62. One of the criticisms of the current model was that issues were passed between the various groups with little clarity about where the matter should get resolved. One method of resolving this is to put in place a Partnership Secretariat that takes an overview of the business of the SPF, SWAG and STAC to ensure that the right business is transacted in the right place. The Partnership Secretariat would comprise representatives of the SPF, the SWAG and the STAC (negotiating forum) and would have an overview for the work of the three groups. The purpose of the Partnership Secretariat is to:

- manage and facilitate the business of the SPF, SWAG and STAC; and
- agree which issues go to which group in line with the decisions of the SPF and SEHD policy, take a high level strategic view of the overall agenda and ensure appropriate links are made and business effectively implemented.

The work of groups should ensure that their business is enacted efficiently and effectively and is adequately supported.

63. The structure of the secretariat will consist of the eight Co-Chairs from the SPF, the SWAG and STAC and the nine Joint Secretaries from these groups. This will include the Director for Workforce, supported by the relevant administrative structure within the SEHD.

64. The Partnership Secretariat will normally meet four times a year to take an overview of the business of the main groups.

65. Resource will be in place to support partnership working. This will be included in arrangements as a result of the restructuring of HR Directorate of the SEHD.

Project Steering Group
October 2005

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APPENDIX 1

Partnership Review Sub-Groups Table

The Project Steering Group considered the range of groups which exist and report into the current SPF and HRF. It was agreed that it was important not to lose sight of the work being undertaken and the contribution of the people involved. However, considering the evidence regarding the bureaucracy of the current arrangements it is important to differentiate between work-streams and groups reporting directly into the SPF. It is also necessary to rationalise some groups which currently exist. Details of this are given below.

Group	Remit	Extant work	Proposed home/solution
Staff Governance Working Group (SGWG)	<p>To put in place measures to ensure the delivery of exemplary employment practices, so that staff, regardless of their age, disability, ethnicity, faith, gender or sexual orientation:</p> <ul style="list-style-type: none"> ● are well informed ● are appropriately trained ● are involved in decisions which affect them ● are treated fairly and consistently ● have a safe working environment. 		<p>The work of these four groups to be combined into one group, to be called the Scottish Workforce and Staff Governance Committee (SWAG), which will be a sub-group of the SPF. SWAG will have overall responsibility for work to ensure the delivery of the Staff Governance Standard. It will be a practical work-based committee co-chaired by the Chief Nursing Officer and Interim Director of HR, and the SWAG</p>
Partnership Information Network Board (PIN) Board	<p>Prepare modern guidance on issues relating to people management in NHSScotland.</p>		
Employment Law Advisory Group (ELAG)	<p>Provide informed commentary on proposed new or amended legislation issued for consultation. Identify relevant new case law and carry out detailed work around how forthcoming legal developments might impact on the service.</p>		

Group		Remit	Extant work	Proposed home/solution
		Communicate with the service to alert them to aspects of proposed legislation that are likely to impact on the service.		secretariat should include representatives from the trade unions and professional organisations and representatives from the Directors of HR, NHSScotland.
Occupational Health and Safety Strategy Implementation Group (OHSSIG)		Oversee on behalf of the HRF the implementation of the OHSS Strategy in the service. Responsible for ensuring the action points are met within the set timescale and that the strategy is working and making a difference. Tasked with ensuring that staff locally are actively involved in the process.		
National Workforce Committee (NWC)		Provide direction and leadership for the workforce development agenda across the health sector in Scotland. Focus on nine work-streams which interact with one another: <ul style="list-style-type: none"> • Labour Market Supply and Demand • National Workforce Planning • Commissioning Plan for Education 	<ul style="list-style-type: none"> • Work by Sir John Arbuthnott, supported by ASD • Work taken forward by WoNuG. Need to link with service and finance planning • Taken forward by a range 	The nine work-streams represent groups of activity which would be mainstreamed and linked into the SPF. In the restructured HR (workforce) Directorate of SEHD the following policy leads would manage the work in future. <p>To be taken forward in partnership by the Policy Lead for Workforce Planning</p> <p>To be taken forward in partnership by Policy Lead for Workforce Planning</p> <p>To be taken forward in</p>

Group	Remit	Extant work	Proposed home/solution
	<ul style="list-style-type: none"> • Workforce Redesign • Careers, Recruitment and Retention • Workforce Performance and Effectiveness • Workforce Observatory • Occupational, Professional and Regulatory Standards • Modernising Medical Careers 	<p>of stakeholders from health and education sectors</p> <ul style="list-style-type: none"> • Led by Alex McMahon, supported by various stakeholders • Led by Patricia Leiser, steering group includes trade unions & professional organisations, HR Services, SEHD • Work by SEHD Pay Modernisation team involving various stakeholders • Professor Jim Buchan led the establishment, Caroline Fox SEHD overseeing ongoing development • OPRS led by CNO, informed by various stakeholders • Overseen by MMCSotland 	<p>partnership by Policy Lead for Education & Learning</p> <p>To be taken in forward in partnership by Policy Leads for Workforce Planning and Education and Learning</p> <p>To be taken forward in partnership by Policy Lead for Reputation and Attraction with Education and Learning, Staff Governance and Reward Teams</p> <p>To be taken forward in partnership by Policy Lead for Workforce Productivity/Benefits/ Governance implementation (part of Workforce Modernisation).</p> <p>To be taken forward in partnership by Policy Lead for the Workforce Modernisation</p> <p>To be taken forward in partnership by CNO</p> <p>To be taken forward in</p>

Group	Remit	Extant work	Proposed home/solution
Learning and Development Group		Delivery Group, chaired by Professor Stuart MacPherson, and accountable to the NWC	Partnership by Policy Lead for Modernising Medical Careers (part of Education and Learning) The original group met only once and there was significant overlap between it and a work stream of the NWC. The SPF will take an overview of Learning and Development and link it to Education and Learning.
Diversity Task Force (DTF)	Provide strategic leadership to NHSScotland managers and act as an enabler to facilitate culture change at every level within NHSScotland. The DTF will also work to promote and share good practice with other public and private sector employers. Ensure that all NHSS employees are equipped and encouraged to effectively promote NHS values related to diversity and equality of employment opportunity to all staff and external stakeholders.	It has five key work areas related to raising awareness of diversity and inclusion with NHSScotland. All of the work-streams will continue either as part of the DTF or as part of the work programme of the Workforce Directorate.	The DTF is reviewing its remit and membership but will continue to be the vehicle to drive forward Equality and Diversity through the workforce. Its work will be sponsored by the policy lead for Reputation and Attraction.
Scottish Pay Reference and Implementation Group (SPRIG)	Act as a partnership-based reference group to help inform, oversee, co-ordinate and implement pay modernisation in NHSScotland, focusing in particular on: <ul style="list-style-type: none"> • broadening engagement with and understanding of the Agenda for Change package within Scotland; 		This is a time limited group whose work should be mainstreamed by the end of 2006.

Group	Remit	Extant work	Proposed home/solution
<p>Agenda for Change Guidance and Interpretation Group</p>	<ul style="list-style-type: none"> • provision of advice and support for preparatory work undertaken within NHS Boards; • provision of advice and support for Pay Modernisation Directors and their teams; • provision of a co-ordinating role in liaison with pay modernisation Teams to ensure consistent advice across the service; • monitoring of the impact of pay modernisation on a Scottish basis; • forging of effective links with implementation initiatives as undertaken elsewhere in the UK, and with relevant Scottish bodies such as the HRF and SPF. 		
			<p>Recognised as a subgroup of SPRIG, and as such is a time-limited group. In the future, advice on the interpretation of national agreements and development of employment policies related to Agenda for Change should be taken to the STAC.</p>
<p>Terms and Conditions Committee</p>	<p>Provide accurate and consistent advice to NHSScotland on matters relating to the new terms and conditions under Agenda for Change. Responsible for highlighting areas within the AfC Agreement that require a Scottish-wide solution and highlighting terms and conditions</p>		<p>The issue of negotiations is discussed in a separate chapter of this report.</p>

Group	Remit	Extant work	Proposed home/solution
	<p>relevant to NHSScotland that are not contained within the Agreement. Pass these issues together with suggested solutions to the Terms and Conditions Policy Group for consideration and final agreement. Receive and channel enquiries from NHSScotland to ensure that consistency in approach is achieved in the implementation of Agenda for Change.</p>		
<p>Scottish Pensions Review Group (SPensIR)</p>	<p>Set up to look at the proposals of the new NHS Pension Scheme. This group is an ad hoc shortlife working group.</p>		<p>Working Group whose work will be reported to the Partnership Secretariat.</p>
<p>HR Conference Planning Committee / Partnership Conference Planning Group</p>			<p>To be reviewed.</p>
<p>Shared Services / Logistics / Best Procurement Initiative Group</p>			<p>Taken forward in partnership by the Policy Lead for Finance and E-Health.</p>

APPENDIX 2

FEEDBACK FROM QUESTIONNAIRES

1. A questionnaire was issued to a range of people across NHSScotland. These included members of the HRF, SPF, Employee Directors, members of the NWC, Chairs, Chief Executives and Directors of HR.

2. The questionnaire contained 10 questions around partnership working. A response of 27 completed questionnaires was received. Full details of the response is available on request to the Partnership Support Unit, however, a sample of some of the responses to questions is given below.

Q. If you feel that the SPF, HRF & NWC are not effective, please give a short explanation as to why that is and how it can be improved.

- The decision-making process is too slow and cumbersome
- Duplication of discussion and debate between the three forums
- Lack of leadership and direction
- There should be one group
- Agendas too cluttered
- More clarity required over roles and remit

Q. Are the current national structures of the SPF, HRF & NWC too cumbersome?

- Yes = 63%
- No = 19%
- Don't know = 18%

Q. From your perspective, what do you want partnership to deliver?

- Involvement at all levels for all staff
- Clear agreed routes supporting delivery of agreed policies focused on health gain and health services
- For the national perspective to become less political
- Shared agendas and priorities
- Consistency on priorities and policies
- Good employee relations and staff involvement
- Rapid & effective decision making
- Fewer burdens on employers
- Better patient care
- Better quality services

APPENDIX 3

Scottish Partnership Forum **Draft Constitution**

1. Remit and Aims of the Scottish Partnership Forum

a) The Scottish Partnership Forum (SPF) will be the forum where the SEHD, NHSScotland employers and trade unions and professional organisations work together to improve health services for the people of Scotland. It will be the forum where key stakeholders can engage with key policy leads from across SEHD to inform thinking around national priorities on health issues. The SPF will be a powerful enabling force to:

- inform thinking around national priorities on health issues;
- inform and test delivery and implementation plans in relation to national strategies;
- advise on workforce planning and development;
- advise on the delivery of the staff governance legislation;
- support and promote benefits realisation; and
- promote equality and diversity.

b) Specifically the aims of the SPF will be to:

- provide the forum where representatives of trade unions, professional organisations, SEHD and NHSScotland work together to influence national priorities and policy on health issues in Scotland;
- ensure the principles of partnership are practised in NHSScotland and the SEHD;
- champion partnership between NHSScotland and other organisations; and
- develop partnership working through evidence-based practices and to promote and facilitate the behavioural changes that genuine partnership working entails.

c) The SPF will be a resource to the SEHD and Ministers and be responsible to its constituents. Its focus will be strategic, exploring the service and workforce consequences of policy decisions, and looking at longer term implications and impact.

2. Guiding Principles

a) The SPF will at all times demonstrate the guiding principles underpinning partnership in NHSScotland. These are based on the core values of team working, openness and honesty, mutual respect and recognition of individual contribution.

b) These guiding principles will be used to measure the actions and decision making of any associated bodies.

c) The following words expressing values provide further definition of the guiding principles:

- Inclusive
- Involvement
- Participation
- Credibility
- Transparency
- Trust
- Accountability
- Equality
- Commitment
- Challenging
- Best use of resources

3. Behavioural Standards

The SPF should be seen as a place where effective meetings are conducted in an atmosphere of respect even when individuals are in disagreement over a specific issue. The following guidelines provide suggestions as to ground rules to support this environment.

- a) Wherever possible keep the language simple and avoid acronyms. If you do not fully understand ensure that you obtain clarity and understanding before agreeing or disagreeing.
- b) Respect other members of the forum as individuals with equal rights. When disagreeing or exploring an idea, discuss the matter in hand without taking issue with or attacking the individual making the point.
- c) Recognise and respect the responsibilities that individuals have as representatives of their organisations.
- d) Maintain confidentiality within the group or any agreed parameters. If an issue is potentially sensitive agree how it will be communicated external to the forum and maintain this level of confidentiality. During the meetings individuals have the right to express opinions without being quoted to others external to the group.
- e) Strive for consensus as far as possible. Sharing of information should be encouraged, sufficient time should be allowed for discussion, creativity and difference should be celebrated and participants should avoid taking a stance on issues.
- f) It is acceptable to disagree and if consensus is not reached but a recommendation still has to be made then the disagreeing parties and their reasons need to be clearly noted.

4. Membership

The SPF membership should comprise 14 participants taken from each of the constituent parties, with a minimum of seven places being taken up.

The constituent organisations are responsible for agreeing the nominations to the SPF and in so doing to ensure that participants reflect the diverse nature of the organisation.

5. Secretariat and Chairs

a) The SPF will be served by a Partnership Secretariat which will manage and facilitate the business of the SPF, the Scottish Workforce and Staff Governance Committee (SWAG) and the Scottish Terms and Conditions Committee (STAC). The Co-Chairs and Joint Secretaries will provide the day to day management of each group. The Partnership Secretariat will comprise:

- eight Co-Chairs
- nine Joint Secretaries.

b) The Partnership Secretariat will agree which issues go to which group in line with the decisions of the SPF and SEHD policy.

c) The Partnership Secretariat will take a high level strategic view of the overall agenda and ensure appropriate links are made and business effectively implemented.

d) The SPF will be managed on a shared Chair basis with each of the partners electing a designated Chair and chairing meetings on a rotational basis. In addition there will be a designated Joint Secretary from each of the three partners to support the SPF.

e) SPF Co-chairs and Joint Secretaries will be responsible for managing the day to day business of the SPF.

6. Conduct of Meetings and Business

a) The SPF Co-Chairs will conduct business and maintain proper conduct of meetings.

b) The SPF Co-Chairs will set the agenda and call meetings. The agenda and any supporting papers will be circulated a minimum of seven working days before the meeting.

c) The Co-Chairs will be responsible for ensuring that individual members uphold the partnership principles and the co-operative spirit of the forum.

d) Co-Chairs may call extra meetings over and above the agreed schedule if extraordinary circumstances dictate.

7. Quorum and Attendance at Meetings

a) There will normally be four meetings per year.

- b) The meeting will be quorate when there is a straight majority of each of the two constituent groups i.e. a maximum of 14 and a minimum of seven.
- c) Members are expected to attend all meetings.
- d) In exceptional circumstances if representatives of an organisation are unable to attend a meeting then the organisation can designate a replacement representative with prior notification to the SPF Co-chairs.
- e) All travelling and accommodation expenses relating to the agreed annual schedule of meetings are to be met by the member organisations.
- f) All travelling and accommodation expenses incurred by attendance at extra meetings, site visits or other activity will be met by SEHD.

8. Minutes and Record Keeping

- a) A formal record of each meeting will be agreed by the SPF, signed by the Co-Chairs and kept in a proper manner.
- b) The SPF Co-chairs will maintain the minutes so that they can be made available for inspection on request.
- c) The Partnership Secretariat will be responsible for joint communications on the business of the SPF.

9. Review of procedures and constitution

- a) The SPF will review the principles underpinning partnership in NHSScotland every three years to ensure that partnership is still capable of delivering measurable improvement to service delivery even though the context may have changed.

October 2005

APPENDIX 4

The Scottish Workforce and Staff Governance Committee (of the Scottish Partnership Forum)

Draft Constitution

1. Remit and Aims of the Scottish Workforce and Staff Governance Committee

a) The main function of the Scottish Workforce and Staff Governance Committee (SWAG) will be to support the development of the workforce strategy and to support the Interim Director of HR in the development and implementation of employment policy and practice for NHSScotland. Specifically it will be responsible for:

- ensuring that NHSScotland acts as an exemplary employer by developing and endorsing best employment policy and practice and monitoring its implementation;
- ensuring that NHSScotland-wide agreements on workforce issues are used across all NHSScotland employers whenever consistency is appropriate;
- developing frameworks and advice to inform the workforce strategy;
- acting as guardians of the Staff Governance Standard and maintaining close links with local Staff Governance Committees and Area Partnership Forums;
- promoting equality and the elimination of discriminatory practices in employment and enabling compliance with equalities legislation; and
- helping implement the agenda of the Workforce Directorate of the department.

2. Guiding Principles

a) The SWAG will at all times demonstrate the guiding principles underpinning partnership in NHSScotland. These are based on the core values of team working, openness and honesty, mutual respect and recognition of individual contribution.

b) The following words expressing values provide further definition of the guiding principles:

- Inclusive
- Involvement
- Participation
- Credibility
- Transparency
- Trust
- Accountability
- Equality
- Commitment
- Challenging

- Best use of resources

3. Behavioural standards

The SWAG should be seen as a place where effective meetings are conducted in an atmosphere of respect even when individuals are in disagreement over a specific issue. The following guidelines provide suggestions as to ground rules to support this environment.

- a) Wherever possible keep the language simple and avoid acronyms. If you do not fully understand ensure that you obtain clarity and understanding before agreeing or disagreeing.
- b) Respect other members of the committee as individuals with equal rights. When disagreeing or exploring an idea discuss the matter in hand without taking issue with or attacking the individual making the point.
- c) Recognise and respect the responsibilities that individuals have as representatives of their organisations.
- d) Maintain confidentiality within the group or any agreed parameters. If an issue is potentially sensitive agree how it will be communicated external to the forum and maintain this level of confidentiality. During the meetings individuals have the right to express opinions without being quoted to others external to the group.
- e) Strive for consensus as far as possible. Sharing of information should be encouraged, sufficient time should be allowed for discussion, creativity and difference should be celebrated and participants should avoid taking a stance on issues.
- f) It is acceptable to disagree and if consensus is not reached but a recommendation still has to be made then the disagreeing parties and their reasons need to be clearly noted.

4. Membership

- a) SWAG will comprise a total of 38 participants taken from the three constituent parties. A maximum of 19 places (with a minimum of 10 places) to the trade unions and professional organisations and this will include the chair of the Employee Directors group. A quorum for the meetings will be nine from the trade unions and professional organisations and six from the employers and three from the Scottish Executive Health Department (SEHD).

The constituent organisations are responsible for agreeing the nominations to SWAG and in so doing to ensure that participants reflect the diverse nature of the organisation.

5. Secretariat and Chairs

a) SWAG will be served by a Partnership Secretariat which will manage and facilitate the business of the Scottish Partnership Forum (SPF) and SWAG and the Scottish Terms and Conditions Committee. The Partnership Secretariat will comprise:

- 8 Co-Chairs
- 9 Joint Secretaries

b) The Partnership Secretariat will agree which issues go to which group in line with the decisions of the SPF and SEHD policy. The SWAG will be managed on a shared Chair basis with each of the partners electing a designated Chair, and chairing meetings on a rotational basis. In addition there will be a designated Joint Secretary from each of the three partners, except for the trade unions and professional organisations where there will be two Joint Secretaries (total of four).

c) The SWAG Co-chairs and Joint Secretaries will manage the day to day business of the SWAG.

6. Conduct of Meetings and Business

a) The SWAG Co-Chairs will conduct business and maintain proper conduct of meetings.

b) The SWAG Co-Chairs will set the agenda and call meetings. The agenda and any supporting papers will be circulated a minimum of seven working days before the meeting.

c) The SWAG Co-Chairs will be responsible for ensuring that individual members uphold the partnership principles and the co-operative spirit of the Committee.

d) The Partnership Secretariat may call extra meetings over and above the agreed schedule if extraordinary circumstances dictate.

7. Quorum and Attendance at Meetings

a) There will normally be four meetings per year.

b) The meeting will be quorate when there is a straight majority of each of the constituent groups.

c) Members are expected to attend all meetings.

d) In exceptional circumstances if representatives of an organisation are unable to attend a meeting then the organisation can designate a replacement representative with prior notification to the SWAG Co-Chairs.

e) All travelling and accommodation expenses relating to the agreed annual schedule of meetings are to be met by the member organisations.

f) All travelling and accommodation expenses incurred by attendance at extra meetings, site visits or other activity will be met by SEHD.

8. Minutes and Record-Keeping

a) A formal record of each meeting will be agreed by the SWAG, signed by the Co-Chairs and kept in a proper manner.

b) The SWAG Co-Chairs will maintain the minutes so that they can be made available for inspection on request.

c) The Partnership Secretariat will be responsible for joint communications on the business of the SWAG.

9. Review of procedures and constitution

a) SWAG will review the procedures and constitution of the committee every two years and report formally on the outcome to the SPF.

October 2005

APPENDIX 5

The Terms and Conditions Committee Draft Constitution and Guiding Principles for Negotiations

SECTION 1

CONSTITUTION OF THE SCOTTISH TERMS AND CONDITIONS COMMITTEE

Name of organisation

1. The group will be known as the Scottish Terms and Conditions Committee (STAC).

Scope of remit

2. The Scottish Partnership Forum (SPF) has a remit to set up a group to collectively negotiate terms and conditions issues for NHSScotland staff other than issues which pertain exclusively to recognised separate collective bargaining arrangements. SPF has given this remit to the STAC.
3. STAC in accordance with the overarching principles set out below, will agree on an issue by issue basis the parameters for each negotiation.
4. A function of STAC will be to settle differences of interpretation and / or application of its agreements that cannot be resolved locally. However, STAC will not consider individual cases, which will continue to be resolved at individual employer level.
5. STAC must undertake negotiations in accordance with the terms of the UK framework.

Membership

6. STAC will have an equal number of members from the employers / Scottish Executive Health Department (SEHD) and the trade unions and professional organisations. Each group will have 16 members. This group will determine the appropriate membership of the group to undertake the negotiations according to the issue and make up of the workforce concerned.
7. Each group will determine how their 16 representatives are selected.
8. In the event of a member of STAC being unable to attend any meeting, the constituency represented by the member will be entitled to appoint a substitute to attend the meeting. As a matter of principle any substitute attending STAC should be fully briefed by their constituency before attending the meeting.

9. If a vacancy arises a new member will be appointed by the constituency who the previous member represented.

Chairing of Meetings and Secretariat function

10. In accordance with the principles of partnership STAC will appoint from amongst the membership two joint Chairs: one Chair from the trade unions and professional organisations and one Chair from the employers/SEHD representatives.

11. Each of the nominating groups will be responsible for the choice of their Chair by appropriate means.

12. The Chairs of STAC will hold office for a period of two years and may be re-appointed following completion of due process.

13. In the absence of both Chairs substitutes will be elected for that meeting.

14. STAC will be served by a Partnership Secretariat which will manage and facilitate the business of the SPF, the Scottish Workforce and Staff Governance Committee (SWAG) and STAC. The Partnership Secretariat will comprise eight Co-Chairs and nine Joint Secretaries and will agree which issues go to which group in line with the decisions of SPF and SEHD policy.

15. The STAC Co-chairs and Joint Secretaries will be responsible for managing the day to day business of the Scottish Terms and Conditions Committee.

Notice and Frequency of Meetings

16. STAC will meet as and when required.

17. In the instance where the SPF has provided the STAC with a remit to negotiate, the Chairs of the committee, with the support of the Partnership Support Unit (PSU), will call a meeting. At least seven working days' notice will be given before any meeting, and any supporting papers should be circulated during that period.

18. The dates of further meetings will be determined by the STAC.

19. STAC may form issue-specific short-life working groups to discuss and analyse evidence, and / or issues with significant implications for a particular group of NHSScotland staff.

Quorum

20. Meetings will be quorate when there are a minimum of eight members of each group present.

Others invited to attend meetings

21. With the agreement of the co-chairs, the STAC may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

22. The SPF or the STAC may determine that a wider attendance is required other than the nucleus of members to deal with a specific issue.

Reporting Relationship

23. The STAC will report its minutes and any agreements through the SPF.

SECTION 2

FUNCTIONS OF THE TERMS AND CONDITIONS COMMITTEE

24. The main functions of STAC are to:

a) negotiate collective agreements on Scottish terms and conditions and/or employment-related matters for any staff group other than issues which form the basis of recognised separate collective bargaining arrangements;

b) interpret UK agreements and the general operation of the modernised NHS pay system including equal pay;

c) ensure the application of collective agreements to NHSScotland staff; and

d) discuss and if appropriate resolve other general issues of common concern on pay and terms and conditions of service.

SECTION 3

SPIRIT WITHIN WHICH THE NEGOTIATIONS ARE CONDUCTED

25. Negotiations should be conducted on the basis of honesty, mutual respect and dignity.

26. Members of STAC must recognise and respect the responsibilities that individuals have as representatives of their constituency.

27. Language should wherever possible be kept simple and the use of acronyms should be avoided, as should foul or abusive language.

28. No individual should be the subject of a personal attack, or attacked for a point they are making.
29. Agreements on confidentiality reached within the group should be maintained.

SECTION 4

DECISION MAKING

Reaching an Agreement

30. Decisions of STAC will be reached by agreement of both employer and trade union representatives. STAC should reach an agreement through a process of discussion, exchange of information, negotiation and consultation.

31. It is recognised that there may be occasions when an agreement needs to be enacted through agreement by the Minister by issue of a HDL and reported to SPF.

Failure to reach an Agreement

32. In the event of the committee concluding that it is not able to reach an agreement, with the agreement of both parties there will be a joint approach to ACAS to facilitate an agreement. This will be a facilitated agreement and not arbitration.

33. This will be reported to the SPF.

Role of the Joint Chairs

34. The Joint Chairs of the STAC have a role to play in the interpretation of conditions of service and the interpretation of national agreements. Where a request is made for an interpretation or view the Joint Chairs will consult the wider committee (STAC).

October 2005

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