



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**26 January 2022**

**Item 14**

**THIS PAPER IS FOR NOTING**

**STAFF GOVERNANCE COMMITTEE MINUTES OF 1 SEPTEMBER 2021 AND  
VERBAL REPORT OF 13 DECEMBER 2021**

<b>Lead Director Author</b>	Madeline Smith, Chair of Staff Governance Committee Lindsey Ralph, Board Secretary
<b>Action required</b>	The Board is asked to note the minutes and verbal report.
<b>Key points</b>	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Staff Governance Committee held on 1 September 2021 were approved by the Committee on 13 December 2021. A verbal update of the meeting held on 13 December 2021 will be provided by the Chair of the Committee.
<b>Timing</b>	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting from the Chair of the Committee.
<b>Link to Corporate Objectives</b>	This paper relates to our goal of ensuring staff have a voice and people are at the heart of everything we do.
<b>Contribution to the 2020 vision for Health and Social Care</b>	Everyone Matters is the national strategic workforce contribution to the 2020 vision. All work of the Staff Governance Committee and the Staff Governance Action Plan is aligned to this.
<b>Benefits to Patients</b>	The Staff Governance Committee has responsibility, on behalf of the Board, to ensure that the NHS Staff Governance Standards are implemented in the Service and that an effective structure is in place to support and monitor implementation within the Service, including health, safety & wellbeing, as well as remuneration. Effective staff governance assists in creating a workplace where staff feel valued, and are appropriately located, skilled and developed to deliver safe, effective, patient centred and quality care.
<b>Equality and Diversity</b>	Workforce equality monitoring information, equality outcomes and associated reports, are monitored through the Staff Governance Committee. Equality impact assessments are carried out for individual workstreams, including policy development and review. Relevant equality impact information is reported to the Staff Governance Committee.

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**MINUTES OF STAFF GOVERNANCE COMMITTEE  
10:00 ON WEDNESDAY 01 SEPTEMBER 2021  
VIA MICROSOFT TEAMS**

**Present:** Madeline Smith, Non-Executive Director (Chair)  
Stuart Currie, Non-Executive Director  
John Riggins, Employee Director  
Tom Steele, Board Chair, Non-Executive Director  
Martin Togneri, Non-Executive Director

**In Attendance:** John Baker, General Manager ICT (*for Item 8.3*)  
Paul Bowtle, Head of Workforce Systems and Analytics  
Gary Coll, Staff Side Representative, GMB, (ex officio member)  
Frances Dodd, Director of Care Quality and Professional Development  
Alison Ferahi, Head of Organisational Development and Wellbeing  
Graeme Ferguson, Head of Human Resources and Employee Relations  
Steven Gilroy, Staff Side Representative, UNISON (ex officio member)  
Pippa Hamilton, PA to Director (Minutes)  
Claire Higgs, Communications and Engagement Manager (*for Item 12.1*)  
Pauline Howie, Chief Executive  
Lyndsay Lauder, Director of Workforce  
Maria McFeat, Deputy Director of Finance  
Daren Nelson, OD Lead (*for Item 5*)  
David Robertson, Regional Director, West  
Sarah Stevenson, Risk Manager  
Ann Tobin, HR Manager - Equalities  
Milne Weir, Regional Director, North  
Tony Wigram, Head of Health and Safety  
James Wilkie, Demand and Capacity Programme Manager (*for Item 8.5*)

**Apologies:** Jamie McNamee, Staff Side Representative, Unite the Union  
(ex officio member)  
Wendy Quinn, Deputy Regional Director, West

**ITEM 1 WELCOME AND INTRODUCTIONS**

Madeline Smith welcomed everyone to the meeting.

Committee were reminded of the virtual meeting etiquette and were asked to ensure that their microphones were placed on mute when they were not speaking and to use the “raise hand” function during the meeting, should they wish to speak.

**ITEM 2 DECLARATIONS OF INTEREST**

Standing declarations of interest were noted:

Doc: 2021-09-01 SGC Approved Minutes	Page 1 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

- Martin Togneri, in his capacity as a Non-Executive Director, NHS24.
- Madeline Smith, in her capacity as Non-Executive Director, Digital Health and Care Innovation Centre.
- Stuart Currie in his capacity as Non-Executive Director, The State Hospital.

### **ITEM 3 MINUTES OF MEETING HELD ON 14 JUNE 2021**

The minutes of the meeting held on 14 June 2021 were reviewed and approved as an accurate record of the meeting.

### **ITEM 4 MATTERS ARISING NOT ON THE AGENDA**

None to note.

### **ITEM 5 SPECIAL TOPIC – LEADERSHIP DEVELOPMENT FOR FIRST LEVEL MANAGERS**

Daren Nelson provided Committee with a comprehensive presentation which detailed the work being undertaken to recommence the Leadership and Management Development Programme from 21 September 2021.

Daren provided members with details in relation to the undernoted areas:

- The target group of staff was first level managers, Team Leaders and ACC Supervisors along with Area Service Managers who were new in post.
- A predicted 360 managers within the Service were eligible to undertake the programme who would be split into 12 cohorts of 30 managers.
- The vision of the programme being to *“Develop a strong foundation of leadership and management skills, knowledge and experience that enables participants to feel confident, capable, resilient and supported”*.
- Refreshed programme which would be flexible, innovative and connected to workplace objectives.
- Each cohort of participants would undertake:
  - A two day virtual induction
  - 5 modules (*self-management, managing and leading teams, coaching and mentoring, leadership theories and styles, working within the healthcare system with effective partnership working*). Each module would comprise of an e-learning package and virtual tutorial
  - Maintain a reflective portfolio, capturing how the topics are transferred to their primary roles
  - A face-to-face masterclass and graduation
- Participants would commit 1.5 hours per month for structured learning events with a further 3.75 hours of self-directed learning on the production of a personal portfolio.
- The programme will utilise formative rather than summative assessment, by carrying out knowledge checks to ensure understanding and application of the learning objectives through online quizzes, conversations during tutorials and reflective practice evidenced within personal portfolios.
- Evaluation of the Programme would be undertaken using questionnaires from students, along with capturing whether the course influences behaviour in the workplace particularly in relation to Health and Wellbeing support. This being measured through questionnaires to line managers of participants 6 months into the programme to capture transference of skills and behaviour.
- Programme accreditation had been explored with the Faculty of Medical Leadership and Management. Fee to gain accreditation for the programme was at a discounted

Doc: 2021-09-01 SGC Approved Minutes	Page 2 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

rate of £953 plus VAT as the Service is a not-for profit organisation. The fee covers the cost of accreditation for the full three-year period along with the use of CPD credits for the students over this period. Accreditation was also explored with ILM, where the cost was 10 times this amount.

- All associated costs for the Programme were within the existing Organisational Development budget.

Madeline Smith thanked Daren for the informative presentation, adding that members welcomed the recommencement of the programme, it's flexibility, refreshed approach and links to the Health and Wellbeing Strategy and workplace objectives. Madeline highlighted that the inclusion of reflective practice and portfolio building were important aspects of learning and were a positive approach to the Programme.

Members noted their support and interest in the Programme. It was agreed that a Programme update would be provided to each Staff Governance Committee meeting from December to allow for oversight of progress.

**Action:**

1. **Head of Organisational Development and Wellbeing** to provide an update on the Leadership and Management Development Programme to each Committee meeting from December 2021.

**ITEM 6 STAFF GOVERNANCE STANDARDS ANNUAL MONITORING RETURN**

Committee were presented with the final draft of the Staff Governance Standards Annual Monitoring Return. Lyndsay Lauder advised that the return required to be submitted to the Scottish Government by 24 September and asked that members provide any feedback or contributions to strengthen the return ahead of submission.

Members noted that the presented draft had been approved by the Employee Director, subject to any further input from the Executive Team and Staff Governance Committee.

Members discussed the Return and the undernoted suggestions for inclusion were received:

- Acknowledge the challenging time and pressure faced by staff along with reflecting the huge investment being made in staff resource through the Demand and Capacity Programme.
- Ongoing work to improve Rest Break compliance.
- Health and Wellbeing Strategy and the work of the Learning from Events Group.
- The well embedded staff governance approach adopted by the Service throughout the organisation as a whole and not just within the Staff Governance Committee.
- The success and popularity of the weekly staff engagement sessions.

Lyndsay Lauder thanked members for their suggestions, advising that she would take these forward ahead of submission to the Scottish Government on 24 September.

**Action:**

2. **Director of Workforce** to review Staff Governance Standards Annual Monitoring Return to include SGC members suggestions ahead of submission to Scottish Government.

Doc: 2021-09-01 SGC Approved Minutes	Page 3 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

## ITEM 7 STAFF GOVERNANCE ACTION PLAN (SGAP)

### Item 7.1 Staff Governance Action Plan – 6 Month Plan from September 2021 – March 2022 – Progress Update

Lyndsay Lauder reminded Committee that members requested a six month Plan from 01 September 2021 to end of March 2022 be developed to allow members to clearly review and monitor current activity which could realistically be achieved by the end of the financial year. Lyndsay added that a new plan would be developed for 2022/2023, which would bring the plan back in line with pre covid timescales.

Committee noted that the Plan presented contained 20 initiatives of which 4 were at amber status:

- **SGAP21-22/01** - Improve attendance management levels across the Service by establishing action plans for each service area which will address their specific needs and set achievable improvement targets for monitoring.
- **SGAP21-22/09** – Ensure that all SAS employees receive the statutory and mandatory training they require for their roles and compliance and progress is monitored.
- **SGAP21-22/11** – Implementation of Once for Scotland Policies Phase Two in line with national guidance.
- **SGAP21-22/19** - Development of our Learning function, to include; systematic capture of learning needs to inform development planning; Implementing our digital learning platform to support out aim of a digitally enabled workforce.

Lyndsay advised that in the interest of openness and transparency the paper also highlighted 6 actions which had been removed from the plan due to these being completed within 2021 and would not be carried forward:

- **SGAP20-21/02** - Develop and publish a Service Workforce Health and Wellbeing Strategy building on progress and lessons learned during the COVID-19 national emergency.
- **SGAP20-22/05** - Establish an evaluation process to assess 2019 changes to Occupational Service provision, specifically the development of our Wellbeing and Case Management trial.
- **SGAP20-21/13** - Implementation of Once for Scotland Policies Phase One in line with national guidance.
- **SGAP20-21/15** - Facilitate the establishment of a staff led network for people who have a disability, their allies and those who have an interest in disability and inclusion.
- **SGAP20-21/19** - Develop and continually update communications plans which will inform and engage our staff with workforce development activity to March 2021.
- **SGAP20-21/20** - Develop a proposal for a refreshed Staff Partnership approach based on good practice during COVID-19.

Madeline Smith noted that from the initiatives contained within the Plan, there remained a number of actions which would continue to be ongoing after March 2022, adding that these would be carried forward into the 2022/23 Plan.

Committee thanked Lyndsay for the updated Plan, noting that it took assurance from the paper presented which would allow members to track progress over the next six months.

Doc: 2021-09-01 SGC Approved Minutes	Page 4 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

## Item 7.2 Workforce Vector of Measures

Lyndsay Lauder presented Committee with the workforce information paper and vector of measures.

Committee noted that attendance management levels remain a challenge for the Service with Non-COVID absence at 8%. Lyndsay advised that work continued to manage attendance and support the health and wellbeing of the workforce with this work being monitored by the Performance and Planning Steering Group.

Madeline Smith suggested that it would be helpful for members to have sight of recruitment numbers and forecasting included within future reporting.

Martin Togneri noted the rapid deterioration of rest break compliance and asked for clarity that this was as a result of increased demand. Pauline Howie advised that the deterioration in rest break compliance was as a result of increased demand, increased hospital turnaround times and the pressure on the system as a whole. Members noted that a Rest Break Working Group had been established in partnership which meets weekly to develop, agree and introduce improvements in these areas.

Tom Steele asked for clarification as to whether the staff turnover data included within the vectors included retirees and enquired whether these should be reported separately from all other staff turnover numbers. Members agreed that retirees should be reported separately within the reporting to Committee. It was agreed that Graeme Ferguson would carry out a deep dive into the turnover figures and arrange for the data to be broken down into categories for future reporting.

Madeline Smith advised that Committee require to continually review the vectors presented to ensure that meaningful charts and data were being presented. Madeline suggested that members review and discuss the current vectors at the December Committee meeting.

Pauline Howie added that the review work suggested by Madeline fits within the Board Assurance Framework development in ensuring that the information being reported allowed for assurance and focus. Pauline suggested that Katy Barclay be invited to the December Committee meeting as part of the vector discussion.

### Action:

3. **Head of HR and Employee Relations** to carry out a deep dive into the turnover figures presented to Committee and arrange for the data to be broken down into categories for future reporting.
4. **Secretariat** to include discussion and review of Vectors presented to SGC to the December agenda and ensure that Katy Barclay is invited to the December meeting to participate in the vector discussion.

## Item 7.3 Workforce Risk Register

Sarah Stevenson presented Committee with the current version of the Workforce Risk Register for approval.

Sarah advised that changes to risks on the register were noted in red for ease of identification.

Members noted that the description of Risk 4906 had been amended to reflect the action taken at the June Committee meeting.

Doc: 2021-09-01 SGC Approved Minutes	Page 5 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

Madeline Smith highlighted the inclusion of two new “very high” risks, 5051 and 4948, both of which related to staff fatigue. Madeline added that she was pleased to see the inclusion of the risks, however asked for clarification as to why there were two risks which both related to fatigue. Sarah advised that both of the fatigue risks were being managed on a weekly basis through the COVID-19 Pressures Management Group, adding that the Group requested that the Risk be broken down as there were two distinct sets of actions for two cohorts of staff (A&E/PTS Staff and Managerial/singletons posts and Support Staff).

Madeline thanked Sarah for the explanation advising that Committee welcomed oversight of the individual mitigations of the Risk for both cohorts of staff.

## **ITEM 8 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY**

### **Item 8.1 Health and Wellbeing Roadmap 2021-2022 Progress Update**

Alison Ferahi provided Committee with a progress update on the Health and Wellbeing Roadmap 2021/22. Alison advised that as agreed at the June Committee meeting the Roadmap had been reviewed to ensure the ambitions remained fit for purpose and presented in an action plan format.

Members noted that Action Plan presented which was divided into six colour coded sections to reflect each of the workstreams. Alison advised that each section included accompanying milestones with progress illustrated in percentage increments.

Members advised that they were pleased to note the addition of the development of a suicide prevention framework for the Service.

Madeline thanked Alison for the update, adding that it was beneficial for members to be able to see progress. Madeline advised that there remained a requirement for Committee to have sight of the evaluation of this work to show what was being measured along with the change being made as a result. Alison advised that the Service was working with Stirling University on the evaluation piece, however given summer leave of the University more information would not be available on this work until the December Committee meeting.

#### **Action:**

- 5. Head of OD and Wellbeing** to ensure that Stirling University evaluation of Health and Wellbeing work is presented to the December Committee meeting.

### **Item 8.2 Health and Safety Update**

Tony Wigram provided the Committee with a Health and Safety update. Tony highlighted:

#### **Fatigue Management System and Action Plan**

The Fatigue Management Framework was currently with the Policy Review Group as part of the consultation process.

#### **COVID-19 and Flu Vaccinations**

Planning was underway for an assumed second vaccination programme in the Autumn which was expected to deliver COVID and Flu vaccinations to Service Staff. The cohorts for Flu and COVID vaccinations were likely to differ, with all staff receiving the Flu vaccination and frontline staff receiving both Flu and COVID vaccinations.

Doc: 2021-09-01 SGC Approved Minutes	Page 6 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

### Item 8.3 Policies – ICT Security Policy

John Baker joined the meeting for this item. John advised that the Policy was presented for approval following endorsement by the National Partnership Forum on 5<sup>th</sup> August. Members noted that the revised policy was presented as part of the biannual review cycle.

Members approved the Policy.

### Item 8.4 Rest Breaks – Verbal Update

Lyndsay Lauder provided a verbal update on the declining rest break compliance. Members noted that work continued collaboratively in partnership and at pace to improve the Service's response to Ambulance Crew Rest Breaks and Ambulance Crews finishing their shifts on time. Lyndsay advised that a national working group now meets weekly to develop, agree and introduce improvements in these areas which are imperative to the welfare of colleagues delivering clinical care.

Members noted that work continued to recruit through Demand and Capacity with recruitment remaining on target. It was noted that tests of change were also underway within some areas to test out the establishment of a clinically safe cut off for rest breaks with feedback to be provided to the next Rest Break Group meeting.

Lyndsay advised that the Service continued to provide welfare support to staff at stations and hospital sites, which included provision of refreshments and meals. It was agreed that a progress update on the work of the Rest Break Working Group would be provided to the December Committee.

Gary Coll highlighted that declining Rest Break compliance was not as a result of the pandemic, however the pandemic had compounded the issues.

Pauline Howie added that she acknowledged that there had been rest break compliance issues in the past, advising that if there were easy fixes available to Service these would have been taken forward. Pauline added that there required to be a constant balance of risk of harm, patient safety and staff welfare with these being the areas of focus for the Rest Break Group.

Members noted that they were pleased to learn of the establishment of the Rest Break Group along with the commitment to work in partnership to drive the agenda of the Group forward.

#### Action:

6. **Director of Workforce** to provide a progress update on the work of the Rest Break Working Group to the December Committee meeting.

### Item 8.5 Demand and Capacity Programme Update

James Wilkie joined the meeting for this item and provided the Committee with a progress update on the work of the Demand and Capacity Programme which included:

- Scheduled Working Parties concluded for phase one which included all East Region ambulance stations and all single vehicle 24/7 ambulance locations.
- Working Parties for the remaining 37 North Region ambulance locations would run from August to November 2021.

Doc: 2021-09-01 SGC Approved Minutes	Page 7 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A



- Working Parties for the remaining 42 West Region ambulance locations would run from November 2021 to February 2022.
- Baseline dataset was being refreshed in the Ambulance Simulation software with 20/21 incident data and changes to key parameters.
- Three new co-locations were brought online in the East Region, with new co-locations in the West and North coming online later in the year.
- Recruitment and training continues to meet the 3166 A&E staffing profile
- New ambulance fleet entering Service from September 2021.
- Working Party engagement pack for Station Representatives drafted following phase one of Working Parties.
- Q&A sessions within Response magazine by a station representative from phase one of Working Parties.
- Demand and Capacity internet page in development.

Committee thanked James for the update paper provided.

### **Item 8.6 (a) Workforce Plan Steering Group Update**

Lyndsay Lauder provided an update on the work of the Workforce Plan Steering Group which included the proposed timeline for development of the 2022/2025 Plan prior to submission to the Scottish Government. Members were advised that the Steering Group had been established with partnership, HR and operational representation. Committee noted that the 2021/22 Workforce Plan was submitted to the Scottish Government in line with timescales.

Lyndsay advised that feedback on the 2021/22 Plan had been received from the Scottish Government which would be presented to and discussed at the next Steering Group meeting with the responses included within the 2022/25 Plan which required to be submitted by the end of March 2022.

Members thanked Lyndsay for the update and welcomed sight of the included timeline.

Pauline Howie highlighted to members that the Service had recently been made aware of Scottish Government plans for development of a Workforce Plan Strategy, which would require development within the next four months. Pauline advised that herself, Lyndsay Lauder and John Riggins are engaged through the Chief Executives, HR Directors and Employee Directors networks to gain understanding of any potential impacts to the timelines for the Services' Workforce Plan 2022/2025 the development the Strategy may have and would keep members apprised of progress as appropriate.

Committee noted the information received and looked forward to receiving further updates on progress.

### **Item 8.6(b) Acuma Review of Workforce Data – Verbal Update**

Paul Bowtle updated Committee that the Service invited Acuma to conduct a review of the workforce systems and capabilities which included discussion with 35 key stakeholders across the Directorates, along with interviewing National Services Scotland, National Education Scotland and eESS owners.

Paul added that as part of due diligence sessions structured questionnaires were issued, with a full report from Acuma being published following completion of the review process.

Paul highlighted the undernoted areas from the Acuma report:

Doc: 2021-09-01 SGC Approved Minutes	Page 8 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

Top observations and desires from staff and Acuma recommendations included:

- Requirement for a single interface
- Consistent data
- Improved use of dashboarding and visualisation.
- Recruit a Chief Data Officer

It was noted that the full report would be presented to the Executive Team including any costing options associated with implementation of the recommendations.

Madeline Smith thanked Paul for the update on findings from the review and requested that Committee receive a further update at the December meeting following presentation of the Report to the Executive Team.

**Action:**

7. **Head of Workforce Systems and Analytics** to provide the December Committee with a further update on the Acuma Review of Workforce Data following presentation of the Report to the Executive Team.

**ITEM 9            APPROPRIATELY TRAINED AND DEVELOPED**

**Item 9.1            OD Plan 2020-2022 Progress Update & Staff Experience Update**

Alison Ferahi provided Committee with a progress update on OD and staff experience activity since the last Committee meeting. Alison highlighted that as a result of the pandemic, exceptionally high periods of demand and system pressures the Workforce Directorate reviewed their workplans with consideration being given to work which could realistically be stopped, started and continued to the end of the financial year.

Members noted the Appendix of the paper which presented the stop/start/continue activity of the Organisational Development and Wellbeing Team, noting that this had been presented and approved by the Executive Team.

Alison highlighted that in relation to staff appraisal, and the Service being a mobile workforce, unlike any of the other Health Boards, Mathew Sime was working on the development and testing of a mobile app to assist with staff appraisal activity. Members noted that David Robertson was keen to facilitate, pilot and test the appraisal app within the West Region. Alison added that contact has been made with National Education Scotland with a view to establishing compatibility between the any app and the current Turas appraisal system.

Martin Togneri commented that he agreed with the emphasis of the mobile workforce within the Service. Martin added that development of the app would assist with simplicity of completion for staff however, members were advised during the implementation of Turas, that it was a simpler and more user-friendly system to encourage completion and recording of appraisal.

Alison Ferahi advised that the app would be more focused on the mobile workforce elements than simplicity of completion, adding that fundamentally it was about change in culture and leadership behaviours.

Committee noted its support for the work and efforts being put in place to assist in greater appraisal compliance. Members also suggested that if development and testing of the app resulted in a workable solution it may be of interest to other parts of the Health Service.

Doc: 2021-09-01 SGC Approved Minutes	Page 9 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

**ITEM 10 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED**

**Item 10.1 Workforce Equality Monitoring Report 2020/21**

Ann Tobin presented the Committee with the Workforce Equality Monitoring Report for 2020/21 which is published annually and assists the Service to routinely analyse equality information and identify trends where further action may be required to address areas of inequality in the workplace. Ann added that the Report had been circulated to the Senior Leadership Team, HR Team and Diversity Steering Group for comment and input and had been endorsed by the National Partnership Forum.

Madeline Smith thanked Ann for the Report, noting that members were pleased to see continuing improvement and the ambitions for future work.

Members highlighted the undernoted amendments which required to be made to the Report ahead of publication:

- Page 8, chart 1 – the chart should be amended to show the percentage of disclosure rates at a maximum of 100% and not 150% as it was currently.
- Page 14, char 5 – incorrect spelling of “Buddhist”.
- Misspelling of “Turas” within Section 11, Appraisals.

Martin Togneri asked for clarification in relation to the gap shown within age data for staff and highlighted that the Service would need age data for all staff for pension purposes and therefore the data should be reportable.

Ann Tobin advised that the age data referred to within the Report was in relation to age disclosure at the application stage, with the increased data gap being as a result of a change in recruitment portal for application management from Talent Link to Job Train. Ann provided assurance that for staff currently employed within the Service age disclosure had 100% compliance.

Tom Steele queried whether the Service reports elsewhere the diversity and characteristics of the Board. Ann Tobin advised that the Service publishes the gender split of the Board which was included within the Mainstreaming Report, however any further breakdown of characteristics was unable to be reported due to the small number of people concerned which could result in easy identification of individuals.

Members thanked Ann for the work undertaken in the development of the Report, and approved the Report for publication, subject to the highlighted amendments being made.

**Action:**

- 8. HR Manager, Equalities** to ensure that amendments requested by members are made to the Workforce Equality Monitoring Report ahead of publication.

**Item 10.2 Whistleblowing Progress Update and Data Measurement Plan – Verbal Update**

Frances Dodd provided a verbal update to members and highlighted:

- Agreement of Whistleblowing Governance route in place with assurance and reporting being through the Clinical Governance Committee, and updates provided to Staff Governance Committee for information.

Doc: 2021-09-01 SGC Approved Minutes	Page 10 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

- Two whistleblowing cases had been received, with plans in place to share some confidential learning from these cases through the Whistleblowing network to continually improve processes.
- Confidential Contact training completed.
- Recording of decision-making process for cases through Datix ensuring robust systems were in place, along with aiding in the review of themes and triangulation of all sources of data, including complaints, concerns and grievances.
- Whistleblowing Annual Report to be submitted to Clinical Governance Committee for approval and Staff Governance Committee for information.

Members thanked Frances for the progress update.

## **ITEM 11 INVOLVED IN DECISIONS**

### **Item 11.1 Partnership Update**

John Riggins provided Committee with an update on recent partnership activity. It was noted that the National Partnership Forum last met on 05 August 2021 and the agenda from that meeting was appended to the paper presented for Committee's information. The Committee noted the approved minutes from the meeting held on 27 May 2021.

Martin Togneri thanked John for the update along with sight of the approved minutes and agenda. Martin suggested to Committee that for future reporting it may be beneficial to members to receive a paper containing thematic commentary to allow for assurance to be gained by members that Partnership continues to work well within the organisation. It was agreed that John would review the report ahead of presentation to the December Committee meeting.

#### **Action:**

- 9. Employee Director** to review Partnership Update report ahead of December Committee meeting, with a view to refreshing the report to include thematic commentary.

### **Item 11.2 Learning from Events Group – Verbal Update**

Frances Dodd provided Committee with a verbal update on the activity of the Learning from Events Group since the last Committee meeting.

Committee noted that partnership engagement, membership and patient representation of the Group was well established.

Frances highlighted the undernoted areas of work currently being carried out by the Group:

- Review concerns raised regarding staff attitude and behaviours with a view to establishing whether there were any system elements impacting on staff attitude and behaviour.
- Opportunities for learning continued to be a high priority for the Group, even under extreme operational pressure faced by frontline and ACC colleagues.
- Case studies discussed and reviewed.
- Looking at Safety II cases and learning from a GREATix perspective.
- Engaging with newly appointed Clinical Quality Leads with each presenting their observations following the first few months in post.

Doc: 2021-09-01 SGC Approved Minutes	Page 11 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

Members thanked Frances for the update, noting the positive work of the group throughout valuable areas, along with learning being taken from things that have gone well and not just when things have gone wrong.

Gary Coll asked for clarification of staff side representation on the Group. Frances advised that Jamie McNamee was the staff side convenor on the Group, however added that any of the staff side conveyors were welcome to join the meetings and suggested that Gary discuss this further with the Employee Director.

## **ITEM 12 WELL INFORMED**

### **Item 12.1 Workforce Communications and Engagement Update**

Claire Higgs joined the meeting for this item.

Members noted the paper provided on workforce communication and engagement, which included:

- Filming of two high profile TV series – Trauma (Channel 4) and Paramedic on Scene (BBC) commenced in June.
- Continued use of social media platforms, with regular sharing of positive staff stories.
- A SAS Instagram account was launched in March to engage with staff and the public directly through image driven content.
- Utilisation of the well-established internal communication channels, ensuring that staff remain well informed of organisational developments.
- Implementation of the established crisis communication plans and protocols during the pandemic to enable the Communication Team to successfully manage both internal and external communications.
- The Summer edition of Response Magazine published in July included a Q&A on Demand and Capacity by a working party representative.
- Work ongoing with NHS Grampian and other stakeholders within the North Region with a view to establishing and maximising more localised public messaging.

## **ITEM 13 ACTION TRACKER**

Updates were provided on the undernoted actions:

- **2021/03/6.2 - Workforce Vector of Measures – Annual Leave Data.**  
Confirmation was received that this data was tracked through the weekly COVID meetings. It was agreed that Paul Bowtle would explore this further and include requested data within future Committee reporting. Revised target date agreed of December 2021.
- **2021/06/7.2 – Workforce Vector of Measures – Team Leader Protected Time.**  
Committee noted that no update on the work being undertaken to increase Team Leader Protected Time was included within reporting the September Committee and asked that Paul Bowtle ensure that this information be included within the report to the December Committee. It was agreed that this action would remain open on the tracker with a revised target date of December 2021 applied.
- **2021/06/8.4 – Health and Safety Report – RIDDOR Reporting.**  
It was noted the Head of Health and Safety was yet to meet with Liz Humphreys and therefore a revised target date of December 2021 was agreed.

Doc: 2021-09-01 SGC Approved Minutes	Page 12 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A

Committee noted the following items as completed and approved their removal from the SGC action tracker.

2021/03/05	Special Topic - Whistleblowing
2021/06/03	Amendment to March 2021 Committee minutes
2021/06/05	Special Topic – Demand and Capacity Programme
2021/06/06	Annual Reports
2021/06/7.1	Staff Governance Action Plan – amendment to SGAP20/21/10 status
2021/06/7.1	Staff Governance Action Plan – 6 month Plan September 2021 – March 2022
2021/06/7.3	Workforce Risk Register – Risk 4906 Wording
2021/06/8.2	OD Plan and Appraisal Activity Update
2021/06/8.3	Workforce Health and Wellbeing Strategy – Action Plan
2021/06/10.3	Learning from Events Group – Verbal Update
2021/06/10.3	Learning from Events Group – inclusion within Committee Workplan

#### **ITEM 14 STAFF GOVERNANCE COMMITTEE WORKPLAN 2021/2022**

The Committee noted the workplan presented to each meeting for information.

#### **ITEM 15 ANY OTHER BUSINESS**

##### **Item 5.1 Proposed Staff Governance Committee Meeting Dates 2022**

Members noted and approved the proposed Committee meeting dates for 2022:

- Thursday 17 March 2022
- Monday 20 June 2022
- Thursday 01 September 2022
- Thursday 15 December 2022

#### **Lyndsay Lauder, Director of Workforce**

Madeline Smith advised members that this would be the last Staff Governance Committee meeting from Lyndsay Lauder ahead of her retirement from the Service. Members thanked Lyndsay and passed on their appreciation for the focus and support that she had provided to Committee and the organisation.

Meeting closed at 12:30.

**DATE OF NEXT MEETING**  
**13 December 2021, 10:00**

Doc: 2021-09-01 SGC Approved Minutes	Page 13 of 13	Author: Committee Secretariat
Date: 2021-09-01	Version 1.00	Review Date: N/A