



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

24 September 2025

Item 19

THIS PAPER IS FOR NOTING

**STAFF GOVERNANCE COMMITTEE MINUTES OF 05 JUNE 2025 AND
AGENDA OF MEETING HELD ON 04 SEPTEMBER 2025**

Lead Director Author	Madeline Smith, Chair of Staff Governance Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda.
Key points	<p>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.</p> <p>The minutes of the Staff Governance Committee held on 05 June 2025 were approved by the Committee on 04 September 2025. The agenda from the meeting held on 04 September 2025 is also attached for the Boards information.</p>
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Corporate Risk Identification	—
Link to Corporate Ambitions	This paper related to our goal of ensuring staff have a voice and people are at the heart of everything we do.
Link to NHS Scotland's Quality Ambitions	All work of the Staff Governance Committee and the Staff Governance Action Plan is aligned to safe, effective and person centred care.
Benefits to Patients	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.

Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	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.



**Scottish
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**MINUTES OF STAFF GOVERNANCE COMMITTEE
10:00 ON THURSDAY 5 JUNE 2025
VIA MICROSOFT TEAMS**

- Present:** Madeline Smith, Non-Executive Director (Chair)
Thane Lawrie, Non-Executive Director
Mike McCormick, Non-Executive Director
Maggie Watts, Non-Executive Director
Willie Anderson, Staff Side Convenor, Unite (ex-Officio)
Robert Pollock Staff Side Convenor, GMB (ex-Officio)
- In Attendance:** Coralie Colburn, Employee Relations and Equalities Manager
Michael Dickson, Chief Executive
Kenny Freeburn, Regional Director East Region (Agenda Item 5)
Cheryl Harvey, Associate Director of Education and Professional Development
Julie Kerr, Governance Officer (Minute Secretary)
Shaun Marshall, Project Manager, Strategy Planning & Programmes (Agenda Item 5)
Maria McFeat, Deputy Director of Finance
Daren Nelson, Organisational Development Lead
Wendy Quinn, Deputy Director, National Operations
David Robertson, Regional Director, West
Sarah Stevenson, Risk Manager
Emma Stirling, Director of Care Quality & Professional Development
Graeme Walker, Clinical Team Leader, Cumbernauld Station (Agenda Item 9.2)
Milne Weir, Regional Director, North Region
- Apologies:** Dougie Brownlie, Royal College of Nursing Representative
Dave Bywater, Interim Director of Care Quality & Professional Development
Chris Carron, Head of Workforce Planning and Analytics
Alison Ferahi, Head of Organisational Development and Wellbeing
Graeme Ferguson, Acting Director of Workforce
Stevie Gilroy, Employee Director
Liz Humphreys, Non-Executive Director/Whistleblowing Champion (Vice Chair)
Avril Keen, Director of Workforce
Fay McNicol, Head of Health and Safety
Gillian Somerville, Staff Side Convenor, Unison (joint role (ex-Officio)
Tom Steele, Board Chair, Non-Executive Director

ITEM 1 WELCOME AND INTRODUCTIONS

Madeline Smith welcomed everyone to the meeting and apologies for absence were recorded as above.

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ITEM 2 DECLARATIONS OF INTEREST

No new declarations of interest noted.

Standing declarations of interest were noted:

- Madeline Smith in her position as Board member of Scottish Fire and Rescue Service.
- Liz Humphreys - Non-Executive Director, Public Health Scotland and member of the Audit and Accountability Committee of the Police Investigations and Review Commission.
- Thane Lawrie is a Board member of the Scottish Legal Complaints Commission.

ITEM 3 MINUTES OF MEETING HELD ON 13 MARCH 2025

The minutes of 13 March 2025 were reviewed for accuracy, agreed as a true and accurate reflection of the meeting and were subsequently approved by Committee.

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

None to note.

ITEM 5 SPECIAL TOPIC – PTS SCHEDULED CARE UPDATE – DEMAND AND CAPACITY

Madeline Smith introduced Kenny Freeburn, Regional Director East Region and Scheduled Care Programme Manager who along with Shaun Marshall, Project Manager for Scheduled Care, provided Committee with a very informative presentation by way of an update in relation to work ongoing on the Scheduled Care Improvement Programme. The presentation provided Committee with an overview to the Scheduled Care programme of work including work in relation to Demand and Capacity review, resourcing, roster keys, reduced working week, feedback from a recent survey and developments underway. The main aim of the Demand and Capacity Review which concluded in September 2023 was to optimise performance and resources to re-align capacity to support the delivery of timed admissions activity by PTS resources and focussed on improving vehicle efficiency and performance.

Work has been ongoing with the Regional Teams to operationalise the model with minimal disruption to staff. In terms of wider Scheduled Care, improvements have been evidenced in service delivery for patients, Health Boards and staff wellbeing with increased morale and motivation, resilience and training opportunities, career and personal development and improved staff retention. Shaun also provided Committee with details of current ACC developments in relation to Gazetteer Feed and APTS Updates. A Scheduled Care Improvement Survey was shared in July 2024 with 83 responses received. Key themes identified were:

- Improvement in training and equipment.
- Improved retention and recruitment of staff.
- Improved collaboration with Health Board.
- Improved career progression opportunities.

Next steps for the wider improvement programme are:

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- Work with colleagues to design rosters that meet the agreed Roster Key (as part of Reduced Working Week (RWW)).
- Recruit to numbers required to deliver the optimised model and the Reduced Working Week.
- Focus on Timed Admissions.
- Exploring opportunities with third parties (including taxis) and the third sector.

Madeline Smith thanked Shaun for the presentation and emphasised the importance of Scheduled Care in supporting the wider NHS system. Kenny Freeburn advised that the modelling work undertaken by ORH was a very complex piece of work and a presentation is available whereby ORH presented the technical detail of the work on how we came to the end model and offered to share the link with colleagues should they find this useful.

Madeline then opened to Committee for comments and questions. Robert Pollock expressed concerns in relation to only 83 responses being received to the Scheduled Care Improvement Survey from a potential 700 which would indicate some disengagement and given that there are no comparatives asked for assurance that progress is being made and also emphasised the need for visible, measurable improvements in training and performance. Shaun advised that next steps have been confirmed which includes the formation of a Programme Board which will include staff side representation which will work through how we are measuring improvements with a commitment to track progress and ensure staff voices are heard.

A discussion ensued in terms of financial implications, cost benefits analysis, the use of taxis and third sector providers and whether the investment is realising the anticipated benefits and Kenny highlighted the benefits in terms of improved performance, reduced A&E burden and better timing of admissions. In terms of taxi use Kenny advised that this is refined to expand to third sector support. In terms of funding Maria McFeat advised that whilst this was a cost pressure at the beginning of the last financial year, non-recurring funding was received and whilst not confirmed, recurring funding is anticipated. Plans are in place under the direction of Scottish Government to introduce a patient level costing system to better track investment and benefits and demonstrate the value of our investment going forward.

David Robertson also provided Committee with an insight into the work ongoing in relation to the Transport Hub in Greater Glasgow and Clyde and will provide more detail to Committee as the benefits of this project start to come through.

Madeline thanked both Shaun and Kenny for their invaluable input to today's meeting and Committee noted the very helpful update in relation to PTS Scheduled Care.

ITEM 6 STAFF GOVERNANCE COMMITTEE AND SUB-GROUP TERMS OF REFERENCE

Madeline Smith presented the Committee/Sub-Committee Terms of Reference for annual review and Committee were asked to:

- Review the Terms of Reference (ToR) for the Staff Governance Committee which outlines minor track changes and recommend any further changes.
- Note that the Remuneration Committee have considered and endorsed their ToR with track changes at their meeting on 27th November 2024.
- Note the Health Safety and Wellbeing Group have considered and endorsed their ToR with no changes as outlined at Appendix 3

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Committee approved the Staff Governance Committee Terms of Reference with no further changes noted. Committee also noted the Terms of Reference for Remuneration Committee and Health, Safety and Wellbeing Group as presented.

ITEM 7 STAFF GOVERNANCE COMMITTEE AND SUB-GROUP ANNUAL REPORTS

Madeline Smith presented the Staff Governance Committee and Sub-Group Annual Reports and Committee were asked to:

- Approve the Staff Governance Committee Annual Report for presentation to Audit and Risk Committee and the Board.

The annual report shows that the Staff Governance Committee has fulfilled its delegated responsibilities for monitoring the implementation of the NHS Staff Governance Standards within the Service. The report also details committee responsibilities, membership, meetings and business covered over the year 2024/2025. Appended to the report are the Annual Reports for Remuneration Committee and Health, Safety & Welfare Committee.

It was agreed that Thane Lawrie should be added under the membership section of the Staff Governance Committee Annual Report.

It was agreed that the Appointments and Terminations section of the Remuneration Committee Annual Report 2024/25 should be removed as this was a legacy item from the 2023/24 Annual Report and not applicable this year.

Action/s: **1. Secretariat to add Thane Lawrie to the membership section of the Staff Governance Committee Annual Report prior to submission to Audit and Risk Committee.**

Action/s: **2. Secretariat to remove the legacy Appointments and Terminations section from the Remuneration Committee Annual Report 2024/25.**

Committee members approved the Staff Governance Committee Annual Report for presentation to Audit and Risk Committee and the Board subject to the minor changes above.

ITEM 8 STAFF GOVERNANCE

Item 8.1 Workforce Risk Register

Sarah Stevenson presented the Workforce Risk Register which members were asked to note and approve. Members noted that all changes made since last presentation of the Workforce Risk Register were highlighted in red. Committee were asked to:

- Consider escalation of any high or very high risks to the CRR via PPSG.
- Review and approve the Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.

Sarah highlighted the following points for Committee attention:

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- Risk 5889 Workforce Sustainability Risk has been renamed Future Workforce Risk and now includes impact to patient safety in the workforce planning and future workforce risk in terms of the resultant factor to both.
- Violence and Aggression risk levels have been reduced from high to medium due to improved staff training and will remain medium until confirmation of statutory/mandatory training is received.
- Risk 5523 Road Traffic Regulations has been reduced from high to medium.

Madeline thanked Sarah for the overview and opened to Committee for observations and questions. Committee discussions focussed on the Overtime Policy and its link to the Fatigue Policy and Risk ID 5520 regarding limited BSc student placements, raising cultural and reputational concerns. Mike McCormick noted that the absence of Overtime and Fatigue policies is undermining progress being made elsewhere and asked for an update in this regard. David Robertson assured Committee that there are still some concerns from staffside in relation to some aspects of the Overtime Policy and work is ongoing in partnership to see how the outstanding issues can be resolved quickly.

Emma Stirling assured Committee that efforts are underway to increase educator capacity and improve placement availability.

Mike McCormick highlighted that contained within the other reports there is more information available in relation to some of these risks than showing currently on the risk register. Sarah agreed to better signpost related documents within the Risk Register.

Members discussed, noted and approved the updated Risk Register presented.

Item 8.2 Internal Audit GRS Timecard Implementation

In the absence of Karen Brogan Madeline Smith presented the Internal Audit in relation to GRS Timecard Implementation which Committee were asked to note. Committee noted that an internal audit which focussed on assessing the progress and effectiveness of the GRS Timecard module project was undertaken. An overall rating of 'significant assurance with minor improvement opportunities' was provided which is in line with the level of assurance anticipated by management. The report raised a total of 2 medium and 2 low risk findings and pragmatic management actions have been agreed which should support a smoother transition towards the national rollout of the module later this year. Madeline highlighted that it was good to see in the management actions an action to develop a Benefits Measurement Plan in line with the Project Mandate outlining how benefits will actually be monitored and reported and include baselines for comparison.

Mike McCormick raised concerns about the visibility of project risks to Non-Executive Directors and the Board. Sarah Stevenson clarified that high and very high risks are reviewed regularly via PPSG and reported through Audit and Risk Committee ensuring oversight and escalation where needed. Sarah will ensure that for governance Committees going forward that they are including all high risks from the projects that may be relevant to that area.

Action/s: **3. Risk Manager to ensure that Staff Governance Committee has sight of all high risks from projects which are relevant to Committee for assurance.**

Committee noted the Internal Audit and its findings in relation to GRS Timecard Implementation.

8.3 Internal Audit Action Update

Madeline Smith presented a paper to Committee which summarised the progress of implementing

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agreed actions from Internal Audit Reports as reported by management and validated by internal audit. Staff Governance Committee were asked to:

- Note there is currently one open action with a low rated risk level from the Health & Wellbeing Strategy 2021-24 Internal Audit with the remaining 7 actions now closed.
- Four new actions associated with the GRS Timecard Implementation Audit with 2 medium and 2 low rated risk levels and their subsequent timelines.

Madeline highlighted that the outstanding action is in relation to the Service Level Agreement (SLA) for the Occupational Health Contract which is not formally agreed or signed off. Michael Dickson advised that we recognise that the current occupational health arrangements are not sustainable and discussions are currently ongoing to work towards a better solution.

Madeline thanked Michael for the update in relation to the Occupational Health Contract SLA and Committee noted the positive progression with the Internal Audit actions.

ITEM 9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY

Item 9.1 Workforce Plan update

In the absence of Graeme Ferguson, Coralie Colburn presented a paper which provided Committee with updated guidance to NHS Boards on completion of their Workforce Plans. Committee were asked to:

- Note the Director's Letter DL (2024)33, National Health and Social Care Workforce Strategy: Workforce Planning.
- Note the Service's response to the Scope of Workforce Planning Reporting Template.
- Note timelines for next steps.

Madeline thanked Coralie for the overview and Committee noted the Directors Letter (DL), the Services response to the Scope of Workforce Planning Reporting Template and the timelines for next steps.

Item 9.2 Staff Experience and Performance Report

Madeline handed over to Darren Nelson who introduced Graeme Walker, Team Leader at Cumbernauld Station who joined the meeting and provided Committee with a powerful staff story about the impact of empathetic leadership during a staff appraisal and how small changes can make a big difference. The staff member discussed that they were struggling with dyslexia, which affected their ability to read guidelines, use clinical tools like JRCALC , ePRF, and logging CPD activities.

Through open conversation practical adjustments were identified which included:

- Modification of the JRCALC font to be dyslexia friendly.
- Application of coloured filters to improve text readability.
- Introduction of voice to text tools for easier CPD logging.

These small changes significantly boosted the staff member's confidence and performance, both at work and at home. The experience reinforced the importance of:

- Creating safe spaces for honest dialogue.

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- Listening actively as a leader.
- Making small, meaningful adjustments that can have a big impact.

Graeme shared this learning with his management team and plans to engage with the Disability Network to raise broader awareness. He also committed to continuing these supportive conversations during future appraisals and collaborating with the Organisational Development team for further support and guidance where it is required.

Madeline thanked Graeme for the presentation and praised Graeme's leadership style for being open, supportive and proactive. Committee discussed the value of appraisals and how with open conversations, small, meaningful changes can have a significant impact on individuals and should be shared across the organisation. Committee acknowledged the culture shift with more time being allocated for meaningful appraisals and leadership support from senior management. The story was regarded as a model of good practice which should be shared more widely and emphasis placed on conversations over documentation with the real value in understanding and supporting staff.

Committee thanked Graeme for sharing his very powerful staff story and experience.

Madeline introduced the newly formatted Staff Experience and Performance Report which presents a cohesive and consolidated update on the overall staff experience and workforce performance within the Service and incorporates the previous separate reports on Health, Safety and Wellbeing and workforce performance metrics. The Report was discussed at the Service Board Meeting on 28th May and received positive endorsement by Board members. This latest iteration of the Report provides broader insight and Committee were asked to comment on the format of the new report and highlight any areas for further improvement.

In terms of the work ongoing in relation to the People Services Hub test of change, Coralie Colburn reported that following feedback from the Board, the team are working to provide more narrative in relation to trends and what sits behind the figures in the graphs. Key aims of this work are to provide consistency in HR advice across all Directorates with an understanding of varying Service needs and also to reduce the amount of HR Advisor time spent on low level enquiries to allow more focus on higher level work such as ER cases, portfolio projects and support organisational delivery of strategic objectives.

Madeline thanked Coralie for the overview and opened to Committee for questions and comments. Members commended the quality and clarity of the report which they felt was informative, well written and responsive to Board feedback. The inclusion of updates related to the risk register and staff appraisals was particularly valued. Suggestions for improvement included:

- Budgeted numbers for each job family in Table 1 to better understand staffing pressures.
- A milestone tracking update to be included for the Health and Wellbeing Strategy to monitor progress and identify areas under pressure.
- Narrative to be included in relation to RIDDOR charts to improve clarity.

Action/s: 4. Acting Director of Workforce to include the undernoted points in the Staff Experience and Performance Report going forward:

- Budgeted numbers for each job family in Table 1 to better understand staffing pressures.
- A milestone tracking update for the Health and Wellbeing Strategy to monitor progress and identify areas under pressure.
- Narrative in relation to RIDDOR charts to improve clarity.

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Coralie Colburn advised Committee that there are ongoing weekly Senior Leadership Team meetings with key staff to incorporate feedback and ensure continuous improvement of the report.

Committee discussed and welcomed the newly formatted Staff Experience and Performance Report which was very well received by members.

ITEM 10 APPROPRIATELY TRAINED AND DEVELOPED

Item 10.1 Education Update

Cheryl Harvey presented an update on Education developments which provided Committee with a progress update since the last committee meeting and was taken as read. Cheryl highlighted that a recent staff engagement session took place which provided guidance for Technicians and their managers regarding guidance for staff transitioning to the full time Paramedic degree programme. A total of 205 staff joined the session and the information site has already received 1180 views since the engagement session which indicates strong engagement. Next steps will include maintaining and updating the site regularly to support informed decision making.

The process of setting student intake numbers for paramedic BSc programmes (2026–2028) is still ongoing, with no final decision yet from Scottish Government. The Service has proposed a requirement of 196 students based on workforce planning, but actual intake may remain higher—around 335 per year. While the Service is committed to supporting these higher numbers through practice placements, concerns have been raised about potential employability issues due to over-recruitment. Cheryl also provided Committee with updates in relation to outstanding Technician portfolios, Continuing Professional Development (CPD) Funding and Practice Placement Educators.

Madeline thanked Cheryl for the overview and opened to Committee for comments and questions. Mike McCormick asked about the role of Practice Educators and their relationship with Paramedics. Cheryl explained that paramedic programmes are evenly split between academic and practical learning. Each student is assigned a registered Practice Educator who supports their learning and assessment. Once qualified, Newly Qualified Paramedics (NQPs) are encouraged to contribute to practice education and eventually become Practice Educators themselves.

Whilst recognising the concerns and challenges, Committee recognised the drive and determination of the Education Team in the ever-changing circumstances. Committee discussed and noted the Education updated presented.

ITEM 11 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

Item 11.1 Equality Fora Update

Coralie Colburn provided Committee with an update in relation to Equality Fora work for the various Equality Networks across the Service. Coralie commended the work of the new Equality & Diversity Project Officer, Shy Das-Bharadwa whose contributions have helped streamline network operations and advance ongoing initiatives. Work is progressing in response to the recent Supreme Court Judgement, with a more detailed report expected at the next Committee meeting. Final guidance is awaited from the Equality and Human Rights Commission and Scottish Government. A refresh of the Transgender Policy is underway and as concerns arise these should be fed through the Network Leads to be dealt with individually, compassionately and confidentially. A fuller update will be presented in September 2025.

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Madeline thanked Coralie for the update and noted the value of the recent Board Development Session, which outlined equality actions for the coming year.

Committee members discussed and noted the update provided.

Item 11.2 Policies

The undernoted policies were presented to Committee for approval:

- Sexual Safety Policy
- Violence Prevention & Reduction Policy
- Removal Expenses Policy and Procedure
- Accident & Incident Reporting Procedure

Robert Pollock, representing GMB noted that he was content with the policies, although asked for it to be noted that they will be requesting a review of some of the content going forward.

In terms of the Sexual Safety Policy Thane Lawrie noted that there is mention of this applying to students and volunteers, and although this probably isn't applicable for the Removal Expenses Policy, Thane noted that there is no mention of this on the other policies and asked if perhaps this had been missed. It was agreed that Coralie Colburn would follow up with Fay McNicol in terms of how we manage our student cohort alongside this. Mike McCormick asked if the Sexual Safety Policy is oriented about the workplace as in when people are interacting with colleagues as opposed to patients and members of the public and with the Violence Prevention and Reduction Policy this reads more like it is about trying to reduce the risk of violence from members of the public and patients which gives a feeling that one is internal facing and one is external facing and asked if this was the way it is supposed read. Coralie Colburn clarified that the policy addresses the Service's approach to dealing with sexual harassment and misogyny, both internally and externally. While primarily focused on internal matters, particularly staff experiences, including incidents involving patients, it also has external facing elements. Coralie will review the related policies to ensure clarity and consistency.

It was noted that the link to the Sexual Safety Policy is missing from Page 9 and should be added. Additionally, clarification is required in Section 6.2 of the Accident and Incident Reporting Policy regarding reportable injuries. The statement "Suicides are not reportable" may be misleading if read in isolation. It should be contextualised to reflect that, under RIDDOR regulations, suicides are not reportable to Health and Safety, although internal reporting remains essential.

Committee approved the policies presented subject to the above changes.

11.3 Whistleblowing Annual Report

Andrew Carruthers joined the meeting and presented the Whistleblowing annual report which Committee were asked to discuss and note. Key points included:

- A total of 14 concerns received to the Whistleblowing mailbox between 1st April 2024 and 31st March 2025, with one taken forward as a stage 1 concern.
- 7 concerns were taken forward as business as usual (BAU), 5 required no further action and 1 was referred to Counter Fraud Services (CFS).
- Two concerns were closed this year and there are no open concerns.

Andrew highlighted that engagement with the process is encouraging, although few concerns met the whistleblowing criteria. Ongoing issues relate to target completion time, with ongoing

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discussions with the International Whistleblowing Organisation (INWO). Andrew advised that this year's Speak Up Week will take place week commencing 29th September 2025.

Madeline thanked Andrew for the overview and opened to Committee for comments. Robert Pollock raised the need for more education on what qualifies as whistleblowing as grey areas persist especially around HR and line management contexts. Andrew advised that a Peer Support Network is in place to help assess concerns appropriately.

Committee discussed and noted the Whistleblowing Annual Report presented.

ITEM 12 INVOLVED IN DECISIONS

Item 12.1 Partnership Update

Committee noted the paper presented on recent partnership activity, including updates on National Partnership and the reconvened Hot Topics Group. Michael Dickson provided an update in relation to ongoing discussions regarding Rest Breaks, noting that while some actions have been implemented, concerns remain about not addressing root causes. Further discussions with Scottish Government and Staffside are scheduled for next week and broader work on shift overruns is also underway.

Robert Pollock supported the update from a partnership perspective and emphasised the importance of resolving these issues to support staff engagement and work life balance.

The Committee welcomed the update and noted the contents of the paper.

Item 12.2 Learning from Events Group

Emma Stirling updated Committee on the Learning from Events Group, which is set to review its purpose and explore broader learning opportunities at its next meeting on 17th July. Madeline noted that the Group originally reported through Clinical Governance Committee, but it was agreed that this aligns better with Staff Governance reflecting the organisation's learning culture. Madeline asked that this is considered in the upcoming review. Emma agreed and emphasised that the Group should focus on organisational learning, not just clinical.

Committee acknowledged the update and took assurance from the update provided.

ITEM 13 WELL INFORMED

Item 13.1 Workforce Communications and Engagement Update

Claire Higgs presented an update on Workforce Communications and Engagement which Committee were asked to note. The update included:

- Volunteers Week with ongoing activities with press releases and social media releases.
- Pride Month with promotion across social platforms, including upcoming marches and sharing of event photos and information.
- Paramedics on Scene final episode of the current series is airing tonight with the show remaining popular with increasing viewing figures. Filming for Series 7 is underway, covering various departments.

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Madeline thanked Claire for the overview and opened to Committee for comments and questions. Mike McCormick suggested that it may be beneficial to share a calendar style planner to help members better understand the volume and variety of work being done given that much of this happens internally and may be underestimated. Claire Higgs responded that her team already plans monthly and yearly, particularly for social media, which changes frequently. It was noted that annually the plan is shared with Committee although can be subject to change given the fast-paced nature of Communications.

Committee noted the paper presented.

ITEM 14 Staff Governance Action Plan 2025/26

In the absence of Graeme Ferguson, Madeline presented Committee with the draft Staff Governance Action Plan from 01 April 2025 – 31 March 2026 and Committee were asked to:

- Discuss and approve the draft Staff Governance Action Plan from 01 April 2025 to 31 March 2026 which contains 13 initiatives, which are, new activities, ongoing yearly activities or have been rolled over from the April 2024 – March 2025 Plan.
- Note that as a reprioritisation exercise of the Service's priorities is undertaken the initiatives within the SGAP will be developed or changed to reflect these.

Madeline asked that more milestones are included with more nuance in the plan welcomed going forward.

Committee discussed and approved the draft Staff Governance Action Plan 2025/26.

ITEM 15 ACTION TRACKER

Committee noted the following historic workforce items as closed and approved their removal from the SGC action tracker. These will be superseded by new actions pertaining to the newly formatted Staff Experience and Performance Report.

2023/12/07.1	Workforce Data Reporting
2023/12/07.2	Workforce Report
2024/09/06.3	Workforce Report
2025/03/06.1	Workforce Report

Committee also noted the following items as closed and approved their removal from the SGC Action Tracker.

2024/09/04.1	Corporate Parenting
2025/03/03	Minutes of Meeting held on 12 December 2024
2025/03/06.2	Workforce Risk Register
2025/03/07.1	Draft 3 Year Workforce Plan 2025-28

The Action below will remain open and updates provided to the September 2025 Staff Governance Committee meeting.

2025/03/07.2	Staff Experience and Staff Story
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ITEM 16 STAFF GOVERNANCE COMMITTEE WORKPLAN 2025

Members noted the Committee Workplan which is provided to each meeting for assurance and Information with any changes annotated in red.

ITEM 17 ANY OTHER BUSINESS

No items of other business were recorded.

Madeline Smith thanked members and attendees for their participation and contributions to the meeting.

ITEM 18 **RESTRICTED – STAFF GOVERNANCE COMMITTEE EFFECTIVENESS REVIEW**

Item 18 **Restricted – Staff Governance Committee Effectiveness Review**

Invoking Standing Order 5.22 resolution to take item in private.

DATE OF NEXT MEETING

The next meeting will take place on Thursday 4th September 2025.

Madeline Smith thanked members for their contributions and brought the meeting to a close.

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**MEETING OF THE STAFF GOVERNANCE COMMITTEE
10:00 ON THURSDAY 4 SEPTEMBER 2025
VIRTUAL MEETING VIA MICROSOFT TEAMS
AGENDA**

The matrix below links the agenda items within the Staff Governance Committee with the Corporate Risks (CR) in place across the Service.

Key:

CR 4638 – Very High – Hospital Handover Delays
CR 5062 – Very High – Financial Targets
CR 5519 – Very High – Statutory and Mandatory Training
CR 5602 – High - Service's Defence Against a Cyber Attack
CR 5603 – High - Maintaining required service levels (Business Continuity)
CR 4636 – High - Health and Wellbeing of staff affected
CR 5653 – High - Organisational Culture
CR 5887 – High - Service Transformation (Change Management)
CR 5888 – High - Workforce Planning
CR 5889 – High - Workforce Sustainability
CR 5890 – High - Environmental Sustainability
CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)					
	Likely (4)					
	Possible (3)			CR 4636 – 9 Items CR 5062 – 1 Item CR5891 – 1 Item CR 5888 – 1 Item CR 5889 – 1 Item	CR4638 – 7 Items CR5653 – 6 Items	
	Unlikely (2)			CR5887 -		
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome & Apologies	For Noting	M Smith	—
	2. Declarations of Interest relevant to meeting	For Noting	M Smith	—
	3. Minutes of meeting held on 5 June 2025	For Approval	M Smith	—
	4. Matters Arising not on the Agenda	For Discussion	M Smith	—
10:10	5. SPECIAL TOPIC – iMatter	For Discussion	A Ferahi	
10:40	6. STAFF GOVERNANCE			
	6.1 Workforce Risk Register	For Approval	S Stevenson	CR 4636 CR 4638 CR 5653
	6.2 Draft Workforce Plan - Verbal Update	For Discussion	G Ferguson	
	6.3 Internal Audit • Internal Audit Action Update	For Discussion/ Approval	G Ferguson	CR 4636

	6.4	Integrated Clinical Hub Audit	For Information		
11:10	7.	PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENT AND THE WIDER COMMUNITY			
	7.1	Staff Experience and Performance Report – Including Staff Story	For Discussion	A Ferahi/D Nelson F McNicol	CR 4636 CR 4638 CR5653
11:20	8.	APPROPRIATELY TRAINED AND DEVELOPED			
	8.1	Education Update	For Noting	C Harvey	CR 4636 CR 4638 CR 5062 CR 5888 CR 5889
11:30	9.	TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED			
	9.1	Equality Monitoring Report	For Approval	C Colburn	-
	9.2	Equality Fora Update	For Discussion	C Colburn	
	9.3	SAS Anti-Racism Plan 2025-29	For Discussion	C Colburn	
	9.4	Policies	For Approval	F McNicol	CR 4636 CR 5653
	9.5	Whistleblowing Quarterly Report	For Noting	E Stirling	CR 4636 CR 4638 CR 5653
12:10	10.	INVOLVED IN DECISIONS			
	10.1	Partnership Update	For Noting	G Ferguson/S Gilroy	CR 4636 CR 4638 CR 5653
	10.2	Learning from Events Group Update Verbal Update	For Noting	M Smith	CR 4636 CR 4638 CR 5653
	11.	Staff Governance Action Plan 2025/26 Progress Update	For Noting	G Ferguson	CR4636 CR 4638
	12.	Action Tracker	For Approval	M Smith	–
	13.	Staff Governance Committee Workplan 2025	For Noting	M Smith/G Ferguson	–
12:50	14.	Any Other Business			

Date of next meeting: Thursday 11 December 2025 10:30 am

RECORDING PRIVACY NOTICE

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