Scottish Workforce & Staff Governance Committee
Friday 7 February 2020
Room 4ER, St Andrews House, Edinburgh
Minute

Present:
Confirmation of attendees at time of writing:

Name	Organisation
Jane Anderson	Unison
Jane Christie-Flight (on behalf of Ian Cant)	Employee Directors Group
Caroline Cooksey	NHS Dumfries and Galloway
Emma Currer	Royal College of Midwives
Joyce Davison	BMA
Donald Harley	BMA
Catriona Hetherington	Scottish Government
Pauline Howie	Scottish Ambulance Services
Gordon Jamieson **(By VC)**	NHS Western Isles
Stephen Lea-Ross	Scottish Government
Steven Lindsay	Unite
Caroline McDowall	College of Podiatry
Gerry McLaughlin **(By VC)**	NHS Health Scotland
Robin McNaught	The State Hospitals Board for Scotland
Sam Mullin	GMB
Norman Provan **(Chair)**	Royal College of Nursing
Claire Ronald	Chartered Society of Physiotherapy
Lorna Sim	Unison
Anne Thomson	Royal College of Nursing
Simon Watson	Unison
Tom Wilson	Royal College of Nursing

In attendance:

Name	Organisation
John Malone **(Minute)**	Scottish Government
Liz Reilly	Scottish Government
Francesca Richards	Scottish Public Service Ombudsman
Nicole Turner **(Observer)**	Scottish Government
Roxanne Van Zyl	Scottish Government

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Workforce Practice Unit
T: 0131-244-1718 E: John.malone@gov.scot

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Apologies have been received from:

Name	Organisation
Ian Cant	Employee Directors Group
Julie Collins	Chartered Society of Physiotherapy
Lynne Douglas	NHS Lothian
Anna Gilbert	Scottish Government
Heather Gilfillan	Unite
Jacqui Jones	NHS National Service Scotland
Scott Keir	British Dietetic Association
Gordon McKay	Unison
Jackie Mitchell	Royal College of Midwives
Diane Murray	Scottish Government
Sean Neill	Scottish Government
Susan Robertson	Unite
Deborah Shepherd	Society of Radiographers
Linda Walker	GMB
Dorothy Wright	NHS Education for Scotland

Agenda Item 1 – Welcome, introductions and apologies

1.   The Chair welcomed everyone to the meeting. Members were informed of the list of apologies (noted above) and that the meeting was quorate. It highlighted that Susan B Russell, who has represented the Scottish Government at SWAG, has returned to NHS Greater Glasgow and Clyde. SWAG members wished her good luck in the future and the co-chairs will write to Susan.

Agenda Item 2 – Minute and Action Points from the meeting held on 23 October 2019

2.   The minutes were agreed as an accurate reflection of the meeting.

3.   It was confirmed that one action point from the last meeting was ongoing – List of Employers and staff side representatives and contact details to be shared with John Malone. Norman Provan confirmed he would ensure this is sent to John Malone shortly. Pauline Howie confirmed this has been completed for Employers.

Agenda Item 3 – Staff Experience

4.   Liz Reilly was invited to provide members with an update on National iMatter and Dignity at Work Programme update. During the update, the following items were covered:

- The Health & Social Care Staff Experience Report for 2019 was published on 3 February 2020 and the key areas to note are:

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Workforce Practice Unit
T: 0131-244-1718 E: John.malone@gov.scot

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Key Performance Indicators	2018	2019	Improvement
Response Rate	59% **104,254**	62% **111,512**	⬆
EEI	Threshold Not Reached	76	⬆
No Reports	38%	34%	⬆
Action Planning	56%	58%	⬆

- Work has been ongoing with the iMatter Op Lead Network and the following outcomes from the Strathclyde Recommendations was presented for noting progress, discussion and approval.

- Recommendation 5:
  - 4KPI Table – Currently managers at all levels require to access 4 different screens to view their KPI results. From March 2020 the 4 KPIs will be visible within on reporting area.
  - Statistical Significance & Multivariant Regression Analysis – This has been introduced in the Health & Social Care Staff Experience Report 2019.

- Recommendation 11:
  - Turas Single Sign On – Part 1 improvement work, there is ongoing discussion with NHS NES Digital team, Webropol and Scottish Government.
  - eESS Data Migration – This is due to go live in April 2020. Health Boards will require to map eESS team information against iMatter team information to ensure a consistency of reporting and explain differentials. Boards will be required to implement the Data Migration Process for all NHS staff excluding HSCP staff at this stage. Currently there is ongoing discussions with the eESS Programme Team in relation to supporting Social Care staff using data migration between eESS, iMatter and Council HR Systems. This would improve data quality control for reporting purposes within H &SC in the future.

- Recommendation 12:
  - SMS – This is now available for Boards and HSCPs to use. This will be initially offered to staff who traditionally used paper questionnaires, (25,364 paper copies issued in 2019), which current funding will support. Boards have requested that consideration be given to have this facility available for all staff, which will require additional funding, and propose that 2020 SMS experience is evaluated and discussed late August 2020, before offering the facility more widely.

- Recommendation 2:
  - o Questionnaire Branding – iMatter Health & Social Care Staff Experience Questionnaire. This recommendation will be implemented in February 2020.
  - o Organisational Questions – Alternative Wording – The introduction wording is changing at the top of the "My Organisation" sections of the questionnaire. Previously wording was "My Organisation refers to the NHS Board you are a part of. Senior Managers refers to Directors, Executives, Non Executives and the Chief Executive of your NHS Board", The new proposed wording/formatting is:
    - My Organisation refers to the NHS Board/Organisation you are a part of.
    - Board/Organisation members refer to – Directors/Chief Officer, Executives and the Chief Executive of your NHS Board (the people who make the high level decisions in your organisation).
  - o Alternative wording within the questionnaire:
    - *Staff Experience Component – Visible & Consistent Leadership*
    - **Current question**: I feel that senior people who are responsible for the wider organisation are sufficiently visible.
    - **Proposed question**: I feel that Board members who are responsible for my organisation are sufficiently visible.
    - *Staff Experience Component – Confidence & Trust in Management*
    - **Current question**: I have confidence and trust in senior managers responsible for the wider organisation
    - **Proposed question**: I have confidence and trust in Board members who are responsible for my organisation.
    - *Staff Experience Component – Partnership Working*
    - **Current question**: I feel involved in decisions relating to my organisation
    - **Proposed question**: I feel sufficiently invoiced in decisions relating to my organisation.
    - Board Op Leads have agreed that they require to improve the communication regarding this section to staff prior to the questionnaire being issued.
  - o Component Report Threshold – Current working in the KPI table and National reporting refers to level of "no reports". 2020 reporting will show the obverse position from no reports to number of reports achieved. Example - 2019 report states that 34% no reports this would change to 66% reports achieved. This is in line with the reporting of the other 3 KPIs which are reported positively. It is proposed that this will take effect from March 2020.

- Recommendation 1, 7 & 9
  - o Sub Reporting Levels - Current reporting levels are National, Board, Directorate and Teams. As previously discussed at SWAG Secretariat it was agreed that reporting levels should be extended to all

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Workforce Practice Unit
T: 0131-244-1718 E: John.malone@gov.scot

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supervisory/management levels. Webropol were commissioned to carry out the developments on the Staff Experience IT Portal which have now been completed and all Boards and HSCPs will be required to implement these developments throughout 2020.

- o All online tools to support iMatter will ensure enhanced access to information to allow improved leadership, coaching, training and learning for managers and staff involved in iMatter.

- Recommendation 6
  - o "Our Culture Matters" – proposal was shared with 7 Boards who agreed to attend the first engagement session with Professor Thorsten Chumura and Dr Sarah Pass, Nottingham Trent University, which took place on 31 January 2020. The development Boards including staff from HSCPs are – NHS Greater Glasgow & Clyde; NHS Lothian; NHS Ayrshire & Arran; NHS Highland; NHS 24; Scottish Ambulance Service; and NHS Tayside Trauma Team.
  - o Two key outcomes were discussed and agreed at the Engagement Event – quantitative measuring and case studies. Ongoing discussions will take place with individual development Boards in the coming weeks and Dr Sarah Pass will begin the interview stage.

- In relation to Doctor and Dentist in Training, A further SLWG meeting is scheduled to take place on 4 February 2020.

- SWAG Committee members were invited to note progress, discuss and approve:

Discuss and Approve:	
Recommendation 2	2 Questions – Alternative Wording
Recommendation 4	'No Report' – Alternative wording 'Reports Achieved'
Recommendation 7	Sub level reporting
Recommendation 11B	Data Migration eESS mapping to iMatter teams implementation

Note Progress update:	
Recommendation 5	Introduction of Statistical Significance Testing and Multi Variant Regression Analysis
Recommendation 6	Dignity at Work Project
Recommendation 11A	Ongoing Single Sign On IT development
Recommendation 12	SMS implementation

5.   The Chair gave SWAG Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered.

- Members thanked Liz for the update. It was highlighted by Committee members that it would be helpful to have definitions within the iMatter questionnaire following the work undertaken with recommendation 2. Members also welcomed reflection and change. However, it was questioned whether one of the iMatter questions - "*I feel sufficiently involved in decisions relating to my organisation*" – was unclear and what the intention of this question was. It was acknowledged that in the development focus groups for iMatter, staff are more aware that they cannot be involved in most decisions however, staff are aware that they can become involved in organisational change.

- SWAG Committee members approved recommendations 2, 4, 7 & 11B. They also noted the progress updates from recommendations 5, 6, 11A and 12 as set out above.

Outcome: SWAG Committee members approved the suggested recommendations and noted the updates as set out.

Agenda Item 4 – Independent National Whistleblowing Officer (INWO) - SPSO

6.   Francesca Richards from the Scottish Public Service Ombudsman was invited to provide an update of the new role of the INWO. The following items were covered:

- The Scottish Parliament has approved legislation which will see the introduction of a new role – The Independent National Whistleblowing Officer for NHS Scotland.

- As many people working in NHS services will be aware, there has been an increasing focus on enabling staff to 'speak up' when they have concerns about clinical practice or service delivery.

- Following the Francis report on The Freedom to Speak Up Review, the Cabinet Secretary for Health and Sport announced that an Independent National Whistleblowing Officer (INWO) would be established to provide independent and external review on the handling and outcome of whistleblowing cases.

- A full public consultation on the proposals ran from November 2015 to February 2016. There was strong support for the INWO having statutory powers, as without these it was felt that the effectiveness of the role would be curtailed. There was a recurring view that the INWO role should be hosted within the Scottish Public Services Ombudsman (SPSO). Furthermore, there was a view that SPSO was seen to be independent and has a track record of success in dealing with service complaints.

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T: 0131-244-1718 E: John.malone@gov.scot

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- Since the end of 2017 SPSO has been working closely with the Scottish Government, NHS Scotland and other key stakeholders on the proposals for this role and the legislation that will sit behind it. This has included the development of guiding principles and a clear procedure for all NHS services to follow in relation to concerns raised by staff and others.

- The Scottish Government has a clear ambition to develop a culture within the NHS that welcomes concerns from staff and others that deliver their services. The role of the INWO is one of the ways they hope to achieve this. The INWO will have similar powers for whistleblowing in the NHS to those it currently has for complaints; to set out a model procedure for NHS organisations to use, and to be the final review stage for concerns that have already been considered within the NHS.

- The Scottish Parliament, following consultations on the legislation and the Standards in May-June 2019, concluded their final round of scrutiny in late December and consented to the Order, with the provision of INWO powers due in July 2020.

- Whistleblowing Principles, which underpin the approach that must be taken to handling any concerns raised by staff or those working in NHS services. There are 7 Principles: Open; Improvement focused; Objective, impartial and fair; Accessible; Supportive to people raising concerns and all staff involved in the procedure; Simple and timely; and Thorough, proportionate and consistent.

- Best practice would be to apply this approach to all concerns, including those considered through normal working practices, before an issue gets as far as 'formally' raising it through the Standards procedure:
  o Initial discussion to establish if concern is appropriate for the Standards
  o 'Business as Usual' followed by 2 stage procedure by the NHS Board or provider
  o 3rd stage review by the INWO
  o Support offered to anyone involved in the process
  o Clear guidance on recording and reporting

- The INWO will be the final stage in the procedure set out in the Standards. This will ensure whistleblowing cases are brought to a clear, fair and final conclusion in a reasonable timescale. Potential wrong doing and/or patient safety concerns will be addressed and handled in a consistent and standardised way. Where the person raising the concern remains dissatisfied at the end of the local process, they may ask the INWO to investigate their concerns to deliver a definitive and final decision on the matters.

- When a case comes to this stage of the process, the INWO will investigate the Board (or other organisation's) handling of the whistleblowing concern, including the

reasonableness of the decision and the outcome. It will consider the individual's (and others involved in the investigation) treatment, including signposting to the appropriate support and HR procedures. The INWO will also be able to consider whether, and to what extent, the case has been handled in line with the Standards.

- All Boards need to show leadership, to support the implementation of the Standards, and be an advocate for culture change. That means empowering managers to respond positively when concerns are raised with them, and supporting senior managers in taking responsibility when concerns reach them, for resolving the issue in an open and constructive way.

- The procedure will only support the process of culture change and building trust if staff are fully aware of it, and if they have confidence in its implementation. So any 'good news' stories must be shared. Encourage managers to highlight any improvements that come from issues raised by staff, at every level.

- There are a few actions Boards and staff side need to take as soon as possible, in readiness for the legislation being passed:
  o Review and familiarise yourself with the Standards - INWO website.
  o Raise awareness across the Board and senior management.
  o Ensure the WB champion in your board has access to the resources they need to ensure your Board is ready.
  o Who (new team/ existing team) will have responsibility for implementing and monitoring the procedure. Move away from HR. Other scrutiny/ clinical governance roles?
  o Identify who will fill other roles – confidential contact and confidential primary care contact in particular.
  o Liaise with staff side to ensure they are aware of changes are can be involved in developing local procedures.

7.   The Chair gave SWAG Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered.

- Members welcomed the presentation. It was asked if consideration has been taken for contractors, who are working within Boards, and what rights contractors have in raising whistleblowing concerns. It was confirmed that contractors can raise whistleblowing concerns and SPSO are continuing to explore the employment legalities of this.

- It was also asked if there has been engagement with HSCP and IJBs and it was confirmed that the consultation was sent to COSLA last year to allow them to engage.

Directorate for Health Workforce,
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T: 0131-244-1718 E: John.malone@gov.scot

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Agenda Item 5 – Race Equality Action Plan

8.   A paper was circulated prior to the meeting and Stephen Lea-Ross was invited to provide an update on Race Equality Action Plan. The following items were covered:

- The Fairer Scotland for All: Race Equality Action Plan (REAP) committed the Scottish Government to engaging with public sector employers on what positive actions we can take to improve employment and progression for minority ethnic communities. Despite having the highest levels of educational attainment, people from minority ethnic communities are twice as likely to be unemployed as people from white communities - and this is simply unacceptable.

- This is an issue that is subject to increasing levels of parliamentary scrutiny. The Equalities and Human Rights Committee has already held three evidence sessions on performance against REAP. The Committee will now launch an inquiry into rates of non-white ethnic minority employment across Scotland. The Coalition for Racial Equality and Rights (CRER) has highlighted high rates of non-disclosure on ethnicity to the Committee. CRER also highlighted a lack of data on incidents of racial abuse and discrimination. Reference was also made to the 'Fair to Refer' GMC report. This report in 2019 investigated why some groups of doctors (including BME doctors and overseas graduates) had higher rates of referrals for fitness to practice concerns than their counterparts.

- Scottish Governments most recent workforce data indicates that 3.3% of the NHS Scotland Workforce is of Black Asian and Minority Ethnic descent (31st March 2019). Some 12% of the workforce, when surveyed, indicated that they 'preferred not to disclose' their race or ethnic background. Additionally, 19.4% of the workforce declined to answer. The rates of non-disclosure in NHS Scotland are much higher than for NHS England and for other public sector organisations in Scotland.

- Management information indicates that non-white staff groups are better represented in Band 5 posts, but more poorly represented at Bands 3, 6 and 7. According to data from the GMC register, approximately 10.79% of all doctors and dentists currently registered to practice in Scotland are international medical graduates, meaning they have a primary medical qualification (PMQ) from outwith the UK or EEA (2,301 of 21,316 doctors). Of this 10.79% some 430 doctors and dentists have an African PMQ (2.01% of the workforce) and some 1,244 doctors and dentists have a South Asian PMQ (5.85% of the workforce).

- The current analysis suggests that overall, BME staff will be slightly under-represented in the available data. Nevertheless, this data picture indicates that there remain challenges in terms of staff being willing to disclose their ethnic identity. Whilst the roll out of eESS allows staff to update their personal information at any time, and work on the interface/data flows between Job Train and eESS should, in time, better link data, we cannot just rely on systems to improve disclosure rates.

- Anecdotally, the Scottish Government are aware that staff can be reluctant to provide information on protected characteristics for fear it could be used against them. There can also be a perception that the collection of equalities data is simply a box ticking exercise on the part of employers. As such the challenge is to set out why collecting data and monitoring the composition of the workforce is vital to help us to better understand and support staff with protected characteristics.

- Racist incidents against staff, depending on their nature can be reported, investigated and recorded under different policies and systems, depending on their nature. It is clear that there is a lack of available data relating to the employment journey of staff with protected characteristics.

- There are also challenges with representation and visibility across the service. In particular, BME staff are significantly underrepresented at senior manager, executive and board levels. This in turn could leave BME staff feeling unsupported and could, lead people to believe that NHS employers are not as inclusive as they could be.

Suggested next steps:

- The inquiry by the Equalities and Human Rights Committee will, over the coming months, increase the focus on the recruitment, employment and progression rates of BME staff in NHS Scotland. The Scottish Government therefore suggest a collective approach to this important agenda, working at pace and combining it with other work being taken forward both nationally and locally on diversity and inclusion.

- The Scottish Government are aware that some health boards have delivered positive information campaigns to improve disclosure rates along the lines of 'Bring Your Whole Self to Work'. We are working with Health Communication colleagues at national level on this and would encourage and support further campaigns along these lines, including assurances about how NHS employers use and safeguard the personal data of staff.

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T: 0131-244-1718 E: John.malone@gov.scot

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- The Scottish Government will launch a national campaign in Spring 2020 on prejudiced based bullying in the workplace (across all the protected characteristics). This will ask NHS staff to pledge to challenge and report hateful language and behaviours. The campaign will coincide with the launch of our new national bullying and harassment policy. This will raise awareness on how to address these behaviours and the support available for staff and managers.

- The Scottish Government are also aware that some health boards have developed staff networks, and that in some cases these are supported by senior allies. We expect other health boards to consider introducing senior allies to ensure there is visibility and commitment from the service to diversity and inclusion in the workplace. Work has already begun with Stonewall Scotland on senior LBGT allies but more focus is needed on race and disability allies, staff networks and mentoring. This could including reverse mentoring opportunities for senior staff to learn about the experiences of BME staff.

- There is a need to develop a strategic approach to delivering better equality outcomes for the NHS workforce. The aim would be to build the capacity and capability of NHS employers to increase the numbers of BME staff recruited, trained and progressed. This could include national commitments for health boards to achieve by 2021. For example:

  - use new approaches to promote NHS Scotland careers and career pathways to non-white ethnic minority communities
  - increase young non-white minority ethnic representation in the workforce through employment, apprenticeships and work experience
  - consider if there is bias affecting BME applicants in the NHS recruitment process and actions to remove these barriers
  - establish senior race allies in health boards
  - increase non-white minority ethnic representation in senior executive team roles
  - establish race equality networks in health boards (where they do not already exist) and from these establish mutual mentoring relationships
  - improve data on the non-white minority ethnic workforce through positive information campaigns

- The agreed commitments should be signed off by NHS Chief Executives by March 2020 to ensure there is an authorising environment for specific and measurable outcomes to be achieved by March 2021.

- It was asked if SWAG Committee could raise any suggestions and whether there could be consideration to BME recruitment, retention and progression and support alongside other protected characteristics such as disability and alongside our commitments on youth employment.

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T: 0131-244-1718 E: John.malone@gov.scot

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8.   The Chair gave SWAG Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered.

- Members welcomed the paper and overview. It was acknowledged by members that the suggested next steps were welcomed. Staff side members offered help and suggested SWAG Secretariat could have a conversation going forward.

- It was highlighted that the eESS system does have flaws when individuals upload information as there is an automatic acknowledgement sent to staff which states the information that was uploaded would be sent directly to their line manager. This is something that is under the radar for Boards however, this needs to be looked into further by the service.

Outcome: SWAG Committee members welcomed the update and direction of travel.

Agenda Item 6 – 'Once for Scotland' Workforce Policies – Lessons learned, Implementation and Soft Launch

9.   A paper was circulated prior to the meeting and Stephen Lea-Ross was invited to provide an update on the lessons learned from phase one of the Once for Scotland Workforce Policies. The following items were covered:

- Lessons learned reports are created for the purpose of recording and sharing lessons learned at the end of a project or programme. For the 'Once for Scotland' Workforce Policies Programme a lessons learned exercise was carried out at the end of Phase 1. The report will inform Phase 2 of the programme by: Avoiding making the same mistakes; Improving on current delivery standards by adopting proven good practice; Providing project teams with information that can increase efficiency and effectiveness; Building on the experiences that have been gathered in Phase 1; and Helping to improve decision-making and performance.

- The Lessons Learned report was developed following an independently facilitated Lessons Learned Workshop. The report represents the discussion, views and opinions of all Project / Programme members present at the workshop and those who submitted feedback by questionnaire.

- The key successes of Phase 1 were:
    o A well-structured programme of work
    o Delivered a significant amount of work within an ambitious timescale and a step change from previous policy development.
    o Model of engagement and participative approach to policy development
    o Agile product development and user testing for digital solution

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T: 0131-244-1718 E: John.malone@gov.scot

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- Open and transparent communication within the programme governance between Policy and Digital Development Groups and Programme Board
- Tripartite approach to all aspects of programme delivery
- Significant personal contributions from individuals
- A clear consensus to deliver a quality product to timescale

- Areas where improvement could be made are:
  - Unexpected challenges at senior level of governance
  - Requirement to strengthen communication messages and channels
  - A more realistic assessment of timescales for delivery and scheduling of tasks
  - Increased attendance and participation from some Boards/ stakeholders at pre- and mid-policy development engagement events

- The key recommendations for consideration in planning and delivering Phase 2 are:
  - Work closely with SWAG Committee to ensure clarity on roles, responsibilities and delegated authority between SWAG Committee and Programme Board to allow early identification and resolution of potential issues
  - Ensure clarity on roles and responsibilities for the Policy Development Group at the start of Phase 2, including induction for new members
  - Review mechanisms to communicate key decisions made by the Programme Board
  - Strengthen communication messages and channels. Some reiteration of key messages required – what the work is not seeking to do, for example
  - Consider the approach to engagement events, the ask of Boards and expectations of delegates
  - Scheduling should be improved and processes adapted based on the experience of delivering Phase 1. In particular, additional time for the consultation analysis and requirement for a 'soft launch' implementation period for NHS Boards.

- A number of the recommendations made in the report required a further discussion with SWAG Committee:
  - Work closely with SWAG Committee to ensure clarity on roles, responsibilities and delegated authority between SWAG Committee and Programme Board to allow early identification and resolution of potential issues
  - Strengthen communication messages and channels. Some reiteration of key messages required – what the work is not seeking to do, for example
  - Clarify with SWAG Committee if there is a need to access all supporting documents in order to review the Phase 2 draft polices, and if so

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T: 0131-244-1718 E: John.malone@gov.scot

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- Plan to develop supporting documentation alongside policy development, allowing visibility of the complete package for approval at the scheduled review meeting

- In respect of recommendations in relation to planning, it was noted that the Programme is committed to be substantively concluded in advance of the 2021 election. It was proposed that work packages for Phase 2 are developed in 3 groupings and consultations staggered during 2020. To meet the timescales outlined, will require a pragmatic approach to the development and approval of supporting documentation for the final group of policies.

- Phase 1 has now moved to implementation with a 'soft launch' between 1 November 2019 and 29 February 2020. This is a preparatory period for HR Departments and Staffside to ensure NHS Board readiness for launch with staff and managers on 1 March 2020.

- On 17 January 2020, NHS Board Deputy HR Directors met with the Policy Development Group Chair and Vice Chair to review interpretation issues identified during 'soft launch'.

- As a result of this feedback, the Programme Board have recommended the following policy changes:

Bullying and Harassment Policy

1) Add to the policy similar paragraphs as contained in the Grievance policy regarding complaints submitted after the individual leaves:
   - "Formal Complaints not concluded at the time of employment terminating
   - If a formal complaint has been raised, but not concluded by the time the employment terminates, the complaint will be concluded with a paper review of the position and a written response given to the former employee within 28 calendar days of the employee's termination date.
   - Post-employment Bullying and Harassment Complaints
   - Should a former employee raise a formal complaint within 28 calendar days of the employment ending, the matter will be investigated and a response will be given in writing."

2) Volunteers to be included within the scope of this policy.

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- **The following amendments to the Supporting Documents have been approved by the Programme Board and are for noting**:

  - Hearing Guidance:
    - Currently in all Hearings except Grievances the management case is presented first. Feedback from a number of Boards indicates that in Appeals the employee should present first. The Hearing Guide will be updated to reflect in Grievance and Appeal Hearings the employee will present their case first.
    - The Guidance has been updated to remind all parties that an appeal is not a rehearing of the case.

  - Scheme of Delegation:
    - Conflicting guidance has been received by Boards on the issue of Council employees'(i.e. Managers of integrated teams) ability to dismiss Health Staff in HSCPs. Further confirmation of the position is being sought from the Central Legal Office and the final position will be contained in the Scheme of Delegation for the launch date.

- The digital team carried out a usability study of the Workforce policies Beta version during November and December 2019. This test was designed to ensure the design and content of the Workforce Policies website is user-centred and usable.

- The recommendations made are:
  - Update templates for the Policy Overview Page and Content Page to aid navigation
  - Include links to definitions in policy content tables for clarity
  - Include links to manager and employee guides at start of policy pages

- Further feedback has been received during the soft launch indicating the need for additional content for the NHSScotland Attendance Policy to clarify the parties involved at Stages 1 and 2. It was recommended that the following wording which reflects the style of the NHSScotland Capability Policy be incorporated at the appropriate sections.

- **Stage 1**
  - A formal Stage 1 meeting will be arranged consisting of the employee's manager, the employee and their representative. The manager may be accompanied by a supervisor or other manager.
  - The manager will be responsible for writing to the employee and their representative, using the standard letter template no later than 7 calendar days in advance of the meeting.

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Workforce Practice Unit
T: 0131-244-1718 E: John.malone@gov.scot

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- **Stage 1 Review Meeting**:
  - A formal Stage 1 Review meeting will be arranged consisting of the employee's manager, the employee and their representative. The manager may be accompanied by a supervisor or other manager.

  - The manager will be responsible for writing to the employee and their representative, using the standard letter template no later than 7 calendar days in advance of the meeting.

- **Stage 2**
  - A formal Stage 2 meeting will be arranged consisting of the employee's manager, an HR representative, the employee and their representative.

  - The manager will be responsible for writing to the employee and their representative, using the standard letter template no later than 7 calendar days in advance of the meeting.

- **Stage 2 Review Meeting**
  - A formal Stage 2 Review meeting will be arranged consisting of the employee's manager, an HR representative, the employee and their representative.

  - The manager will be responsible for writing to the employee and their representative, using the standard letter template no later than 7 calendar days in advance of the meeting.

- SWAG Committee were asked to:

  Lessons Learned
  - Note the Lessons Learned Report on Phase 1 of the 'Once for Scotland' Workforce Policies Programme
  - Discuss the recommendations that relate to SWAG Committee
  - Discuss the approach to the third and final group of policies to ensure that the programme is substantively concluded in advance of the 2021 election.

  Implementation of Phase 1
  - Note the approach to implementation and review
  - Agree to commence Phase 2 of the programme to review and refresh the remaining workforce policies.

  Soft Launch
  - SWAG Committee were asked to agree to amend wording in line with the recommendations.

10. The Chair gave SWAG Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered.

- An additional paper was circulated to staff side representatives prior to the meeting which highlighted feedback from the soft launch. It also highlighted suggested amending of wording for Stage 1 & 2 however, members felt unable to agree the wording change due to the lack of time they had to consider the amendments. It was suggested that this could be signed off virtually by Committee members. It was also suggested that CLO would need to agree to the wording in Stage 1 & 2.

- Members recognised that to ensure conclusion in advance of the 2021 election the timelines for the third and final group of policies would be challenging. Staffside were clear that the supporting documents would need to be made available alongside the policies for sign off, rather than after the policies had been agreed. They felt that this was the main reason for not signing off Phase 1 in July 2019.

- Members felt that there was a lack of clarity around staff training to help with the implementation of Phase 1. It was also felt there was a lack of stakeholder engagement during Phase 1. It was confirmed that each policy within Phase 1 had a 1 month consultation period thus allowing all stakeholders the time to engage.

Outcome: SWAG Committee members noted the 'lessons learned', the approach to implementation and review, discussed the recommendations, discussed the third group of policies and agreed to the commence of Phase 2 of the programme. Members did not agree to the suggested amend wording to Stage 1 & 2.

Agenda Item 7 - Honours

11. Unfortunately due to the meeting overrunning, there was not enough time for Honours to be presented. An apology email will be sent on behalf of SWAG Co-chairs to the presenters to apologies for the overrun and would welcome their return to the next SWAG Committee meeting.

Action: John Malone to contact Debbie Livingston, Terri Thomson and Steven Colquhoun to apologies and to invite back to the next SWAG Committee meeting.

Agenda Item 8 - AOB

12. A paper was submitted to members prior to the meeting on Staff Governance Monitoring themes from 2018/19. Members noted this paper.

Directorate for Health Workforce, Leadership and Service Reform
Workforce Practice Unit
T: 0131-244-1718 E: John.malone@gov.scot

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Date of Next Meeting

The next SWAG Committee meeting will be held on 19 June 2020 in Room 4ER, St Andrews House, Edinburgh from 11.00 to 13.00.