Public Document Pack

To: Councillor Copland, Convener; Councillor Al-Samarai, Vice-Convener; Councillor David Cameron, the Lord Provost; Councillor Steve Delaney, the Depute Provost; and Councillors Boulton, Fairfull, Graham, Macdonald, MacGregor, MacKenzie, McLeod, Mennie and Thomson.

Town House,
ABERDEEN, 17 June 2022

STAFF GOVERNANCE COMMITTEE

The Members of the **STAFF GOVERNANCE COMMITTEE** are requested to meet in the **Council Chamber - Town House on MONDAY, 27 JUNE 2022 at 2.00 pm. This is a hybrid meeting and Members may also attend remotely.**

The meeting will be webcast and a live stream can be viewed on the Council's website. https://aberdeen.public-i.tv/core/portal/home

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

NOTIFICATION OF URGENT BUSINESS

1.1. There are no items at this time

DETERMINATION OF EXEMPT BUSINESS

2.1. Members are requested to determine that any exempt business be considered with the press and public excluded

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

3.1. Members are requested to declare any interests

DEPUTATIONS

4.1. None at this time

MINUTE OF PREVIOUS MEETING

5.1. Minute of Previous Meeting of 21 February 2022 (Pages 5 - 8)

COMMITTEE PLANNER

6.1. Committee Business Planner (Pages 9 - 10)

NOTICES OF MOTION

7.1. None at this time

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

8.1. None at this time

HEALTH, SAFETY & WELLBEING OF STAFF

9.1. Corporate Health and Safety Quarterly Update - January to March 2022 - COM/22/133 (Pages 11 - 32)

9.2. Naloxone Project Update - RES/22/134 (Pages 33 - 54)

RISK MANAGEMENT

10.1. Cluster Risk Register - People and Organisation - RES/22/135 (Pages 55 - 64)

EMPLOYEE APPEALS AND DISPUTES

11.1. Appeals Sub Committee - Appointment of Members - COM/22/099 (Pages 65 - 74)

IIAs related to reports on this agenda can be viewed here

To access the Service Updates for this Committee please click here

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Should you require any further information about this agenda, please contact Stephanie Dunsmuir, email sdunsmuir@aberdeencity.gov.uk

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STAFF GOVERNANCE COMMITTEE

ABERDEEN, 21 February 2022. Minute of Meeting of the STAFF GOVERNANCE COMMITTEE. Present:- Councillor Allan, Convener; Councillor Houghton, Vice-Convener; and Councillors Al-Samarai, Boulton (as substitute for Councillor Reynolds), Cameron, Copland, Delaney, Duncan and Macdonald.

Trade Union Advisers present:- Ron Constable and Carole Thorpe (EIS); Kevin Masson and David Willis (GMB); Brenda Massie and Mark Musk (UNISON); and Joe Craig (UNITE).

The agenda and reports associated with this minute can be viewed here.

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

ANNOUNCEMENT

1. The Convener advised that George Ferguson had stepped down from his Trade Union role and would therefore no longer be participating in meetings of the Committee as a UNISON representative. She thanked Mr Ferguson for his participation and advised that details of his replacement were awaited however Brenda Massie was attending in his place as a UNISON representative for today's meeting.

DECLARATIONS OF INTEREST

2. There were no declarations of interest.

MINUTE OF PREVIOUS MEETING OF 23 NOVEMBER 2021

3. The Committee had before it the minute of its previous meeting of 23 November 2021 for approval.

The Committee resolved:-
to approve the minute as a correct record.

COMMITTEE BUSINESS PLANNER

4. The Committee had before it a planner of committee business prepared by the Chief Officer – Governance.

STAFF GOVERNANCE COMMITTEE
21 February 2022

The Committee resolved:-
(i) to note that a service update had been circulated in relation to item 7 (Workforce Plan update) and that the full report on the Workforce Strategy would be presented to Committee in June;
(ii) to note that the Chief Officer – People and Organisational Development would confirm when the report back on Naloxone was expected to be presented to Committee and the planner would be updated accordingly; and
(iii) to otherwise note the planner.

CORPORATE HEALTH AND SAFETY - OCTOBER TO DECEMBER 2021 - COM/22/032

5. The Committee had before it a report by the Director of Commissioning which provided a summary of statistical health and safety performance information for the three month reporting period October to December 2021 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

The report recommended:-
that Committee note the report and provide comment on the health, safety and wellbeing policy, performance, trends and improvements.

The Committee resolved:-
to note the report.

EMPLOYEE ASSISTANCE SERVICE ANNUAL PROGRESS UPDATE / OCCUPATIONAL HEALTH AND ABSENCE ANNUAL UPDATE JANUARY - DECEMBER 2021 - RES/22/029

6. The Committee had before it a report by the Director of Resources which provided an update on the utilisation of the Employee Assistance Service (EAS) provided by Time for Talking, and on Occupational Health and Absence, for the period 1 January 2021 to 31 December 2021.

Members asked a number of questions on the data, with particular emphasis on the decrease in face to face counselling and the increase in telephone counselling; and the figures provided around COVID self-isolation.

The report recommended:-
that the Committee note the contents of the report.

The Committee resolved:-
to note the report.

STAFF GOVERNANCE COMMITTEE
21 February 2022

EMPLOYEE MENTAL HEALTH ACTION PLAN REVIEW AND ANNUAL PROGRESS UPDATE - RES/22/030

7. The Committee had before it a report by the Director of Resources which presented the revised Employee Mental Health Action Plan, developed following a review of actions taken under the original plan which had been approved by the Committee in January 2019. The report also included an analysis of the psychological absence data and feedback from the mental health action plan focus groups, as well as presenting an update on the action taken to support employee mental health over the past 12 months.

The report recommended:-
that the Committee approve the new Mental Health Action Plan and the continuing work outlined to address and continue to improve and support employee mental health and wellbeing.

The Committee resolved:-
to approve the recommendation.

VALEDICTORY

8. The Convener advised that as it was the last meeting of the Committee prior to the local government elections in May 2022, and as she would also be stepping down as a Councillor, she wished to thank Members and Trade Union Advisers for their helpful and constructive contributions over her time as Convener, noting that she felt a good working committee had been built up over the years since it had been established, highlighting in particular the work undertaken on the various staffing policies which had been approved at Committee. She added that she wished to thank the Chief Officer – People and Organisational Development and the Committee Clerk for their support and thanked the various officers who regularly presented reports to the Committee.

Councillor Copland added his thanks to the Convener, noting that she had been a wonderful role model as a Convener; with Councillor Delaney agreeing, adding that she had been a very fair Convener and that all Committees should be run in a similar way to Staff Governance Committee. They concluded by wishing the Convener a long and happy retirement.

- **COUNCILLOR YVONNE ALLAN, Convener**

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	A	B	C	D	E	F	G	H	I
1	**STAFF GOVERNANCE COMMITTEE BUSINESS PLANNER** The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.								
2	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Update**	**Report Author**	**Chief Officer**	**Directorate**	**Terms of Reference**	**Delayed or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
3	**27 June 2022**								
4	Corporate Health & Safety Quarterly Update	To present the quarterly update for January to March 2022		Colin Leaver	Governance	Commissioning	3.3		
5	Appeals Sub Committee - Appointment of Members	To agree the membership for the Appeals Sub Committee		Steph Dunsmuir	Governance	Commissioning	Standing Order 47.10		
6	Naloxone Project Update	SGC 12/04/21 - (a) to instruct the Chief Officer, People and Organisational Development, to report back to Staff Governance Committee, following the test of change, to indicate the lessons learned and any plans for further work and/or roll out; and (b) to request that the Chief Officer – People and Organisational Development provide information in the report back to Committee on the number of occasions where Naloxone had been administered		Kirsten Foley	People & Organisational Development	Resources	2.7		
7	Risk Register - People and Organisation	To report annually on the cluster risk register		Isla Newcombe	People & Organisational Development	Resources	GD 8.4		
8	Workforce Strategy	To present the five year strategy		Isla Newcombe	People & Organisational Development	Resources	2.2	D	This will now be presented to Committee after August to align with the medium term financial strategy which was requested by Council
9	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5	R	There are no policies for review this cycle
10	**03 October 2022**								
11	Corporate Health & Safety Quarterly Update	To present the quarterly update for April to June 2022		Colin Leaver	Governance	Commissioning	3.3		
12	Employer Discretions – Local Government Pension Scheme	TBC		Kirsten Foley	People & Organisational Development	Resources	TBC		
13	EAS/OH/Sickness Absence Six Monthly Report	To present the six monthly report for the EAS/OH & Sickness Absence figures		Kirsten Foley	People & Organisational Development	Resources	2.7		

	A	B	C	D	E	F	G	H	I
2	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Update**	**Report Author**	**Chief Officer**	**Directorate**	**Terms of Reference**	**Delayed or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
14	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5		
15	**21 November 2022**								
16	Corporate Health & Safety Quarterly Update	To present the quarterly update		Colin Leaver	Governance	Commissioning	3.3		
17	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5		
18	**DATE FOR REPORT BACK TO BE CONFIRMED**								
19	Annual Committee Effectiveness Report	To present the annual SGC effectiveness report		Isla Newcombe	People & Organisational Development	Resources	TBC		
20	Mental Health Action Plan - Annual Update	To provide an update in relation to the employee mental health action plan	February 2023	Kirsten Foley	People & Organisational Development	Resources	3.3		
21	EAS Annual Progress Update Occupational Health and Absence Annual Update January 2021 – December 2021	To present an annual report for the EAS/OH & Sickness Absence figures	01 February 2023	Kirsten Foley	People & Organisational Development	Resources	2.7		

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	27 June 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Corporate Health and Safety – January – March 2022
REPORT NUMBER	COM/22/133
DIRECTOR	Gale Beattie
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Colin Leaver
TERMS OF REFERENCE	3.3

1. PURPOSE OF REPORT

1.1 The appendix to this report summarises statistical health and safety performance information for the 3-month reporting period January - March 2022 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATION

That the Committee:

2.1 Note the report and provide comment on the health, safety policy, performance, trends, and improvements.

3. CURRENT SITUATION

3.1 The appendix to the report contains a review of health and safety activities for the three-month reporting period January – March 2022 and the appendix to the report contains statistical information of the same period. The statistical information is now provided as a series of charts in the appendix, which also contains an analysis of these figures in each of the incident and near miss sections.

The Reporting of Injuries, Diseases and Dangerous Occurrences 2013 (RIDDOR) places duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive (HSE). This reporting duty includes incidents which result in an employee being absent from work for 7 days or longer, which have historically been the main reason for Aberdeen City Council's reports to HSE.

This report addresses the following matters:

- Process for making Aberdeen City Council Covid-secure
- All incidents involving employees and members of the public (serious and minor)
- HSE Reportable Incidents
- Reportable Diseases
- Near Miss Information
- Enforcement Interventions
- Fire Risk Assessment
- Health and Safety Audits
- Compliance Monitoring
- Health and Safety Policies, Procedures and Guidance

3.2 Covid-Secure

In this reporting period Aberdeen City Council has continued to follow Scottish Government guidance to prevent the risk of coronavirus outbreaks in the workplace. Restrictions have started to be lifted and a phased return to offices is being planned. Compliance checks have continued to ensure that those controls required are still in place in our offices and other buildings. Risk assessments remain in place for staff who cannot work from home to ensure their safety.

3.3 Incidents (Jan-Mar 2022)

All incident and near miss information in the appendix to this report has been provided to Cluster level in the appendix. However, within the Operations Function these have also been reported to Service area level.

Incident information

3.4 The figures are reported to Cluster level for both employee and third-party incidents. Causation figures are also included within the appendix. There is also now comparison for each of the two years prior to this reporting period.

3.5 Page five of the appendix details the breakdown of incidents within the Operations function which shows that the largest number of incidents within Operations occur within the Education Service. Frequent reports on the Supporting Learners Workstream, which contain updates on the work being undertaken to reduce the number of incidents, continue to be presented and approved at Educational Operational Delivery Committee.

These incidents often involve children/young people where a social, emotional, mental health need (SEMHN) has been identified. The Connected and Compassionate Communities (CCC) is a training programme for staff, which focuses on embedding trauma-skilled practice and relational approaches across a school, their wider community, and associated schools' group.

Schools follow the staged intervention procedure, whereby support is accessed using school-based, community, and city-wide supports.

The Health & Safety sub-group, which was formed, with a membership of Education staff, Trade Unions and Corporate health and safety, to undertake analysis of health and safety data generated by schools informed the direction of the overall workstream. This also ensures that appropriate support is made available to schools if required.

3.6 When an incident is reported the corporate system generates an investigation report which the reporting officer is required to complete. This investigation report highlights categories of criteria which require to be considered including root cause, actions identified and completion dates. Figures on the completion of these investigation reports are provided to the Functional Health and Safety groups with actions raised there against chief officers and service managers to ensure any issues are closed out effectively. Any outstanding issues are also escalated to the Performance Board for their assistance in achieving compliance.

HSE Reportable incidents (Jan-Mar 2022)

3.7 The table in the Appendix also shows the number of RIDDOR reportable incidents. During this reporting period six incidents involving an employee required to be reported to the Health and Safety Executive, all incidents occurred between Jan-Mar 2022. The six reports were required as the employee was absent from work for a period of more than 7 days due to a work-related incident.

3.8 All RIDDOR incidents are followed up by the Corporate Health and Safety Team to get assurance that the correct causation and remedial actions have been identified; also, that any remedial actions have been implemented.

Incident (reportable employee) frequency rates

Period – Quarterly	**Reportable Incidence rate**	**Reporting period**
Jan-Mar 2022	0.75	2021/22

3.9 The above figures are calculated using the formula:

$$\text{Incidence rate} = \frac{\text{RIDDOR injuries per period} \times 1000}{\text{Number of employees}}$$

3.10 The figure for the corresponding period last year (Jan -Mar 2021) were seven RIDDOR reportable incidents and a reportable incident rate of 0.875.

Reportable Diseases

3.11 There were no reportable diseases reported under RIDDOR; which was also the case in the corresponding reporting period last year.

Near Miss Information

3.12 Many safety activities are reactive, that is, they occur after an injury incident. By reporting near-miss incidents this promotes proactive safety, thereby raising awareness of potential hazards and mitigation strategies before an injury occurs. Recognising and reporting near-miss incidents can significantly improve employee safety and enhance the safety culture by allowing processes and systems to be altered before an incident occurs.

3.13 Reporting managers are required to investigate the near miss to identify the root cause and implement any new identified controls, where possible, to reduce the likelihood of any reoccurrence.

3.14 The appendix shows information on the number of near miss figures for this reporting period and again a comparison with the two previous reporting years.

3.15 Page eight of the appendix gives a breakdown of near misses within the Operations function. As with incidents, the majority are within the Education services. Similar to incident figures, these are mainly as a result of distressed behaviours evident in some children with additional support needs. Risk assessments are reviewed after every near miss to consider any actions which can be taken to prevent or reduce the risk of reoccurrence.

Three-year comparison

3.16 The annual comparative figures are now starting to show an increase in reporting in comparison with the two previous years as Services return to more normal working practices and the face-to-face interactions with service users return.

Regulator interventions (HSE / SFRS)

3.17 There are occasions where HSE and Scottish Fire and Rescue Services (SFRS) contact Aberdeen City Council to request further information or ask for action to be taken with regard to the way Aberdeen City Council undertake their legal duties.

3.18 There were no interventions with HSE in this reporting period. 4 site visits from SFRS were made as part of their annual audit of social care properties.

3.19 Any identified actions from these audit visits are added to the fire risk actions database and allocated to the responsible manager. These are followed through the fire action dashboard to close out. Any actions which were to pass their compliance date are raised with the relevant Chief Officer and reported to the Risk Board.

Fire risk assessments

3.20 Fire risk assessments have been recommenced and are completed on a rolling 5-year programme. A total of 22 fire risk assessments, including 10 Bon Accord

Care sites, were completed during this reporting period. The overall average compliance score was 88%.

3.21 Any identified actions are included into the fire risk actions database and monitored to a close. This database is available to all Chief Officers on the managers portal, which shows live data on open, closed, and non-complied with actions. Should an action pass the compliance date these are escalated to the Chief Officer; with this dashboard also to be provided to the Performance Board to help achieve compliance.

Health and Safety Audits

3.22 Covid 19 Compliance - 27 visits have been undertaken at various premises within the ACC estate with an overall compliance score of 98%. Again, all action points raised are included in an action log, which is reviewed weekly and reported to the relevant Chief Officer. The Workforce Planning and Protection Group and the Risk Board are also updated when actions go beyond the agreed compliance date. Managers are given access to the action log to record the action taken by them and the date completed. Follow up visits are also carried out to ensure actions have been completed and that controls continue to be suitable and sufficient and are being followed.

3.23 First Aid Compliance Monitoring visits were undertaken with an overall score of 86%, actions included the completion of the first aid needs assessment and any follow up actions, insufficient record keeping of trained staff and refresher training and a lack of information on first aid provision during initial site induction. Line Manager Responsibility compliance monitoring was also undertaken with an average score of 94%, areas requiring action included risk assessment training, completion of a first aid needs assessment and no workplace inspections carried out. The CHST are currently providing training, where identified, to all management levels, this includes specific 1-2-1 training on manager responsibilities, risk assessment and reporting/investigating incidents.

3.24 Where actions in any audit or compliance process are not closed out on time these are initially raised with the relevant Chief Officer and reported through the relevant Function Health and Safety Group and the Risk and Performance Boards.

Health and safety policies, procedures and guidance

3.25 Health and safety procedures are scheduled for review across the year. Corporate procedures are reviewed by the Corporate Health and Safety Team (CHST) whilst local procedures, specific to a service, are reviewed by the service with advice and input from the CHST.

3.26 Work continues to be carried out on a number of corporate and local procedures which, when complete and approved by the relevant Chief Officer, will be updated on the Health and Safety section of the intranet.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the recommendations of this report.

5. LEGAL IMPLICATIONS

5.1 The Health and Safety at Work etc Act 1974 requires that an organisation has a suitably robust safety management system to ensure the health, safety and welfare of their employees. Where any incident is of sufficient seriousness there is a requirement to report these under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 which provides a potential for the Enforcing Authorities to become involved and carry out their own investigation into the circumstances of the incident. Any investigation could result in prosecution of the organisation and in some cases prosecution of managers and/or employee.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications as a result of this report.

7. RISK

Risk Appetite

The assessment of risk contained within the table below is considered to be consistent with the Council's Risk Appetite Statement

Management Of Risk

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	N/A	N/A		
Compliance	There is the risk that any injury or serious health and safety incident could result in focus from the Health	Corporate Procedures require all tasks to be risk assessed and the controls implemented and supervised by line managers. All employees are trained to a level where	L	**Yes**

	and Safety Executive which could result in enforcement action in the form of notices or prosecution.	they are competent to carry out the work. Analysis of the causes of the incidents, near misses and work-related absences and resultant improvements to prevent, where possible, reoccurrences, can reduce the financial exposure to the Council. This effective health and safety management system in which risks are identified and either eliminated or reduced will result in a reduction of costs to the organisation.		
Operational	The risk is that any health and safety incident can lead to an injury to an employee which could have the potential to temporarily or permanently affect either or both their employment or their life. The risk to our citizens is that we are unable to provide the same level of	The task has been risk assessed; employees are trained, competent and supervised then there should be less likelihood of incidents.	L	**Yes**

	service delivery due to staff absences from illness and injury sustained during their work. Also, there is the possibility of a reduced budget due to the associated financial costs.			
Financial	The risk is that any incident has the potential to bring a reduction in the overall budget in place to provide service delivery.	As per compliance above	L	**Yes**
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	Each Function should have a robust safety management system in place. There are many facets to this which are important starting from ensuring employees are trained and competent, every hazard is risk assessed and employees are up to carrying out investigation of near misses to ensure controls are reviewed to consider whether remedial actions are required.	L	**Yes**
Environment / Climate	N/A	N/A	N/A	

8. OUTCOMES

Aberdeen City Local Outcome Improvement Plan	
Prosperous Economy Stretch Outcomes	A healthy and safe workplace assists the overarching principles of the stretch outcomes within the LOIP by ensuring that resource is directed at the services required by the city. Removing the level of lost resource to the financial penalties incurred through the Civil and Law Courts and from the Regulators will allow the available resource to be best used to ensure funding of the growth sectors of the local economy.
Prosperous People Stretch Outcomes	The areas reported on within this report allow Clusters a further opportunity to recognise areas which when acted upon can assist with engagement of staff and service users to support the meaningful educational progress of children and young people.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full Impact assessment not required
Data Protection Impact Assessment	Not required

10. BACKGROUND PAPERS

10.1 N/A

11. APPENDICES

11.1 Quarterly staff governance Health and safety report January to March 2022

12. REPORT AUTHOR CONTACT DETAILS

Name	Colin Leaver
Title	Corporate Health and Safety Lead
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ABERDEEN CITY COUNCIL

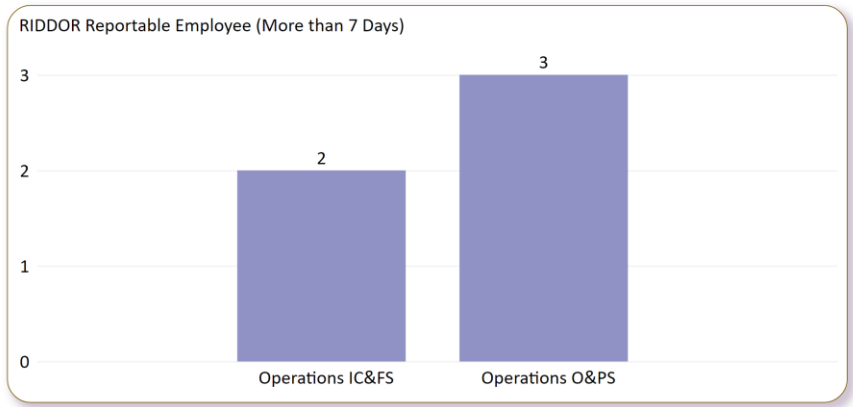
Date Last Refreshed:

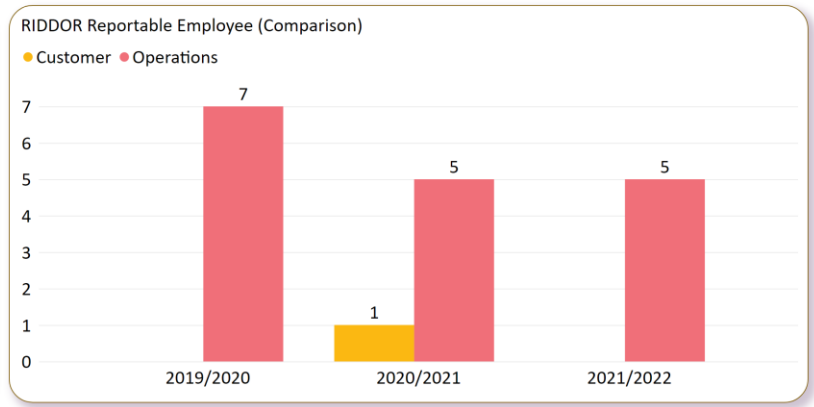
09 June 2022

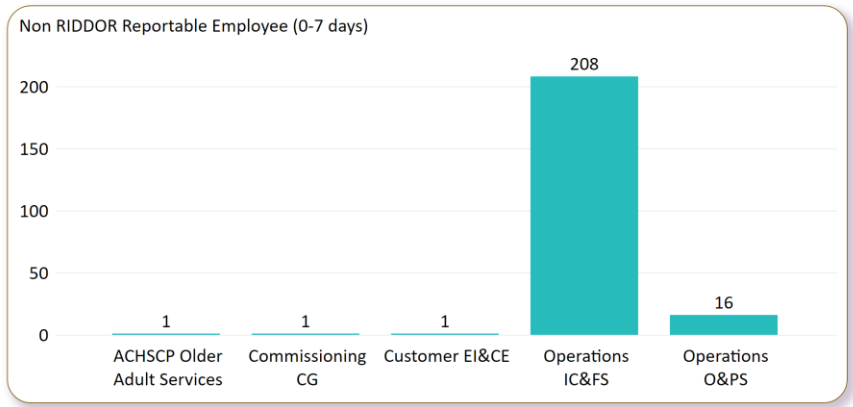
Staff Governance Health & Safety Report Quarter 4 2021/2022 (Jan 22 to Mar 22)

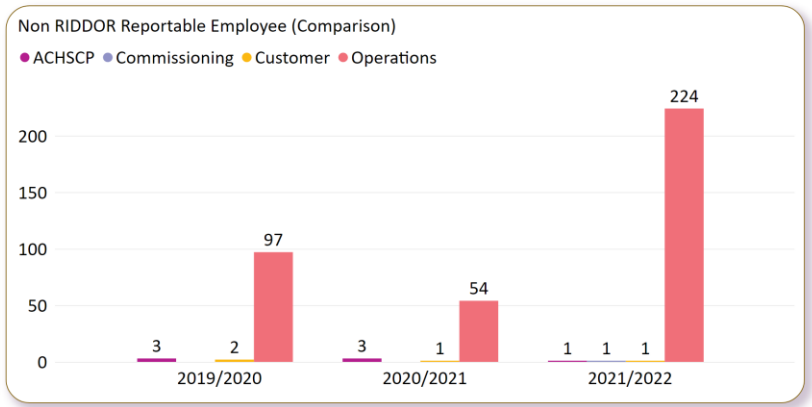
Reported H&S Incidents (Employee)
Between Jan to Mar 2022

The following tables give breakdown of all employee incidents across all Functions and Clusters in Aberdeen City Council. The tables on the left initially show the number of incidents for each Cluster this reporting period with those on the right giving a quarter 4 comparison for each Function from 2019/20 to 2021/22.









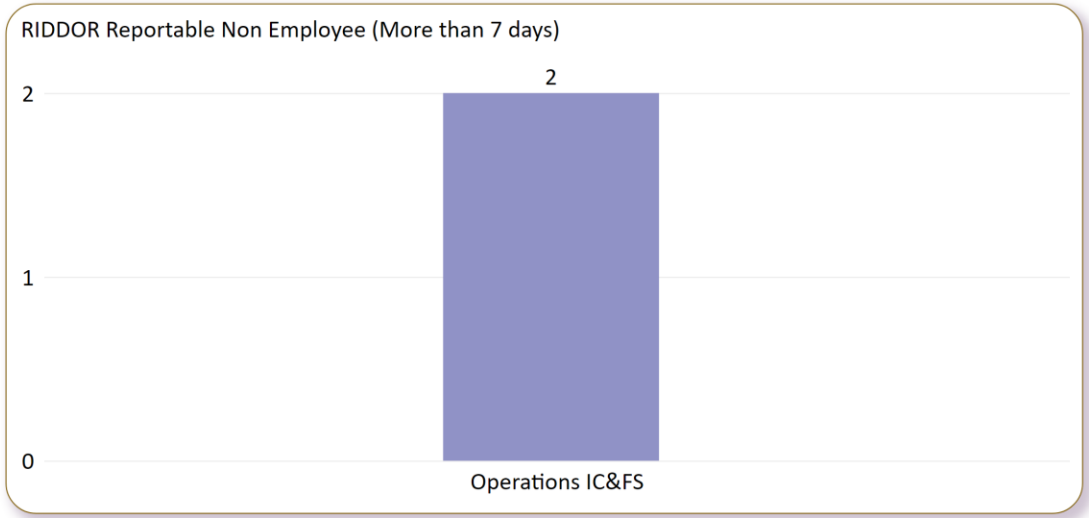
Employee Incident Information

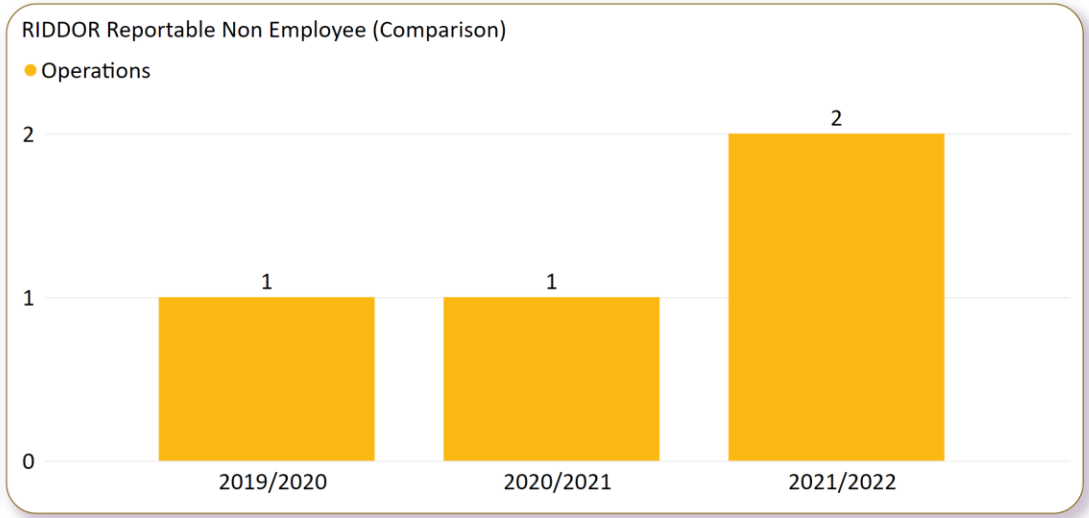
The majority of incidents continue to be from unacceptable behaviours of service users and distressed behaviours from pupils. There are processes for managers and head teachers to follow to ensure the likelihood of these are reduced. The distressed behaviour incidents often involve children/young people where a social, emotional, mental health need (SEMHN) has been identified. There is a training programme for staff, which focuses on embedding trauma-skilled practice and relational approaches across a school, their wider community, and associated schools' group.

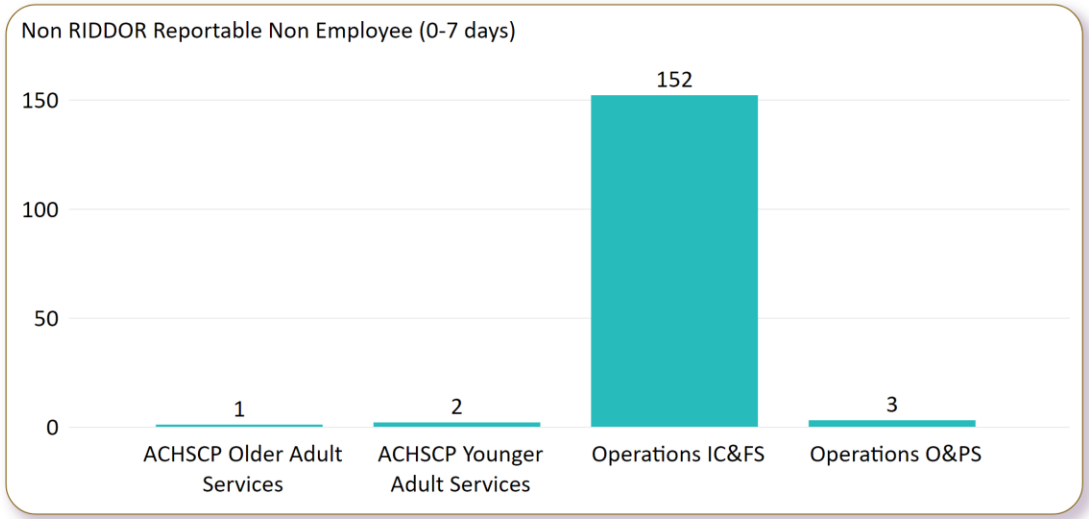
There are a number of incidents which involve slips, trips and falls from the same height. A series of compliance checks are now being progressed looking at overall control and individual compliance with the agreed processes.

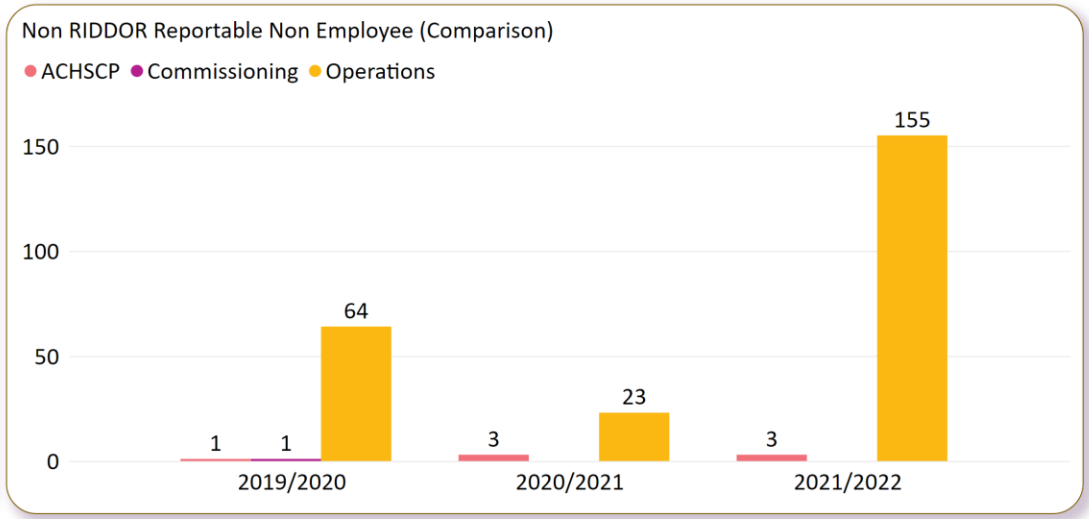
Reported H&S Incidents (Third Party)
Between Jan to Mar 2022

The tables below give information on those non-employee incidents which happened across all Functions and Clusters. Again the tables on the left show the current period for each Cluster, with those on the right giving a quarter 4 comparison for each function from 2019/20 to 2021/22.



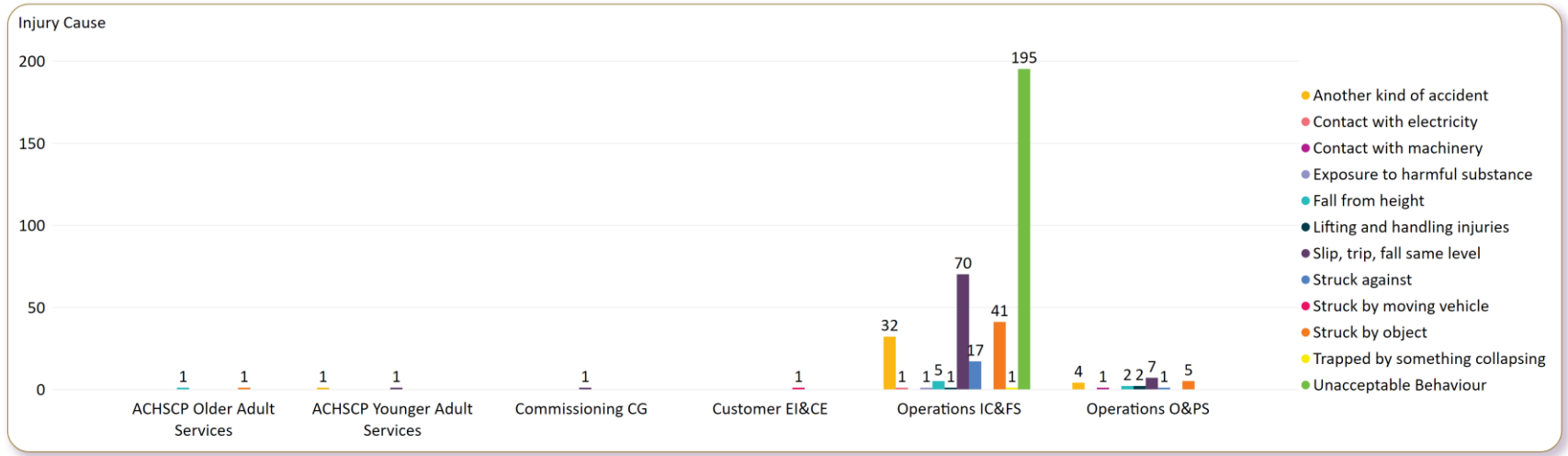


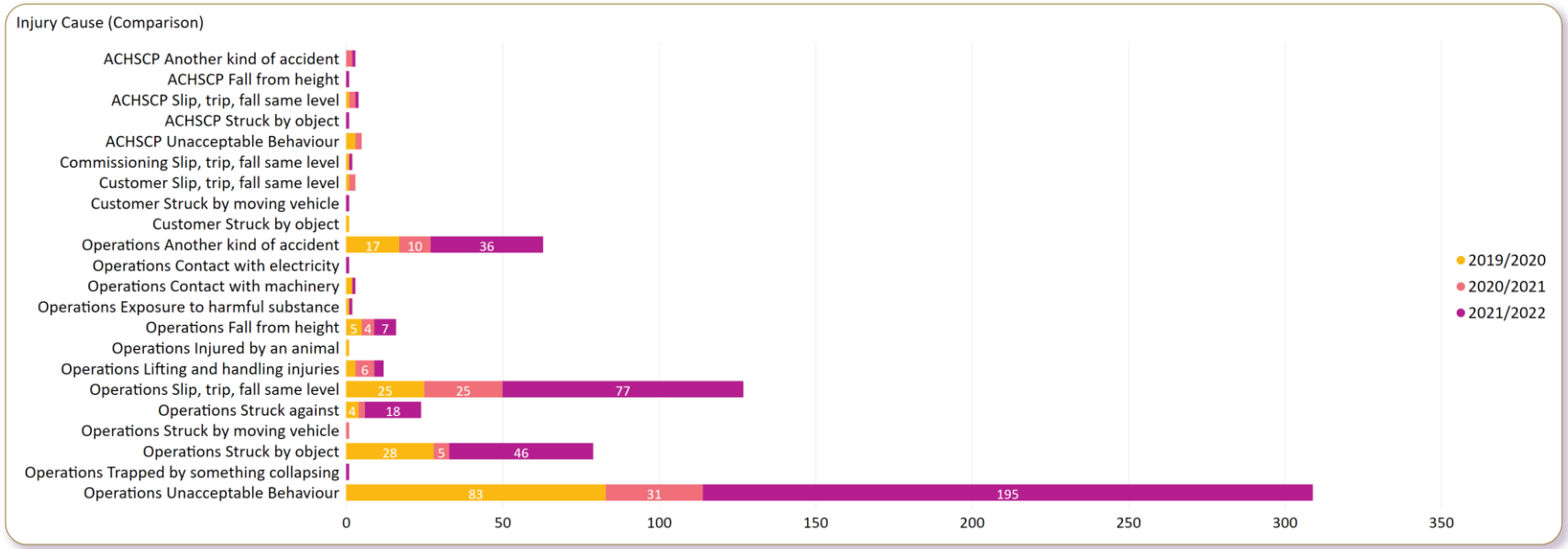




H&S Incident Causation
Reported between Jan to Mar 2022

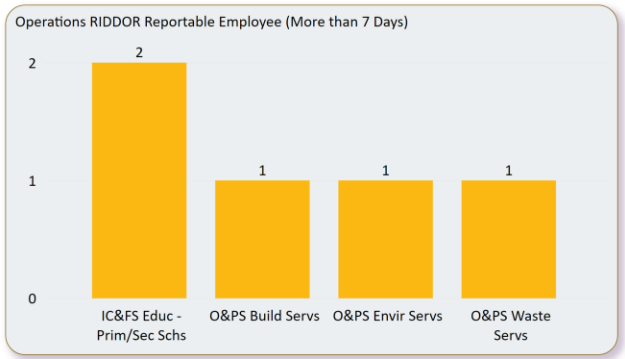
The top table shows incident causation for each Cluster colour-coded against the key for this reporting period, and bottom table a quarter 4 comparison of the types of incidents from 2019/20 to 2021/22.

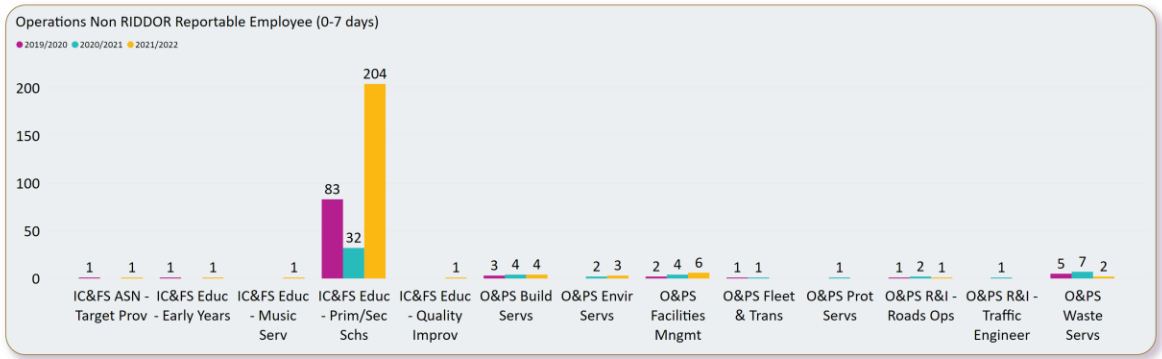


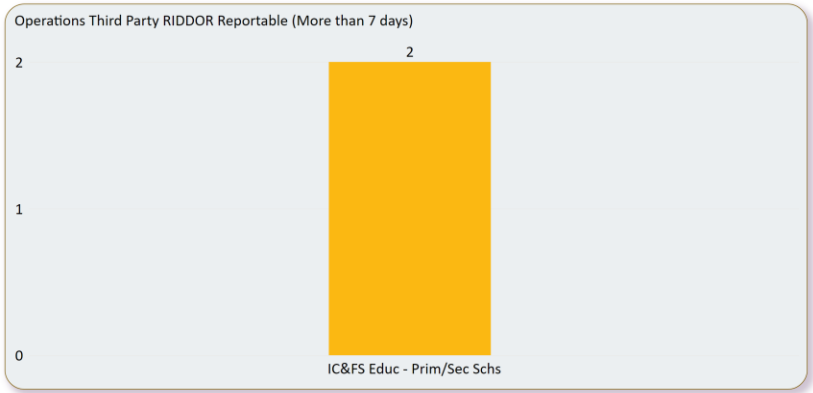


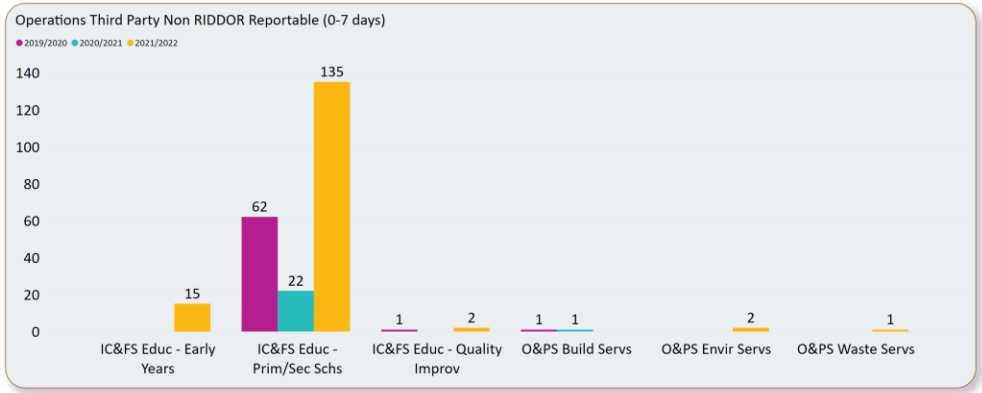
Operations Reported H&S Incidents
Between Jan to Mar 2022

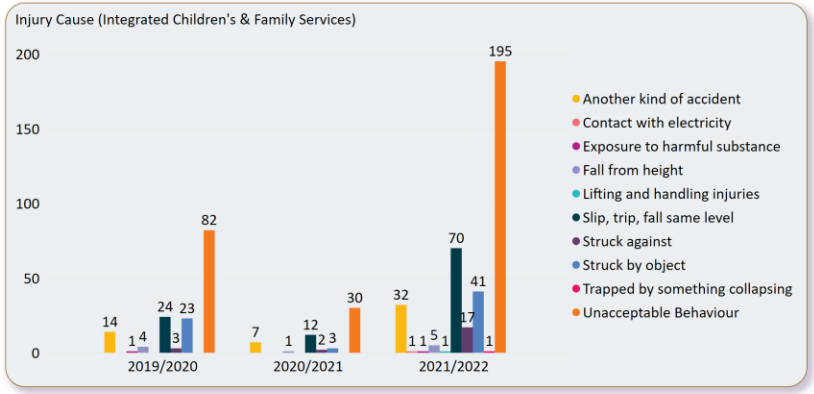
The following tables give a breakdown of **Operations** incidents (Employee and Third Party) down to service level, and in terms of injury cause a quarter 4 comparison from 2019/20 to 2021/22.

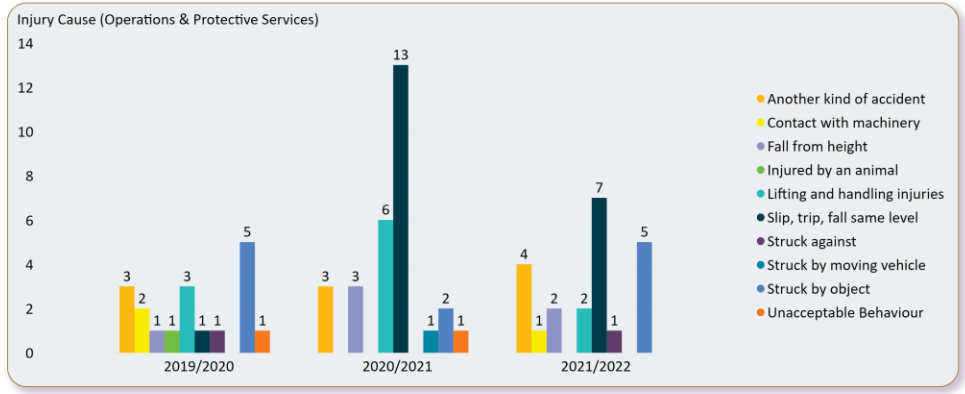






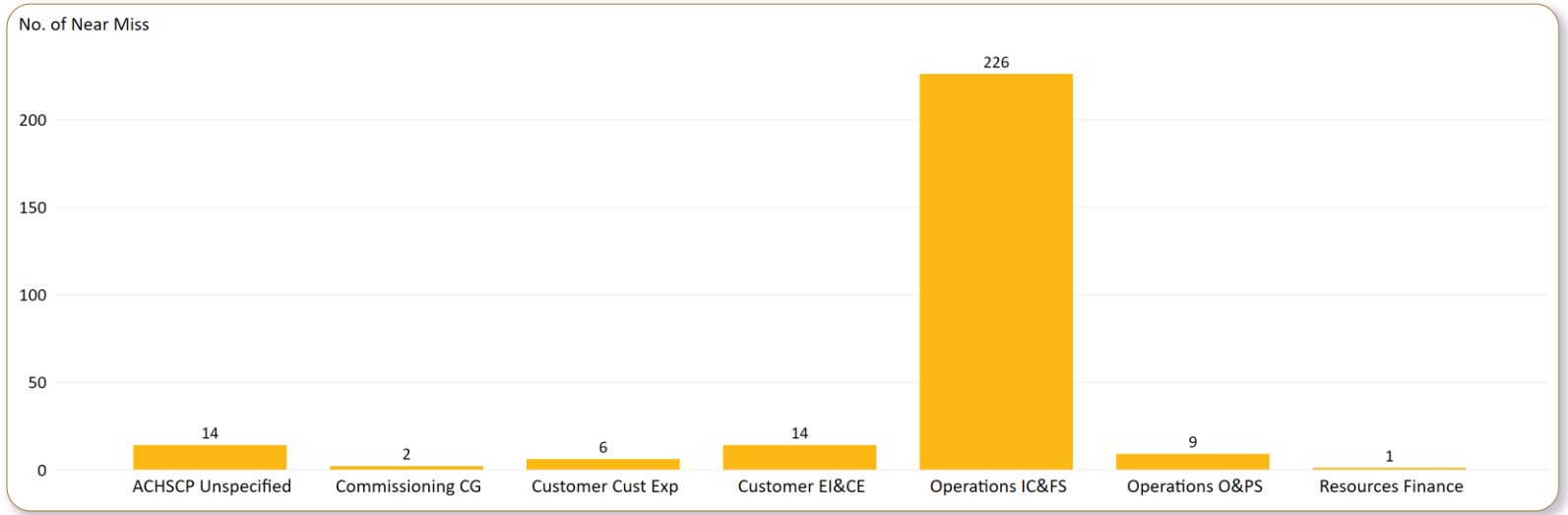


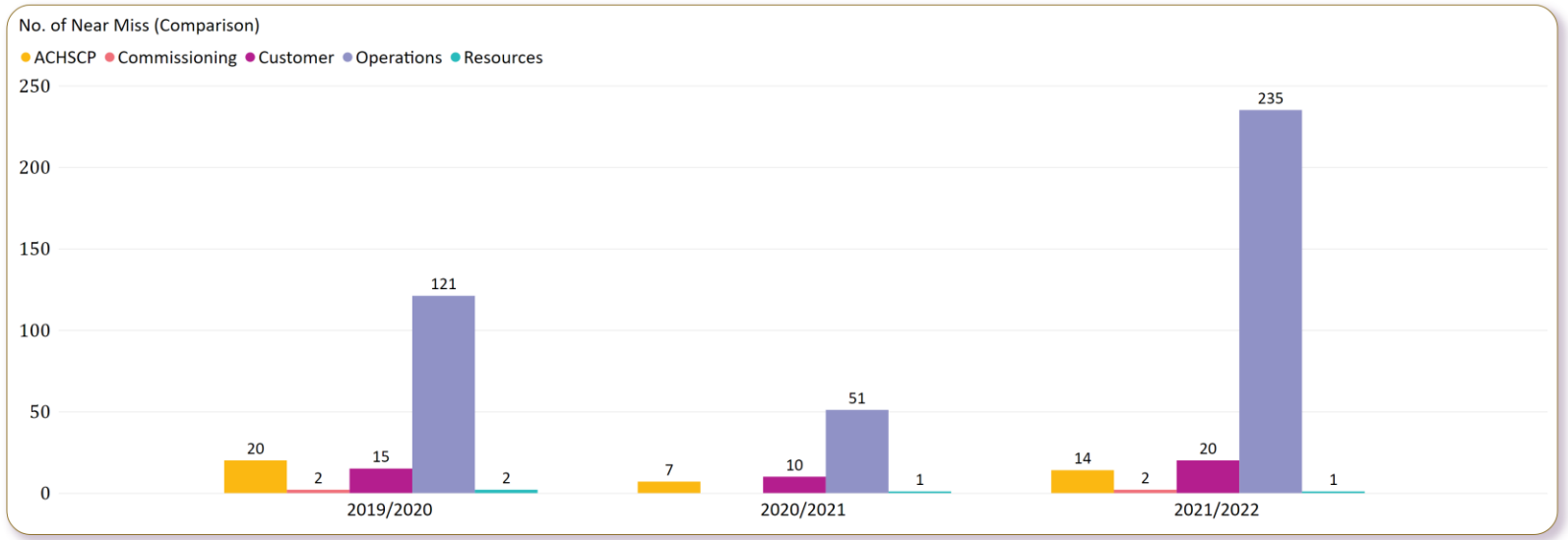




Reported H&S Near Miss
Between Jan to Mar 2022

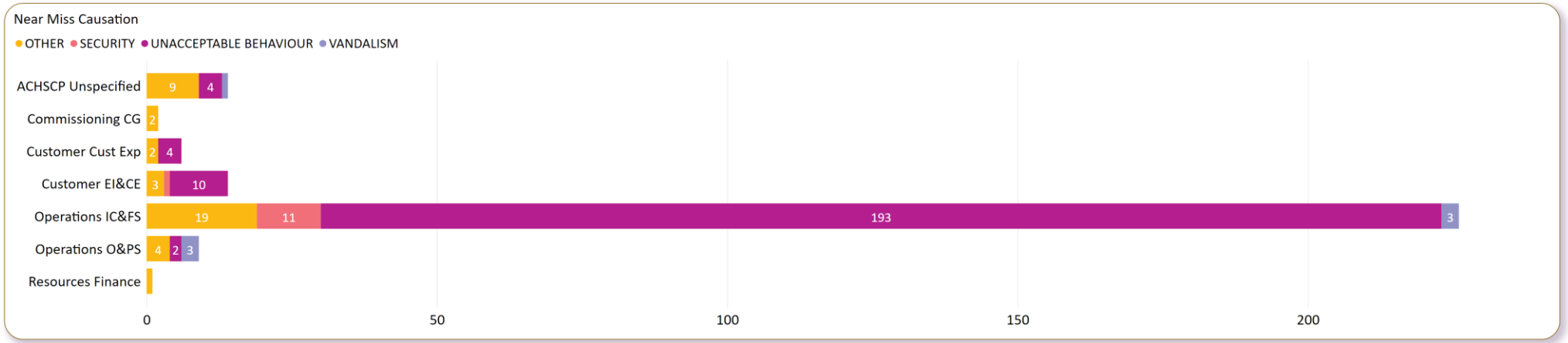
The tables below show information to a Function and Cluster level for employee and non-employee near misses.
Top table: Total near misses for this reporting period for each Cluster. Bottom table: quarter 4 comparison of near misses for each Function from 2019/20 to 2021/22.

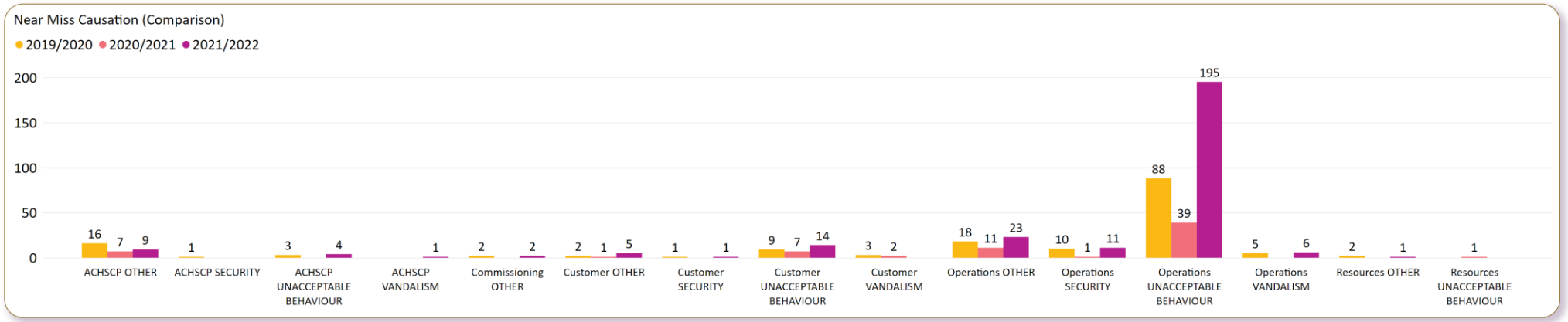




Reported H&S Near Miss (Causation)
Between Jan to Mar 2022

The tables below show information to a Function and Cluster level for employee and non-employee near misses. Top table: Near miss causation for reporting period for each Cluster.
Bottom table: Near miss causation quarter 4 comparison for each Cluster from 2019/20 to 2021/22.



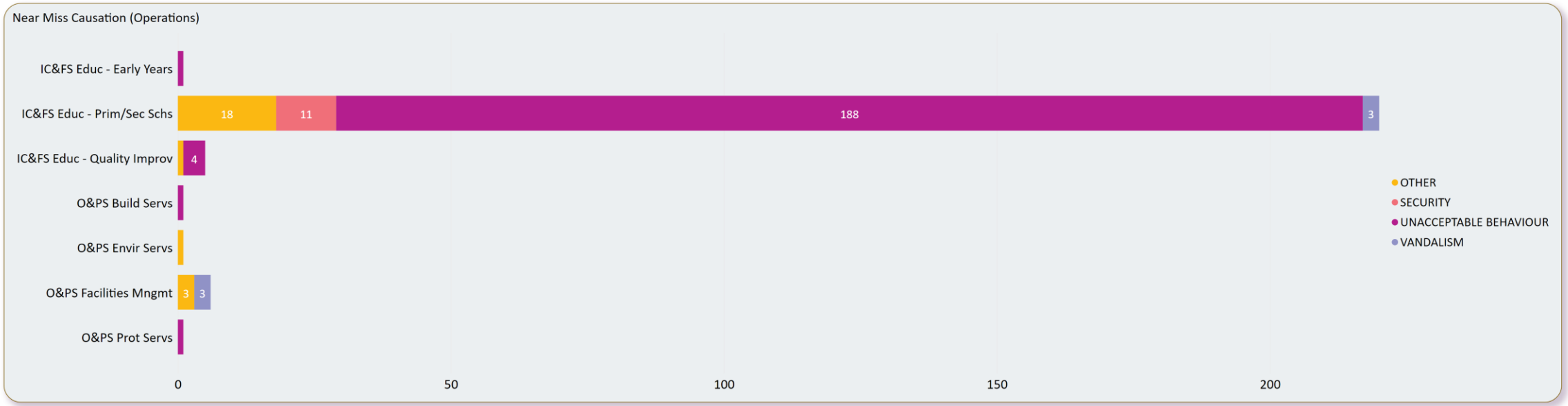


Near Miss

The major cause of near misses is from the distressed behaviours of pupils. These tend to manifest verbally, and these distressed behaviour incidents again often involve children/young people where a social, emotional, mental health need (SEMHN) has been identified. The previously mentioned training programme for staff, which focuses on embedding trauma-skilled practice and relational approaches across a school, their wider community, and associated schools' group seeks to address the major causes of these near misses.

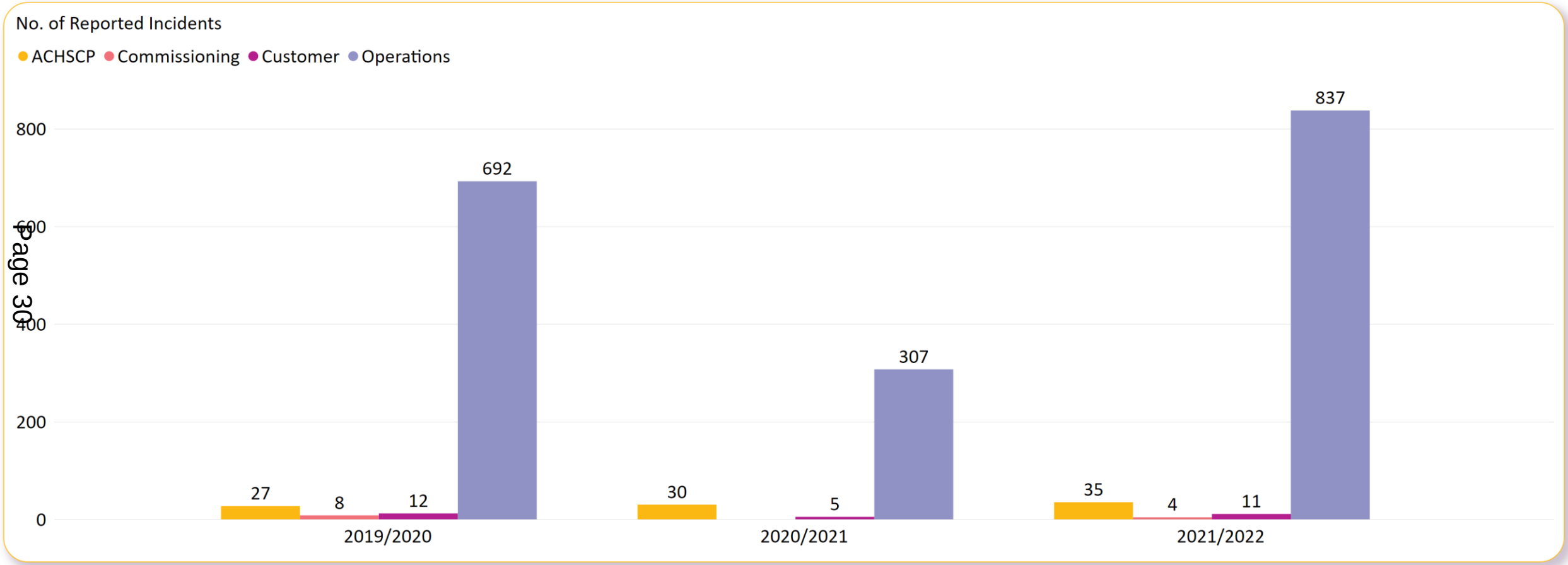
Operations Reported H&S Near Miss
Between Jan to Mar 2022

The following tables give a breakdown of **Operations** Near Miss down to service level.



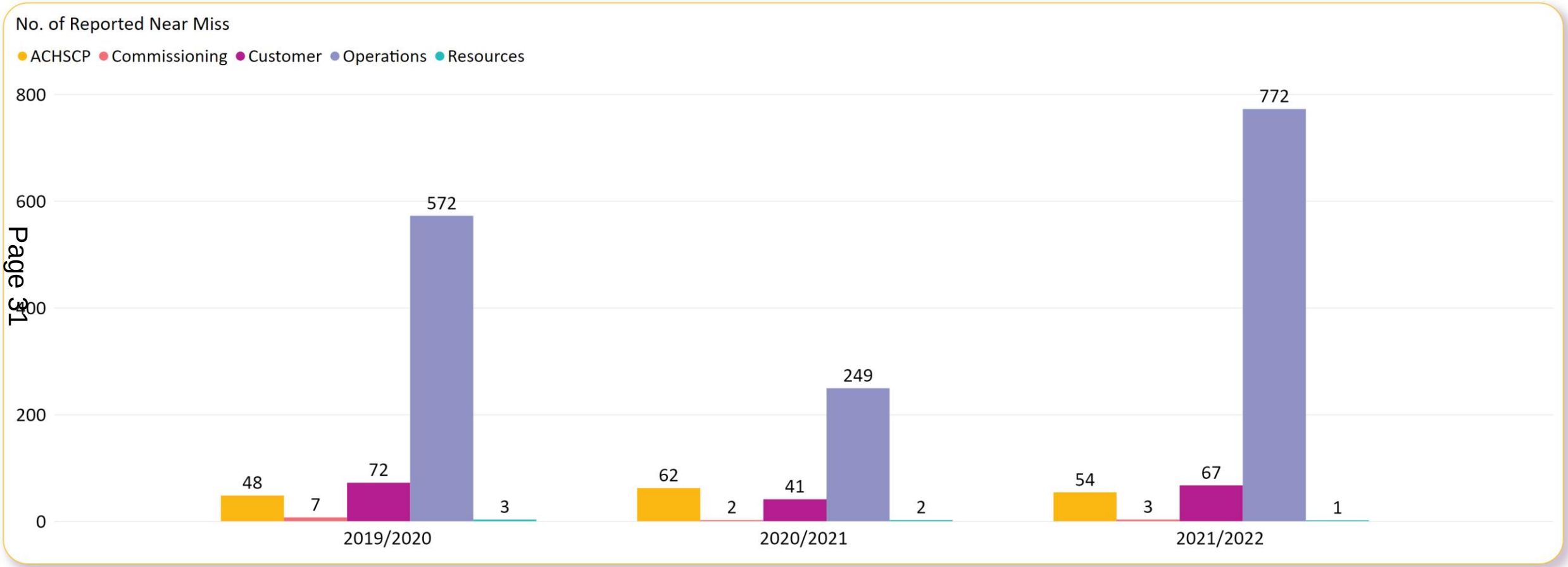
Reported Incidents
From 2019/20 to 2021/22

The table provides information on the total number of incidents for the last three reporting years to Function level.



Reported Near Miss
From 2019/20 to 2021/22

The table provides information on the total number of near misses for the last three reporting years to Function level.



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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	27 June 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Naloxone Project Update
REPORT NUMBER	RES/22/134
DIRECTOR	Steve Whyte
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	2.7

1. PURPOSE OF REPORT

1.1 This report provides an update to Committee on the roll out of the Increase the Distribution and Administration of Naloxone – Test of Change which was initially reported to Committee in April 2021.

2. RECOMMENDATIONS

That Committee:-

2.1 Notes the progress made to date with the roll out of the distribution and administration of naloxone; and

2.2 Instructs the Chief Officer People & Organisational Development to ensure that staff continue to be trained and supported in the distribution and administration of Naloxone, thus continuing to increase the availability of naloxone to all those within the city who may benefit from this life saving intervention.

3. CURRENT SITUATION

3.1 In April 2021 a report was approved by Staff Governance Committee, instructing officers to undertake a Test of Change in respect of training frontline staff in the distribution and administration of naloxone.

3.2 Committee further instructed the Chief Officer of People and Organisational Development to report back to Committee to indicate lessons learned and any plans for further work and/or roll out.

3.3 As reported to Committee in April 2021, naloxone is a safe and easily administered medication which can temporarily reverse the effects of an opioid overdose. It is not a controlled substance and has no effect on anyone who has not taken opioid drugs. For the purposes of administration, Article 7 of the Medicines Act states that anyone can administer naloxone for the purpose of saving a life.

3.4 Following the SGC meeting in April 2021, a cross sector working group was convened with representatives from teams across Aberdeen City Council and NHS Grampian.

3.5 Discussions took place with Trade Union colleagues, who were supportive of the project on the understanding that no employees would be required to undertake the training, but rather this would be on a voluntary basis.

3.6 Volunteers were sought across frontline services to undertake training in the:

- **distribution** of naloxone, which is when a worker supplies a naloxone kit to any 'at risk' customers, directly to themselves or to their close friends or family members and/or the
- **administration** of naloxone which is the administering of the naloxone drug to someone by means of injection or nasal spray who has potentially overdosed with the intention to reverse the effects).

3.7 To date, a total of 72 individual voluntary staff across Customer, Governance, Resources, Operations and Aberdeen Health and Social Care Partnership have come forward to access the training provided by NHS Grampian/Alcohol and Drugs Action Aberdeen and are now fully trained and equipped in the administration of naloxone.

3.8 In addition to those individual staff who have received training in the distribution and administration of Naloxone, there are now three whole Council teams set up to supply naloxone to those at risk. The three teams are the:

- Homelessness Team
- Housing Team and
- Justice Social Work (Courts) Team.

3.9 Procedures are available in relation to both the administration and the distribution of naloxone. These procedures were drafted in consultation with Trade Unions, staff already involved in the distribution and administration of naloxone and partners from NHS Grampian.

3.10 The procedures described in paragraph 3.9 include support for any employees who are in the position of administering naloxone, as this has the potential to be a stressful experience and it is important that any employee in this position is able to access appropriate counselling where required.

3.11 In April 2022 Aberdeen Drugs and Alcohol Partnership recognised Aberdeen City Council (ACC) as a corporate distributor of naloxone, with in house policies and

procedures in place that support individuals and teams of staff to carry naloxone and distribute and, where necessary, administer naloxone throughout communities in Aberdeen. It is our understanding that ACC is the first Local Authority in Scotland to achieve this recognition.

Next Steps

3.12 The test of change project designed the safeguards and processes to allow the distribution and administration of naloxone to become an element of the usual business of the Council. A coordinator is now in place to monitor the process, ensure compliance with the procedures and continue to roll out the training to both teams and individual employees.

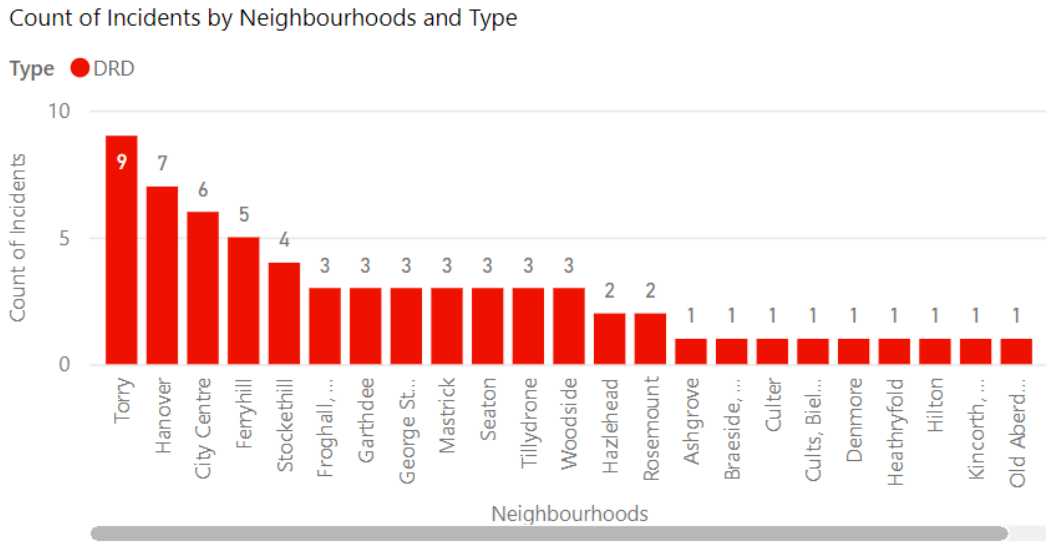
3.13 We will continue to build on the work undertaken to date, seeking more staff to volunteer to undertake the training and thus increasing the availability of naloxone to all those who would benefit from having access to it in Aberdeen.

3.14 We will also continue to work with Aberdeen Drugs and Alcohol Partnership and NHS Grampian to recruit other Teams throughout the Council and members of the Community Planning Partnership to become corporate distributors of naloxone with our particular focus now being on increasing the number of teams who can make supply of naloxone available to 'at risk' individuals, their families and friends.

3.15 We will continue to work on increasing the availability of distribution sites concentrating initially on the top 5 areas with the highest recorded instances of drug related deaths (DRD) as shown in the graph below, to ensure the supply of naloxone is easily accessible in the following localities:

- Torry
- Hanover
- City Centre
- Ferryhill
- Stockethill

Period shown 1 January 2021 to 31 December 2021



3.15 This community targeting will be to additionally introduce distribution points at accessible frontline services in line with the Accommodation Unit which is already set up and running and will include:

- Libraries
- Family Centres
- Social Work Sites
- Justice Social Work

These teams are best placed to encounter individuals as well as family members and friends to help distribute Naloxone to make this service even more accessible within the communities in the first instance.

3.16 The Council is set up on Neo 360, (National Naloxone Recording Database). All instances of administering and distributing of Naloxone by Council Officers will be recorded centrally using this system. This will ensure reporting is accurate and accessible at a national level.

3.17 A communications campaign will be launched, including a digital home page with details of our in-house Naloxone programme and points of contact as well as our Naloxone procedures and templates. This will ensure consistency of setting up new Teams and that the knowledge of who to contact to record Naloxone distribution and administration is easily accessible.

3.18 A Naloxone webinar will be delivered on w/c 20 June to Service Managers setting out the Council's core purpose in delivering the Naloxone project and to sign up additional frontline teams and services.

4. FINANCIAL IMPLICATIONS

4.1 This initiative is funded by Aberdeen Drugs and Alcohol Partnership; as such there are no funding implications for ACC.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report. In May 2020, the Lord Advocate issued a statement of policy stating that, for the period of disruption caused by COVID-19, any individual working for a service registered with the Scottish Government is able, without prosecution, to supply naloxone to another person for use in an emergency to save a life. As at the date of this report, there has been no change to this position, but the Scottish Government's Population Health Directorate will ensure that relevant organisations are notified if and when it ceases to apply. This Lord Advocate's statement/policy applies only to the supply aspect and not to administration in case of emergency. The legislation which currently permits anyone to administer naloxone for the purpose of saving life in an emergency is the Human Medicines Regulations 2012.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications of this report.

7. RISK

Management Of Risk

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	None identified. The project is proposed to support agreed strategic priorities.		N/A	**N/A**
Compliance	Non-compliance with the condition around appropriate instruction and training could give rise to a risk of prosecution	Policies and Procedures are in place Appropriate training of staff and the provision of appropriate instruction and training to recipients of naloxone	M	**Yes**
Operational	Impact of staff time to undertake training	Agreement from service managers to support the programme; identification of appropriate times for training to be undertaken	L	**Yes**
Financial	Costs being met by NHS and ADP		N/A	**N/A**
Reputational	Potential positive in ACC being first Scottish LA to take this focussed approach		N/A	**N/A**
Environment / Climate	None identified		N/A	**N/A**

8. OUTCOMES

COUNCIL DELIVERY PLAN	
	Impact of Report
Aberdeen City Council Policy Statement	Supports "Safe and Resilient Communities – Aberdeen is a place where people are and feel safe"
Aberdeen City Local Outcome Improvement Plan	
Prosperous Economy Stretch Outcomes	The proposed project directly supports the LOIP Stretch Outcome: "Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026"
Regional and City Strategies	The project supports the Strategic Plan of the Aberdeen City Integrated Joint Board.
UK and Scottish Legislative and Policy Programmes	The project directly supports the use of naloxone to prevent drug related overdoses as prioritised by the national Drug Death Task Force.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full impact assessment not required
Data Protection Impact Assessment	Not required. Existing processes are in place for handling data relating to drug related incidents. Evaluation of this project will be anonymised.

10. BACKGROUND PAPERS

None

11. APPENDICES

11.1 Administration of Naloxone Procedure
11.2 Record of Training and Supply
11.3 Risk Assessment
11.4 Staff Training Record

12. REPORT AUTHOR CONTACT DETAILS

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Appendix 1

Administration (by injection or nasal spray) of Naloxone Procedure (Template)

Date	March 2022		
Version	V1	Document No.	
Area of Service			
Approval Authority			
Scheduled Review			
Changes			

Team Coordinator:

Function:

Cluster:

Team:

Contents

1. Who is the procedure for?
2. What is Naloxone
3. To be able to distribute Naloxone?
4. Stock Control
5. Administration of Naloxone
6. Support for employees who administer Naloxone
7. Further Support
8. Templates
    1. AO Risk Tool

2. Risk Assessment
3. Training Record
4. Stock Tracker

1. Who is the procedure for?

1.1 Naloxone is a prescription only medication which can temporarily reverse the effects of an overdose from opioid drugs. This allows time for medical assistance to get to the person who has overdosed, and potentially save a life.

1.2 The Health and Homelessness in Scotland report of 2018 found that in their study males were 7.7 times more likely to die as a result of drugs if they had ever been homeless, 7.6 for females, compared to the most deprived communities in Scotland. The most common cause of death of people during the study who had ever been homeless was drugs

1.3 This statement of policy is subject to the condition that appropriate instruction on the use of naloxone and basic life support training will be provided to persons receiving the medication for such use alongside the medication.

1.4 The Lord Advocate may withdraw it at any time. The Scottish Government's Population Health Directorate will ensure that services are notified when it ceases to apply.

1.5 **This will be voluntary for staff members**, those who are interested shall note their interest by submitting a request through the "Naloxone Save Lives Volunteering Form - https://forms.office.com/Pages/ResponsePage.aspx?id=aw-pJD2_E02ip4k2nOs164uKh24uOrpCm4UMwaLw2-1UMlJCQVNJVU04Q1E1SUQ5RkVXQUJVUkc2Ui4u.

1.6 Aberdeen City Council is working with NHS Grampian and Alcohol and Drugs Action (ADA) on this policy who will provide training and inform the Scottish Government of our participation.

1.7 This procedure sets out how members of staff will be supported to administer Naloxone.

1.8 This procedure is designed to reflect the guidance issued by NHS Grampian in their policy "Guidance for services in Grampian to supply Naloxone to People at risk of opiate overdose, significant others and services in contact with those at risk" and should be read in conjunction with it. The Guidance is available here: NHS Grampian Policy

2. What is Naloxone

2.1 Naloxone is a drug which can temporarily reverse the effects of opioid drugs such as heroin, morphine, codeine, and methadone in overdose situations.

2.2 Those people who are at risk of, or might witness an opiate overdose are:

- People who use prescription opioids, in particular those taking higher doses
- People who use any type of opioid in combination with other sedating substances such as benzodiazepines or alcohol
- People who use any type of opioid and have medical conditions such as HIV, liver, lung disease or who suffer from depression
- People with opioid dependence, in particular following reduced tolerance (following detoxification, release from prison, breaks in or stopping treatment)
- People who inject opioids
- Anyone in contact with people who use opioids (including prescription opioids)

2.3 People who can receive a supply of Naloxone under the NHS Grampian policy are:

- People at risk of opioid overdose
- People who are likely to witness an overdose, e.g. carers, family members, partners, friends
- Organisations and business likely to be in contact with people at risk of opioid overdose (non-clinical settings) eg Hostels

2.4 The risk profiling tool can also be used to recognise those at risk of an overdose AO Risk Tool (see Appendix 1)

2.5 Naloxone will be made available in two forms, Prenoxad intramuscular injection and Nyxoid nasal spray.

2.6 Further information on these products are available in the NHS Grampian Policy and product websites linked to below.

https://www.nyxoid.com/uk

http://www.prenoxadinjection.com/

3. To be able to Administer Naloxone

3.1 All volunteers will complete the online Naloxone eLearning Module here: ACC Learn Website prior to undertaking the virtual session delivered by ADA. This will include a Q&A session to test knowledge acquired.

3.2 All volunteers will read and understand the NHS Grampian Naloxone guidance available here: NHS Grampian Policy

3.3 All volunteers will watch the videos on the administration of the two Naloxone products available for supply here

3.4 All volunteers will undertake the virtual training session which is provided by ADA via MS Teams, on the risk of opioid overdoses, overdose prevention and how to administer and distribute Naloxone. This will include a Q&A session.

3.5 Once 3.1 to 3.4 actions are complete, the staff member will be able answer questions in relation to overdose awareness, naloxone supply and administration as well as knowing where to refer to for further professional advice or support if required.

3.6 Staff members will be supported by ADA for advice and support around the distribution of Naloxone. They will also ensure the competency of staff members who wish to distribute Naloxone.

3.7 Following completion of training, please upload your completion certificate to the Naloxone Teams channel. The certificate will be sent to you by email upon completion of the online course and can also be downloaded from the Scottish Drugs Forum site.

3.8 Training of staff members will be recorded on the Naloxone Training Log by the service to identify. When the competency of the staff member has been met, it will be recorded on ACC Learn and the certificate stored within the Naloxone Teams channel.

4. Stock Control

4.1 Each time Naloxone is administered by a staff member, they are required to complete a Record of -Re-Supply Form and return this to the service to identify individual.

If identified individual is not available, these can also be sent to service to identify alternative individual

4.2 This data will then be transferred onto "neo360" website for statistical purposes by the service to identify.

4.3 A request for a new kit should be made to ADA? New stock will be delivered to: service to identify location

(Mailroom/Facilities Team to be informed when a delivery is expected to arrive)

This will be kept in a safe place for collection from service to identify location.

4.9 In state venue the supply for distribution will be in an unlocked cabinet on state identified location with facilities advice

5. Administering Naloxone

5.1 If a customer or member of the public is in having an overdose and requires Naloxone to be administered, the staff member should immediately call 999 so that the ambulance service can attend the situation.

5.2 The staff member will have to ascertain whether there are any risks to administering the Naloxone and be familiar with the content of the Risk Assessment (Appendix I). **NB. Only trained employees can administer Naloxone or supply kit.**

5.3 Naloxone given, wait for ambulance to arrive

5.4 Person wants to leave, inform ambulance crew

5.5 Dispose of kit using the packaging that Naloxone comes out of as a sin bin for a needle. Either pass to ambulance crew who will have a sin bin or return to any chemist for disposal

5.6 Report to line manager who will record incident in reporting system

5.6 Discuss lessons learned with line manager

6. Support for Employees who administer Naloxone

6.1 The employee should inform their line manager immediately if during their duties they have had to administer Naloxone. The line manager should record this using the near miss recording system on YourHR and share details with employee about possible sources of support e.g.

Time for Talking – provide a confidential counselling service to employees, call 0800 970 398 or go to website to use online chat

City Chaplain - Contact Ron Flett on 07508 654423 or ron.flett@wpcscotland.co.uk

Seek support from our network of Mental Health First Aiders

Further Drug and Alcohol Support information can also be found on PeopleAnytime SharePoint.

Naloxone champion Graeme Gardner or Lucy Simpson can also be contacted for additional support at GrGardner@aberdeencity.gov.uk or call (0122452) 3560 or LuMcNicol@aberdeencity.gov.uk 01224

7. Further Support

7.1 Further operational support for this procedure is available via the Alcohol and Drugs Partnership, Summerfield House, 2 Eday Rd, Aberdeen AB15 6RE, 01224 558844 and Alcohol and Drugs Action, 7 Hadden St, Aberdeen AB11 6NU, 01224 577120

8. Templates

8.1 Appendix 1 – AO Risk Tool

8.2 Appendix 2 - Recording of Training and Supply and **Re-supply (when administering)**

8.3 Appendix 3 - Example of Risk Assessment

8.4 Appendix 4 - Example of Training Record

Appendix 1 – AO Risk Tool

Risk Profile Tool: Preventing Substance Use Related Deaths

Eligibility, Initial Assessment and Establishing a Risk Profile

Cases for referral are those who have multiple complex needs and an increased risk of overdose and death. Risk profiles will vary from individual hence the requirement to ensure good discussion and Action Planning. The Risk Profile Tool (Appendix 2) is developed to be a guide to capture a range of potential factors for consideration. The Risk Profiling Tool is not intended as an assessment tool but should be used as an "aide memoir"; to broaden the scope of consideration of risk factors; to confirm whether a range of risks is present or not. Different professionals will have different access to information based on presentation of the individual and extant records.

This is not an absolute list of risks. Risks will be different for every individual. This is a list of common factors that have been identified in people who have died. It is not a checklist. It is an aide memoir of some of the potential factors that could contribute to increased risk.			
Risk Factors			Commentary
Basic Demographcs			
1	Age		Long term drug users over 35 are deemed to be at higher risk. Be alert to age, gender and isolation being risk factors. Be aware of coercion and gender abuse. People who live alone are more at risk. Predominately males are most at risk although there has been a recent increase in female drug related deaths
2	Gender		
3	Lives alone		
4	Increasing concern reports; calls for help, antisocial behaviour, house fires, accumulation of rubbish, neglect		
5	Sudden change in presentation, drop off in contact or concern reports		
Substance Use			
6	Long term drug use		A long history of substance misuse can lead to liver and cognitive problems. Previous non fatal overdose indicates an increased risk for fatal overdose. Smoking causes lung and heart problems which can impair breathing / oxygen levels. Sedating drugs cause overdose. Injecting increases risk. Recent relapse indicates a significant change in circumstances. Recent abstinence reduces tolerance. Being engaged in treatment is a protective factor.
7	Opioid dependent /use		
8	No naloxone / no one to administer it		
9	Poly-drug use (particularly involving drugs with a sedative effect)		
10	Heavy alcohol use		
11	Previous overdose		
12	Not in addiction treatment		
13	Not engaged in harm reduction services		
14	Struggling to engage in treatment		
15	Injecting		
16	Smoking		
17	Recent relapse		
18	Recent period of abstinence		
Physical health and co-morbid conditions			
19	Does the person experience chronic pain		Drug users over 35 have more complex physical health problems – often undiagnosed and untreated. Conditions that affect central nervous system can increase risk of overdose
20	Chronic health conditions – asthma, heart disease, COPD, diabetes		
21	Mobility issues		
22	Poor physical health including lack of exercise		
23	Complex / poly medication		
24	Poor engagement with health services		
Mental Wellbeing			

25	Poor mental health, wellbeing and mood		Poor mental wellbeing is a risk factor. Whilst people might not intentionally wish to die they may feel hopeless and ambivalent about living. A legacy of trauma is common, often leading to behaviours that can make engagement challenging for clients and staff which results in lack of support. Recent adverse events can increase impulsive behaviour and poor mood regulation.
26	Mental illness diagnosis		
27	Previous suicide attempt / suicidal ideation		
28	Self harm		
29	Degenerating living conditions		
30	Adult adverse life events - recent separation, bereavement, arguments, domestic abuse, child removal		
31	Childhood trauma / ACES		
32	Care experienced		
Living circumstances			
33	Recent transition of – prison liberation, hospital discharge, residential settings		Transitions and transfers of care increase disruption. They can be indicators of more serious problems such as offending, health issues. All forms of homelessness make it harder to engage in treatment and overdose a higher risk. Friends and family are protective factors that are not always well utilised. People who live alone can't use naloxone on themselves.
34	Current Homelessness		
35	Housing difficulties		
36	Financial Issues / debt or recent windfall		
37	Cuckooing		
38	Socially Isolated		
39	Protective factors not engaged – friends, family, services		

APPENDIX 2

Grampian Naloxone Take Home Program - Record of Training and Supply

TRAINING (Naloxone key points sheet COVERED WITH PERSON)

Name of Service: ……

Staff Member Name: ……

☐ Person at risk ☐ Family Member/Friend ☐ Service Worker

☐ M ☐ F Trainee Name: ……..

CHI/Date of Birth: …… Unit Number (SMS only)……..

Address: ……

.

…… Postcode: ……

Prison Release date (prison only): ……..

Training checklist completed ☐ Training Declined ☐ Reason……

NALOXONE® SUPPLY

Kit 1: Prenoxad® ☐ Nyxoid® ☐ Batch no.: …… Expiry Date: ……..

Spare: Prenoxad® ☐ Nyxoid® ☐ Batch no.: …….. Expiry Date: ……..

☐ 1st supply ☐ Spare supply ☐ Used on self (complete 2nd page) ☐ Used on other (complete 2nd page)

☐ Expired ☐ Confiscated ☐ Damaged ☐ Lost ☐ Not known

Or declined supply of naloxone ☐ State Reason ……

I consent to: Details of this training/supply being recorded on the electronic database

Anonymous sharing of data with the NHS for purpose of reporting and research

Signed (trainee): …… Date: ……

Signed (staff): ……..……

NALOXONE RESUPPLY – Where the naloxone kit has been used on somebody

When did the overdose occur? (Approximate date):…….……..

Who administered the naloxone?

☐ Self ☐ Paramedic ☐ Another person ☐ Unknown

Where did the overdose occur?

☐ My own home ☐ Somebody else's home ☐ Another indoor location

☐ Outdoors ☐ Other (state)……

What was the outcome?

☐ Opioid reversed, person went to hospital

☐ Opioid reversed, person did **not** go to hospital

☐ Person did not survive

☐ Not Known

Additional Information:

APPENDIX 3

Date:	Assessed by: Signature:	Location: Service:	Assessment No: Review date:

Key: S = Severity L = Likelihood R = Remaining risk rating

What has the potential To cause harm (hazards) and what harm might result	Who and how many people might be at risk	What are the preventative and protective measures already in place	S	L	R	What further action, if any, needs to be taken to reduce risk	By whom and by what date
Prescribed substances used inappropriately Naloxone is required to be kept in a place that is not locked and not accessible by the customer, employees & service users	All staff and customer with access to Naloxone	Unless someone is allergic to Naloxone it will not cause any harm if it is used inappropriately. Only trained staff to distribute Naloxone as per procedure and once competency check completed. Staff signing for kit / record kept of distribution to trained staff	1	1	Low	Only trained staff to distribute Naloxone as per procedure and once competency check completed.	

Administration of Naloxone - error in administration technique - infections - including potential for BBVs if sharps (Naloxone syringe) . - stress and anxiety needle stick injuries Puncture wound	Anyone who opens the needle Naloxone product	The Naloxone is kept in a sealed packet, therefore this is only a risk if the packet is opened. It should only be opened by people it is to be administered to at a time of their need Only trained employees can administer Naloxone or supply kit to service user. Good hygiene practices maintained. Follow Blood Borne Viruses procedure for first aid / hospital treatment if wound draws blood & needle contaminated. Reporting injury / near miss to line manager Line manager Report to electronic incident / near miss reporting system	4	2	Medium	There is both needle and nasal spray options for Naloxone. Once used the Naloxone syringe should be placed back in the box and given to the paramedic in attendance for safe disposal.	

Risk to service users if not taught to use properly	People to whom the Naloxone is distributed	Naloxone is safe to use, and will have no impact if used on someone inappropriately	1	2	Low	Training to be facilitated by ADA before someone is able to distribute Naloxone. Scottish Drugs Forum training to be completed as well Competency Check	
Safe administration of Naloxone and First Aid		Adhere to Staying Safe While Working Policy on administering First Aid and CPR More on this can be read here: https://peopleanytime.aberdeencity.gov.uk/coronavirus-advice-for-employees/coronavirus-staying-safe-while-working/	5	2	Medium	In all cases call an ambulance and get paramedic advice For nasal spray, ideally wear gloves for administration and fluid resistant surgical mask, if available.	

		Only trained staff members to administer Naloxone.					
Violent or aggressive Behaviour / anger Assault Verbal abuse	Employee	Ensure emergency service informed of situation Have another colleague / responsible person present before administering Naloxone Move away from person once administered					

APPENDIX 4

Staff training record

Name of Service/ Organisation	Aberdeen City Council (enter cluster, function service area)

Name of Staff Member	Date online (Scottish Drugs Forum) training Completed	Date virtual Alcohol and Drugs Action training Completed	Name of person and organisation assessing competence	Date competence confirmed
	Click or tap to enter a date.	Click or tap to enter a date.		

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	27 June 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Cluster Risk Register and Assurance Map
REPORT NUMBER	RES/22/135
DIRECTOR	Steven Whyte, Director of Resources
CHIEF OFFICER	Isla Newcombe, Chief Officer – People & Organisational Development
REPORT AUTHOR	Isla Newcombe, Chief Officer – People & Organisational Development
TERMS OF REFERENCE	General Delegation 8.4

1. PURPOSE OF REPORT

1.1 To present the Cluster Risk Registers and Assurance Maps in accordance with Staff Governance Committee Terms of Reference to provide assurance that risks are being managed effectively within each Cluster.

2. RECOMMENDATION(S)

That the Committee:-

2.1 Note the Cluster Risk Registers and Assurance Maps set out in Appendices A and B

3. CURRENT SITUATION

3.1 The Audit, Risk and Scrutiny Committee is responsible for overseeing the system of risk management and for receiving assurance that the Extended Corporate Management Team (ECMT) are effectively identifying and managing risks. Reviewing the strength and effectiveness of the Council's system of risk management as a whole is a key role for the Committee.

3.2 The Risk Management Policy Framework states that all other committees should receive assurance on the risk management arrangements which fall within their terms of reference. This is provided through the risk registers for the relevant Clusters which fall within the remit for this Committee. These are:-

- People & Organisational Development

Risk Registers

3.1 The Council's Risks Registers are tools used by Functions and Clusters to capture and manage the risks which could prevent achievement of organisational outcomes and service delivery.

3.2 The Council's Corporate Risk Register (CRR) captures the risks which pose the most significant threat to the achievement of the Council's organisational outcomes and have the potential to cause failure of service delivery. The CRR is scrutinised annually by the Audit, Risk and Scrutiny Committee.

3.3 The Cluster Risk Register is set out in appendix A and reflects the risks which may prevent each Cluster area from delivering on organisational outcomes and services, these risks may be escalated to the CRR where deemed necessary.

3.4 The risk contained within the Risk Register for the Cluster is grouped below by risk category and shows the Council's corresponding risk appetite for the category as set within the Council's Risk Appetite Statement (RAS) which was approved by the Audit, Risk and Scrutiny Committee in February 2022.

The Cluster is working towards a target risk score which aligns with the risk appetite.

Risk Category	Risk Title	Target Risk Appetite	Aligned with RAS
Compliance	P&OD Service Delivery	Averse	Yes

3.5 The Cluster Risk Register provides the organisation with the detailed information and assessment for each risk identified including;

- **Current risk score** – this is current assessment of the risk by the risk owner and reflects the progress percentage of control actions required in order to achieve the target risk score.
- **Target risk score** – this is the assessment of the risk by the risk owner after the application of the control actions. This is aligned with the risk appetite for this particular category of risk.
- **Control Actions** – these are the activities and items that will mitigate the effect of the risk event on the organisation.
- **Risk score** – each risk is assessed using a 4x6 risk matrix as detailed below.

The 4 scale represents the impact of the risk and the 6 scale represents the likelihood of the risk event.

Impact	Score						
Very Serious	**4**	**4**	**8**	**12**	**16**	**20**	**24**
Serious	**3**	**3**	**6**	**9**	**12**	**15**	**18**

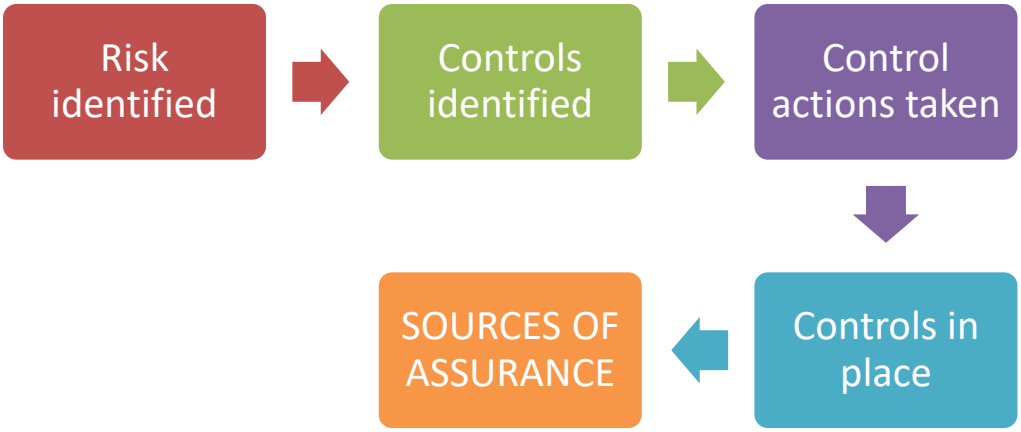
Material	**2**	**2**	**4**	**6**	**8**	**10**	**12**
Negligible	**1**	**1**	**2**	**3**	**4**	**5**	**6**
Score		**1**	**2**	**3**	**4**	**5**	**6**
Likelihood		**Almost Impossible**	**Very Low**	**Low**	**Significant**	**High**	**Very High**

3.6 Development and improvement of the Cluster Risk Register and associated risk management processes has continued since the Cluster Risk Register was last reported to the Committee:

- The Council's Risk Appetite Statement (RAS) was reviewed and updated.
- Risk Management Guidance – the complementary documentation which supports the Risk Management Policy was updated and approved by the Risk Board.
- Committee Report Template and Guidance – risk sections were reviewed and updated to reflect RAS and enhanced to provide additional guidance on management of risk.
- Assurance Maps – were updated to include the Corporate and/or Cluster Risks that are being managed by each Cluster to provide an overview of both the risk/s being managed and the sources of assurance which includes completed risk control actions for each of the three-lines of defence.
- The Corporate Risk Lead has continued to provide support to Risk Owners and Managers to review and update Risk Registers to improve monitoring and reporting across the organisation.

Assurance Maps

3.7 The Risk Registers that are reviewed by the Council's Committees list the risks identified within each of the relevant Functions and Clusters and provides detail of the risk, the potential impact and consequence of the risk materialising and the control actions and activities required to management and mitigate the risk. Assurance Maps provide a visual representation of the sources of assurance associated with each Cluster so that Committee can consider where these are effective, following the completion of control actions. Presentation of the Cluster's Assurance Map provides full sight of the defences that the organisation has in place to manage the risks facing local government.



3.9 The Assurance Map provides a breakdown of the "three lines of defence", the different levels at which risk is managed. Within a large and complex organisation like the Council, risk management takes place in many ways. The Assurance Map is a way of capturing these and categorising them, thus ensuring that any gaps in sources of assurance are identified and addressed:

First Line of Defence "Do-ers"	Second Line of Defence "Helpers"	Third Line of Defence "Checkers"
The control environment; business operations performing day to day risk management activity; owning and managing risk as part of business as usual; these are the business owners, referred to as the "do-ers" of risk management.	Oversight of risk management and ensuring compliance with standards, in our case including ARSC as well as CMT and management teams; setting the policies and procedures against which risk is managed by the do-ers, referred to as the "helpers" of risk management.	Internal and external audit, inspection and regulation, thereby offering independent assurance of the first and second lines of defence, the "do-ers" and "helpers", referred to as the checkers" of risk management.

Chief Officer Overview

3.10 Since committee last reviewed the assurance map and cluster risk for People and Organisational Development, work has continued in strengthening our key areas of assurance and risk mitigation.

3.11 Our core people policies were reviewed in partnership with Trade Union colleagues and approved through committee during 2021/22 and our process for investigations has been amended. We expect to start seeing improvements across investigation practice over the course of the coming year.

3.12 Work has continued through the workforce planning and protection group to mitigate the risks presented to staff through the covid-19 pandemic and these measures have been reported to committee throughout the year. As we move forward, supporting attendance at work and managing the risk of staff absence continue to be a priority.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the recommendations of this report. This report deals with risk management at Cluster level and this process serves to identify controls and assurances that finances are being properly managed.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report. The Council's Risk Registers serve to manage many risks with implications for the legal position and statutory responsibilities of the Council.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental implications arising from the recommendations of this report.

7. RISK

7.1 There are no risks arising from the recommendations in this report. The Committee is provided with assurance that the risks presented within the Cluster Risk Register are those that may affect achievement of organisational outcomes and delivery of services for each Cluster are identified, appropriately managed and that the Council's activities are compliant with its statutory duties.

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	The council is required to have a management system in place to identify and mitigate its risks.	The council's risk management system requires that risks are identified, listed and managed via Risk Registers.	L	Yes
Compliance	As above.	As above.	L	Yes
Operational	As above.	As above.	L	Yes
Financial	As above.	As above.	L	Yes
Reputational	As above.	As above.	L	Yes
Environment / Climate	As above.	As above.	L	Yes

8. OUTCOMES

8.1 The recommendations within this report have no direct impact on the Council Delivery Plan however, the risks contained within the Council's risk registers could impact on the delivery of organisational outcomes.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Not required
Data Protection Impact Assessment	Not required
Other	Not applicable

10. BACKGROUND PAPERS

10.1 None

11. APPENDICES

11.1 Appendix A– Cluster Risk Register – People & Organisational Development

11.2 Appendix B – Cluster Assurance Map – People & Organisational Development

12. REPORT AUTHOR CONTACT DETAILS

Name	Isla Newcombe
Title	Chief Officer People & Organisational Development
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Tel	

People & Organisational Development Risk Register

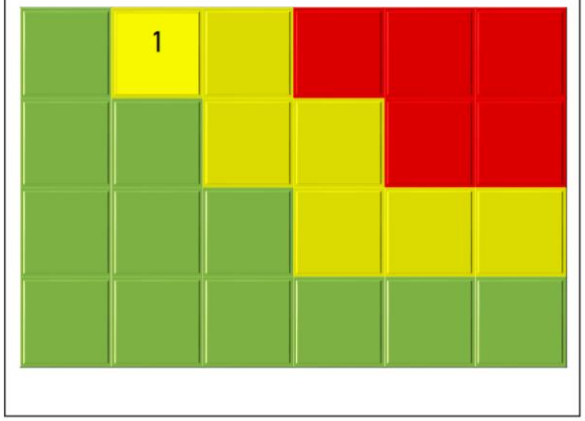
Select or drag fields to populate this visual

CURRENT CLUSTER RISKS	CURRENT RISK SCORE
P&OD Service Delivery	8

Number of Cluster Risks

1

Risk Matrix by Likelihood (6) and Impact (4)



FUNCTION	CLUSTER	RISK OWNER	RISK LEAD
Resources	People & Organisational	Isla Newcombe	Isla Newcombe

RISK TITLE	RISK DESCRIPTION	CONTROL ACTIONS	% COMPLETE	TARGET RISK SCORE	CURRENT RISK SCORE	CURRENT LIKELIHOOD	CURRENT IMPACT	TARGET COMPLETION DATE
P&OD Service Delivery	Risk to delivery of key services in the event of failures of systems, processes or capabilities	Continuous review of robust Business Continuity Plan; Cluster demand analysis and upstream early intervention measures; all members of staff reminded to take equipment home to enable working from home; Cluster development plan and cluster workforce and succession planning including talent programme enabled	70	6	8	2	4	30 March 2023

Assurance Map

People & Organisational Development

Corporate Risk Register Risk:

1. **Workforce Capacity and Capability** - The Council must ensure that it has a workforce with the capability and capacity to deliver our Strategic Outcomes, acknowledging and mitigating the risks posed by Covid and cost of living increases.

Cluster Risk Register Risk:

1. **P&O Service Delivery** - Risk to delivery of key services in the event of failures of systems, processes, or capabilities

First Line of Defence (Do-ers)	Second Line of Defence (Helpers)	Third Line of Defence (Checkers)
• Staff related policies • Staff related procedures and guidance flowing from policies • Risk assessments • Senior Management Team (SMT) undertakes review of Cluster Operational Risk Register • People and Organisational Development (P&OD) enabling effective people management, support and development • Guidance for managers and staff on People Anytime • Delivery of the Workforce Strategy • Training and development for managers • Capability Framework implementing Guiding Principles • Re.cr.uit Scheme - Internal Recruitment and Internal Movement of Staff	• CMT Boards • Council Committees • Corporate Management Team (CMT) • Workforce Strategy • Data Protection processes and Information Governance including DPIAs • Employment Legal Team • Consultation and legislative tracker to horizon scan for changes in the law • Risk Appetite Statement • Regular engagement with Trade Unions including Directors Union Engagement meetings • Business Continuity Sub-Group • Employee Data Forum	• COSLA – national negotiating body via SJC and SNCT. • Scottish Government – checking compliance with national initiatives e.g. Early Years Expansion, Pupil Equity Fund • Chartered Institute of Personnel Development (CIPD) / ACAS-- professional bodies available for benchmarking / best practice advice and guidance • Society of Personnel and Development Scotland (SPDS) – professional body available for benchmarking / best practice advice and guidance and links into COSLA • Her Majesty's Inspectorate of Education (HMiE) reports – use a sampling strategy for inspections across school leadership and learning and teaching

• Monitoring of employee related data by P&OD and all Senior Management Teams via People Performance Dashboard • Skills audits and professional development plans used to build training requirements and programmes of development • Managers' completing Continuous Review and Development and 1:1s • Leadership Forum • FAIR agreement with Trade Unions • Temporary Movement of Staff Protocol • Learning Academy • Standardised people change / Adoption and Change Management plan template		• GTCS/SSSC- set out registration requirements for specific parts of the workforce • Employer Accreditations including Quality of Working Lives, Investors in Young People, Disability Confident, Defence Employer Recognition Scheme, Equally Safe at Work • Benchmarking through Local Government Benchmarking forum (LGBF) measuring indicators such of cost of HR gender profile and workforce profile across all 32 Local Authorities (Statutory Performance Indicators) • Staffing Watch Report

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	27 June 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Appointment of Members to Appeals Sub Committee
REPORT NUMBER	COM/22/099
DIRECTOR	Gale Beattie
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Steph Dunsmuir
TERMS OF REFERENCE	Standing Order 47.10

1. PURPOSE OF REPORT

1.1 To seek the re-establishment of the Appeals Sub Committee and appointment of Members to same.

2. RECOMMENDATION

2.1 That the Committee agree to re-establish the Appeals Sub Committee and appoint all thirteen members of the Staff Governance Committee to the pool of membership for the Sub Committee.

3. CURRENT SITUATION

3.1 The remit of the Appeals Sub Committee is to consider appeals made in accordance with the Council's Human Resources Policies and Procedures. The Sub Committee determines individual appeals by employees and industrial dispute(s) raised by a recognised Trade Union of the Council, in accordance with the Council's Dispute Resolution Procedure.

3.2 The Appeals Sub Committee procedure, agreed by this Committee in May 2018 and attached at Appendix 1, states that the Sub Committee will comprise five Members drawn from the membership of the Staff Governance Committee. The quorum is three members, and the Clerk will aim to secure one member per Political Group, although it is recognised that this may not always be possible and will be dependent on availability of Members. The Convener of the Sub Committee will be the Convener of the Staff Governance Committee.

3.3 The procedure states that all members in the pool of the Appeals Sub Committee shall be required to undertake training prior to hearing an appeal and to undertake refresher training annually.

3.4 The Committee is therefore asked to re-establish the Appeals Sub Committee and agree that all members of the Staff Governance Committee be included in the pool of membership available for meetings of the Appeals Sub Committee.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the recommendations of this report.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental applications arising from the recommendations of this report.

7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	No significant risks identified.	N/A	N/A	N/A
Compliance	The Council must comply with legislation, the Appeals Sub Committee procedure, and the Scheme of Governance			Yes
Operational	No significant risks identified.	N/A	N/A	N/A
Financial	No significant risks identified.	N/A	N/A	N/A
Reputational	No significant risks identified.	N/A	N/A	N/A

Environment / Climate	No significant risks identified.	N/A	N/A	N/A

8. OUTCOMES

8.1 The proposals in this report have no impact on the Council Delivery Plan.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full impact assessment not required
Data Protection Impact Assessment	Not required
Other	None

10. BACKGROUND PAPERS

10.1 None.

11. APPENDICES

11.1 Appeals Sub Committee procedure

12. REPORT AUTHOR CONTACT DETAILS

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Tel	01224 522503

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Appeals Sub Committee – Procedure

1. Introduction

1.1 The Council will operate an Appeals Sub Committee to hear appeals made in accordance with the Council's Human Resources Policies and Procedures. The Sub Committee will determine individual appeals by employees and industrial dispute(s) raised by a recognised Trade Union of the Council, in accordance with the Council's Dispute Resolution Procedure.

2. Composition and Training of Appeals Sub Committee

2.1 The Appeals Sub Committee will comprise 5 members drawn from the pool of membership of the Staff Governance Committee.

2.2 The quorum shall be 3 members.

2.3 The Clerk to the Sub Committee will select the five elected members from the pool having regard to availability and will seek to secure one Member per Political Group.

2.4 The Convenor of the Appeals Sub Committee will be the Convenor of the Staff Governance Committee or, if unavailable, appointed at the start of the hearing for the purposes of the individual appeal.

2.5 All members in the pool of the Appeals Sub Committee shall be required to undertake training prior to hearing an appeal and to undertake refresher training annually.

PART A – Individual Appeals

3. Pre-hearing procedure

3.1 An appeal shall be lodged with the Committee Clerk to the Appeals Sub Committee within 10 working days of receipt of the decision being appealed against. Unless exceptional circumstances exist, any appeal submitted outwith this timescale will not be processed. The Convener will determine whether any exceptional circumstances exist.

3.2 Within 5 working days of receipt of the appeal, the Sub Committee Clerk shall notify the relevant manager of the appeal and both parties of the date for the hearing.

3.3 The Sub Committee Clerk will also notify the Chief Officer- People and Organisation who will appoint an HR officer with no previous involvement in the case to facilitate informal mediation. Nothing said by either party in the course of informal mediation shall be referred to or discussed at the appeal hearing if mediation is unsuccessful. Mediation will not affect the timetable for the hearing.

3.4 Not less than 10 working days before the Appeal hearing, the parties shall submit to the Sub Committee Clerk a list of witnesses and one copy of any document which they wish the Committee to consider.

3.5 If either party considers that the process should be adjusted in any way, for example, to enable a disabled individual to participate fully in the hearing, they should submit a request for an adjustment to the Sub Committee Clerk no later than 10 days before the hearing. The Convenor will determine whether the request should be granted and the Sub Committee Clerk will issue that decision to all parties prior to the date of the hearing

4. Appeal Hearing

4.1 An appeal hearing will be heard within 12 weeks of a letter of appeal being submitted by the Appellant, however, this may be varied by mutual agreement. Where parties cannot agree, the Convenor will determine whether the hearing is postponed.

4.2 Attendees

4.2.1 The Appellant may be accompanied by a trade union official or another Council employee. The companion will be allowed to address the hearing to put and sum up the Appellant's case, respond on behalf of the Appellant to any views expressed at the hearing and confer with the Appellant during the hearing. The companion does not have the right to answer questions on the Appellant's behalf, address the hearing if the Appellant does not wish it or prevent the Management Officer from explaining his/her case.

4.2.2 The Management Officer who is presenting the case, may be accompanied by a Human Resources officer.

4.2.3 Legal and Human Resources officers will be present to provide advice to the Committee as required.

4.3 Role of Sub Committee

4.3.1 The role of the Appeals Sub Committee is to review the fairness of decisions of Officers of the Council. It will not re-hear the submissions with a view to making a fresh decision. The Appeals Sub-Committee will only decide whether the Officer's decision was fair and reasonable in the circumstances, and, if not, what decision is appropriate. The range of decisions available to the Appeals Sub Committee are detailed in paragraph 5.7.2.

4.3.2 Points for consideration by the Appeals Sub Committee can include the following:-

a) Appropriateness of the penalty in the circumstances, including due regard to the Council's policies and procedures;
b) Extenuating circumstances;
c) Procedural matters;
d) Any new evidence which may have a bearing on the original decision that has come to light since the final management hearing;
e) The precedent that an individual decision might make for other cases;
f) Compliance with legislative requirements.

5.1 **Order of Hearing**

5.2 **Preliminary points**

5.2.1 Management Officer invited by the Convener to raise any preliminary matters for consideration by the Appeals Sub Committee. Appellant provided opportunity to respond to any matters raised.

5.2.2 Appellant invited by the Convener to raise any preliminary matters for consideration by the Appeals Sub Committee. Management Officer provided opportunity to respond to any matters raised.

5.2.3 Both parties may be asked to withdraw for the Sub Committee to deliberate on preliminary matters in private.

5.2.4 Both parties recalled and advised of outcome of Appeals Sub Committee deliberations on preliminary matters.

5.3 Management presents case

5.3.1 The Management Officer will put forward his/her facts and considerations, including calling witnesses, that resulted in the decision to dismiss/issue a final written warning or other decision in the presence of the Appellant and his/her companion.

5.3.2 The Appellant will have the opportunity to ask questions of the Management Officer and witnesses.

5.3.3 The members of the Appeals Sub Committee will then have the opportunity to ask questions of the Management Officer and witnesses.

5.3.4 Witnesses may normally only be entitled to be present when giving evidence and shall be capable of recall for further clarification.

5.4 Appellant presents case

5.4.1 The Appellant, will put his/her case, including calling witnesses, in the presence of the Management Officer.

5.4.2 The Management Officer will have the opportunity to ask questions of the Appellant and witnesses.

5.4.3 The members of the Appeals Sub Committee will then have the opportunity to ask questions of the Appellant and witnesses.

5.44 Witnesses may normally only be entitled to be present when giving evidence and shall be capable of recall for further clarification.

5.5 HR/Legal Clarification

5.5.1 The HR and Legal Advisers to the Sub-Committee may in their role as advisers put points of clarity to the Management Officer or the Appellant and highlight relevant points of procedure or provide guidance throughout the appeal hearing.

5.6 Summing Up

5.6.1 The Management Officer will have the opportunity, if s/he wishes, to sum up her/his case.

5.6.2 The Appellant will have the opportunity, if s/he wishes, to sum up her/his case.

5.6.3 The Management Officer and the Appellant and her/his companion, will then leave the appeal hearing.

5.7 Conclusion/Deliberations

5.7.1 The Appeals Sub Committee with the support of the advisers to the Sub Committee will then deliberate in private, only recalling the parties if necessary to obtain clarification or further information. If this is the case, both parties shall be present and allowed to comment on the point of clarification or further information.

5.7.2 The Appeals Sub Committee is authorised to revoke, confirm or to vary the decision being appealed against.

5.8. Decision

Once the Sub Committee has reached its decision, it will normally recall the parties and issue its decision in the presence of the parties. Where the decision has been unanimous then this will be declared by the Convener. Where there has been a division on the decision, the Committee will replicate the vote (the original decision is a binding decision), which will be undertaken by roll-call. The decision of the Sub Committee will be confirmed in writing to both parties within 5 working days.

PART B – Trade Unions

6. Formal Dispute Hearing

6.1 A dispute hearing will be heard as soon as is practicably possible after the submission of Form 1 to the Sub Committee Clerk by a recognised Trade Union of the Council.

6.2 Within 5 working days of receipt of Form 1, the Sub Committee Clerk shall notify the Director and relevant Chief Officer of the appeal. Form 2 will be completed by the Corporate Director/Chief Officer and submitted to the Sub Committee Clerk within 10 working days. Within 5 working days of receipt of Form 2, the Sub Committee Clerk will intimate Form 2 to the Union representative and advise both parties of the date for the hearing.

6.3 The role of the Appeals Sub Committee is to review the remedy sought by the Trade Union(s). The Sub Committee will only decide whether the decision(s) taken by Management that gave rise to the dispute were reasonable in the circumstances and,

if not, what decision is appropriate. The range of decisions available to the Appeals Sub Committee is detailed in paragraph 6.6.

6.4 **Attendees**

6.4.1 Those entitled (but not required) to be present at the Hearing shall be

- representatives of the employees concerned and the Union representatives (a maximum of four);
- representatives of management and management's legal representative (a maximum of four, including the Chief Officer).

6.4.2 Legal and Human Resources officers will be present to provide advice to the Committee as required.

6.5 Order of hearing

The Hearing shall take the following format:

6.5.1 Either side may raise any preliminary points, and the Sub Committee's decision thereon will be final.

6.5.2 The Union representative (normally one only) shall be permitted to address the Sub Committee on the substance of the appeal. The Convenor may exercise his/her discretion to allow more than one representative to address the Committee.

6.5.3 Members of the Sub Committee will be allowed to ask questions of the Union representative.

6.5.4 The Sub Committee's Advisers will be allowed to ask questions of the Union representative for the purposes of clarification only.

6.5.5 The Management side representative (normally one only) shall be permitted to address the Sub Committee on the substance of the appeal. The Convenor may exercise his/her discretion to allow more than one representative to address the Committee.

6.5.6 Members of the Sub Committee will be allowed to ask questions of the Management representative.

6.5.7 The Sub Committee's Advisers will be allowed to ask questions of the Management representative for the purposes of clarification only.

6.5.8 Parties will withdraw to enable the Sub Committee to deliberate in private, but the Sub Committee may require any party to answer further questions (in which case both parties will be present when the questions are asked and answered, and the other party, to whom the questions were not addressed, will be allowed the opportunity to comment if necessary).

6.6 Conclusions/Deliberations

6.6.1 The Sub Committee is authorised to

- Uphold the Dispute in full

- ❖ This is to agree with the position of the Trades Union(s) bringing the dispute and to instruct management/officers to deliver the remedy requested to resolve the dispute.

- Uphold the Dispute in part
  - ❖ This is to agree partially with the position of the Trade Union(s). In this outcome the Appeals Sub-Committee has the authority to determine what, if any, part of the remedy requested should be applied to resolve the dispute.

- the Dispute is NOT upheld
  - ❖ In a situation where the position of the Trade Union(s) is NOT upheld, the position of management is confirmed. This does not preclude further discussions taking place between Management and the Trade Union(s) regarding ways to resolve any ongoing industrial dispute.

6.7 Decision

6.7.1 Once the Sub Committee has reached its decision, it will normally recall the parties and issue its decision in the presence of the parties. Where the decision has been unanimous then this will be declared by the Convener. Where there has been a division on the decision, the Sub Committee will replicate the vote (the original decision is a binding decision), which will be undertaken by roll-call. The decision of the Sub Committee will be confirmed in writing to both parties within 5 working days.

(May 2018)