

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 2 July 2026 at 10am
virtually by MS Teams

Present	Joyce Duncan	Chair
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
	Hussein Patwa	Non-Executive Board member
Attending	Paul Bachoo	Medical Director, Acute Services
	Louise Ballantyne	Head of Engagement (for items 13.1 and 13.2)
	Roda Bird	Interim Equality and Diversity Manager (for Item 12)
	Susan Bunn	Divisional Clinical Director (for item 6.1 and 6.2)
	Ian Cowe	Head of Health and Safety
	Jamie Donaldson	Staff Side
	Jane Ewen	Nurse Director – Excellence and Innovation (Deputy for June Brown)
	Stuart Humphreys	Director of Marketing and Corporate Communications (for Item 12)
	Cameron Matthew	Divisional General Manager (for item 6.1 and 6.2)
	Jill Matthew	Head of Occupational Health Services
	Kylie McDonnell	Staff Side
	Jason Nicol	Head of Wellbeing, Culture and Development
	Shantini Paranjothy	Director of Public Health/Executive Lead for Whistleblowing
	Melanie Saunders	Interim Director of People and Culture
	Jenny Savage	Deputy Director of People and Culture/Head of People and Change
	Laura Skaife-Knight	Chief Executive
	Karen Watson	Partnership Representative (for item 6.1 and 6.2)
	Elizabeth Wilson	HCSA Programme Manager (Deputy for Gerry Lawrie)
	Drew McGowan	Board Secretary (Observer)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Laura Binnie	RGU representative
	June Brown	Executive Nurse Director
	Gerry Lawrie	Head of Workforce

Item	Subject	Action
1	Apologies	

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	Noted as above.		
2	Declarations of Interest		
	Mr Patwa presented a transparency statement covering the whole agenda as he was a member of the Diverse Experiences Advisory Panel, a named partner in the Scottish Government's Mental Health and Well-Being Strategy and the lived experience representative on the Scottish Government's Mental Health and Well-Being Leadership Board. Mr Patwa raised these points given the number of references to mental health throughout the meeting papers and as they may be impacted by mental health policy developments.		
3	Chair's Welcome and Introduction		
4	Minutes of Meetings held on 29 April 2026		
	The minutes were approved as an accurate record. The Committee asked if the funding request made to the Executive Team under agenda item 7.1 in relation to health & safety had been done. The Interim Director of People and Culture responded that the funding was for a system in which all risk assessments would be held and had been submitted as part of the budget setting process, which had been unsuccessful this year.		
5	Matters Arising		
	5.1	Action Log 29 April 2026 The Chair referred to the distributed action log. For actions SGC80 and SGC84 these were on either today's or September's agenda. For action SGC89 the forward planner format would be included in the governance review but ideas for Non-Executive Board Members visits would be noted. The Staff Governance Manager was awaiting a response to conclude action SGC92. The Chief Executive stated that it was unacceptable that the actions in relation to whistleblowing were not complete, with one nine months since being raised. The Executive Lead for Whistleblowing was asked to ensure the actions were closed. The Director of Public Health responded that although the action log noted the September meeting for the action in relation to Dr Gray's, an update was provided in the 2025/26 Quarter 4 report on the agenda of this meeting. The Whistleblowing Governance Group would be more clear on outstanding matters in future reports. The Chief Executive noted this and asked that the action log be clear on when the Committee was receiving information.	

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		The Board Chair referred to the action regarding the forward planner, reiterating what had been raised previously. The forward planner had two purposes. The first to record the governance work of the Committee and secondly to identify visits to help take forward the work of the Committee. The Board Chair stated that it would be helpful if she could be advised of areas with some urgency. In response to the Chair, the Board Chair clarified that the suggestion of areas should come from those agreeing the agenda for meetings. The visits would help triangulate the information received at the Committee. The Chair to discuss with the Interim Director of People and Culture.	JD/MS
	5.2	2026/27 Forward planner	
		The Chair referred to the distributed draft 2026/27 forward planner. This was noted by the Committee.	
6	Acute Services		
	6.1	Staff Governance Standard Assurance	
	6.2	Workforce Information	
		The Divisional General Manager referred to the Acute Services report, which for the first time covering all of Acute Services except integrated family services given their recent reporting to the Committee. The following was highlighted: • Work was currently underway to improve governance processes with a more robust plan in place. The Acute Sector Staff Governance and Partnership meeting commences from July 2026, meeting weekly with a cycle of divisional governance meetings also held but they rotate round all divisions e.g. surgery has a meeting dedicated to surgery every 4 weeks following the weekly acute governance meeting. • There had been specific pieces of work, for example health & safety with the formation of the Acute Sector Health & Safety Group with divisional health & safety committees operating underneath. • Demands on Acute Services continued to grow with a reaching out to system wide services to support. There were workstreams in place including front door assessment and length of stay. More integrated work/outcomes to address challenges by colleagues were being observed compared to previously good networks/less outcomes. • As the 2026 iMatter report was for the Acute sector a like for like comparison to previous portfolios reports was not transferable. Action planning was key which was an area for improvement. A comparison with the 2027 report will be important to see the results of the focused improvement work over the next 12 months.	

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	• Use of huddles, for example in Surgery at 8am with a patient focus which have supported earlier theatre starts, earlier discharge planning, inter-hospital moves before 10am, and earlier identification of staffing capacity across the day. There is a similar huddle in MUSC. The Committee observed that the Acute Local Partnership Forum appeared to functioning well but asked if there were concern if part of the service were not covered. The Divisional General Manager responded that there was good attendance from partnership representatives and core managers but there were some areas which had not engaged as well. Previously each portfolio had their own governance meetings and there was currently a handover of these meetings to one for the whole of the Acute Sector. There was the need to pull back in MUSC and Dr Gray's but forming one committee generated a good level of conversation of what is meaningful to an area from that meeting structure. The Committee highlighted the decrease in the level of iMatter action planning since the last report, asking if this was the same situation across NHS Scotland. The Divisional General Manager responded that he was unaware of the national picture but the decrease was replicated across each division within Acute services. Staff were raising the "So what" question after action planning therefore there was the need for leadership to develop answers through action. The Interim Director of People and Culture stated that in NHS Grampian the action planning target was 70%. The Committee highlighted the information regarding the handling of adverse events which read as a textbook answer, so was concerned about what it was telling the Committee. The Committee raised the escalations to the Committee of – capacity concerns regarding delivery against priorities from a governance perspective: adverse events, complaints and AER – and asked for clarity of the ask of the Committee. The Divisional General Manager responded it was more of an acknowledgement about capacity to undertake reviews and an opportunity for the Committee to influence. The number of reviews undertaken by managers can vary but potentially only a couple of level 1 reviews over two years with gave the potential to lose the necessary skills. There was the opportunity to create a pool of reviewers to spread the load of undertaking reviews and have the benefit, if from another service, of not "not marking own homework" when undertaking a review in own area. If the skill existed of asking critical questions the reviewer did not need to know the service. If a small team of reviewers there was the risk of a concentration of skills with too few people and increased risk if member of that team were absent. The Committee acknowledged the clarity, asking the Chair to decide if the Committee could take forward the escalation. The Chief Executive gave thanks for the comprehensive report, highlighting the positive work of engagement and attendance management. The Chief Executive stated that the poor Dr Gray's appraisal rate cannot be accepted, committing to formally speak to	

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	the Chief Officer, Acute Services to ask for an improvement action plan. The Chief Executive highlighted that integrated acute pathways in cardiology was being put forward as a good example of engagement work however this differed from staff feedback received. This was felt to be disingenuous to include as a positive example. The Nurse Director, Excellence and Innovation asked what actions were being taken to improve retention rates and turnover particularly in speciality areas. The Divisional General Manager responded that they could not give a robust answer but felt schemes such as the green car salary sacrifice scheme and Magnet accreditation (if replicated in adult areas) could help attract good quality candidates. It was hoped that student nurses would know it was a place they would want to work through feedback from staff on how huddles operated. There was no hierarchy in the meeting instead an opportunity for all to give feedback and participate in fixing issues. The Head of Wellbeing, Culture and Development stated that there was the opportunity to improve on the iMatter action planning rate of last year by noon on 17 August 2026 and that he would speak to the Divisional General Manager about Acute representation on the Protected Learning Time working group. The Divisional General Manager stated that model of Senior Charge Nurse protected learning was to be developed for Staff Nurses, as their development had decreased due to system demands. The Whistleblowing Champion highlighted a concern regarding the investigation time for adverse events, which was the same concern held for whistleblowing investigations. The capacity and capability, if not done frequently, to undertake investigations should be reviewed by the organisation. The Whistleblowing Champion referred to page 3 of the report, service delivery section and the changes to divert patients from traditional front doors such as ED, however this information was contrary to what he had been told at a visit last week. Clarity was asked regarding the discharge plan to improve efficiency. The Divisional General Manager responded that there was the initiative of 10 moves (internal move or discharge) before 10 from Unscheduled care areas. In fact more discharges were being seen before noon from both unscheduled and planned pathways. It was recognised that there was work to be done re delivery, for example current work on ward rounds. Staff did want to achieve this but it was easier for planned care whilst unscheduled was more complex but predictable so a system was needed for that. They acknowledged that the front door is where pressure in the system will be felt. The Whistleblowing Champion stated that the answer corresponded with what he had been told but the report gave a different impression. The Whistleblowing Champion referred to page 12 of the report where it said "Staff have access to whistleblowing standards",	

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	asking what did this mean as all staff have that access. He considered this to be a neutral comment rather than a positive one, with lots to be done to raise awareness of the standards and how to speak up. The Divisional General Manager acknowledged that it was a neutral comment and referred to the visit by the Whistleblowing Champion last year and to reflect that the wording in the report was not their experience from the visit. The Whistleblowing Champion agreed it was a positive visit which was why the neutrality of wording had puzzled him. The Whistleblowing Champion accepted the invite from the Divisional General Manager to visit again to the suggested areas of Theatres and Surgical HDU. The Employee Director commented that the report reads one way and if scratch under the surface there is a different picture. He explained that he was the Non-Executive Board member who raised staff governance concerns at the most recent Clinical Governance Committee meeting, about a number of the smaller clinical services in Dr Gray's including Cardiology. The report honesty was welcomed however there was aspects of the report that did not describe reality, for example the health and safety description as was not assured that the Acute Sector health and safety or divisional health and safety structure is as functional as the report portrays. The Divisional General Manager stated that it was a transition to the new Acute Health and Safety Committee. The Head of Health and Safety stated that there was signs of improvement, with the health and safety governance meeting having met twice but noted that it was early days with a lot of work to be done. The Interim Director of People and Culture agreed with the comments regarding iMatter and appraisal, noting it was good to see work to be done with iMatter action plans given the need to improve. The Interim Director of People and Culture requested that the next report should include what has changed as a result of action planning and the top 3 health and safety risks, how they are being managed and how that triangulates with the low uptake in training. Staff Side stated that there was a gradual implementation of health and safety arrangements for example in CSS and Surgery but MUSC was the greatest concern regarding governance and use of data. They were yet to feel assured but work will continue at the Health and Safety Committee and with the Corporate Health and Safety Team. The Divisional General Manager responded that CSS and Surgery had well established reporting, with other areas still transitioning. The Committee highlighted sickness absence data from the Workforce Information. Absences related to anxiety, stress, depression, other psychiatric illness were attributed to spikes in sickness absence and asked if there had been any analysis to explain the spike, for example was it related to particular events. The Divisional General Manager responded that anecdotally	

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		absence spikes in winter were related to peaks of activity however it was more difficult to offer an explanation for spikes in June. The Chair outlined that updates should be given in the next report to the Committee on the following: 1. Adverse events investigation capacity and capability – action for the Interim Director of People and Culture to look at options to improve. 2. Appraisal at Dr Gray's – action for the Chief Executive to request an improvement action plan. 3. Reporting different from staff views – review if this is an issue with reporting or staff not knowing what is happening. 4. Comprehensive report but lack of transparency in some of the reporting, reference the feedback on the Whistleblowing comment. The Committee requires to know about challenges and what is being done to solve them. 5. Health and Safety – update on how arrangements were working and top risks. 6. iMatter – what has changed as a result of action planning The Committee was partly assured. Escalation was not required to another Board Committee or the Board.	MS LSK Acute Acute Acute Acute
7	Sub-group reports		
	7.1	Health & Safety (<i>every meeting</i>)	
		The Interim Director of People and Culture referred to the distributed report highlighting the following: • There was reservation on how embedded health and safety was in the organisation therefore key actions needed to improve overall governance and assurance. • Consideration of how greater assurance can be given to Corporate Health and Safety and provide tools to assist such as: • Developing a blueprint for health and safety meetings such as term of reference, agenda format • Identify tops risks from Datix data as the data is currently not used. • Cycle of regular assessment across Health and Safety topics • Run co-chair workshops to cover for example reminder of responsibilities. • Be clear on where the three strands of safety (occupational health and safety; patient safety and infrastructure safety (i.e. water, asbestos) each report into and that their line of accountability was clear. • This work will enable assurance to be given to the Committee on the management of risks at the right level, with consistency.	

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	The Committee welcomed the increased focus on health and safety which had been absent for too long in the organisation. The Committee raised concern that some divisions and HSCPs were not represented at the 28 May 2026 Health and Safety Committee meeting as representation was essential. The Interim Director of People and Culture responded that attendance would be closely monitored. This would be covered as part of the reset, along with local health and safety committee cycle that will enable good reporting. The Staff Side representative commented that the organisation was at a cross roads for health and safety, in which individuals should be held accountable but was assured that the Executive Team would not reduce their focus on this matter. The Committee stated that the organisation needs to recognise the importance of the health and safety work, which was not the sole responsibility of the Health and Safety Committee. The Committee acknowledged the benefit of the actions being done. The Committee sought assurance that Datix data will be assessed going forward as this was the right way to address some risks. The Interim Director of People and Culture responded that currently the data feels clumsy however there is engagement with those who look after the data to see what can be pulled from the data for use but being careful not to manipulate the data. The Chief Executive stated that health and safety had been taken into the last two Extended Leadership Team meetings and was a regular item at the Executive Team. If there was not traction within two months by the methods being tried then there may be no option but to hold individuals to account. The Committee reviewed the recommendation on page 11 of the paper and were assured by the information provided on current health and safety governance arrangements, including the actions underway to strengthen local oversight, improve compliance and address identified risks. Escalation was not required to another Board Committee or the Board. The Committee thanked the team for the pace of action since the concern was raised.	
	7.2 <i>Culture (every meeting)</i>	
	The Interim Director of People and Culture referred to the distributed report provided to give a regular update from the Culture Programme Board, highlighting the following: • A considered decision had been made by the Culture Programme Board and the Executive Team to pause the Focus on Fundamentals commission work. To deliver that work would challenge the capacity of managers with the current priorities of undertaking appraisals and statutory and mandatory training. Instead a stock take of the other development programmes would take place this year to ensure a more focused approach to Management	

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	Fundamentals to Support Delivery of the People and Culture Priorities for 2026-27. • Governance arrangements had been established with regular monthly meetings which may be changed to six weekly, utilising the capacity available to do the work and reduce the servicing of the meetings. • Timeline for programmes to start delivering by the end of year. • Real time feedback was not the responsibility of the Culture Programme Board but received updates. It would be introduced to three more wards in addition to the ten already so far this year. • On track to commence pulse surveys in 206/27 quarter 2 related to staff feeling valued, supported and involved in decision making to inform improvement The Committee asked the length of the Focus on Fundamentals pause. The Interim Director of People and Culture responded that the pause will be reviewed at the mid-year point, at which time the substantive Director of People and Culture will be in post. Currently there is a raft of leadership development available to staff. The Committee commented that they appreciated being made aware of the decision regarding the Focus on Fundamentals given it had been nurtured by the Committee. The Chief Executive stated that the organisational context had changed since the Focus on Fundamentals work had commenced. There was one chance to get this work right and it would launch no earlier than 2026/27 quarter four or 2027/28 quarter one. The Committee stated that it was good to see progress but asked that the paper be written in a way understandable to those not specialist in the subject, as it would make it easier to follow. The presentation and rag status of the statutory and mandatory compliance was helpful. The Chief Executive raised the Improving Staff Experience (Spaces for Breaks) which had commenced work eight months ago stating that the progress made in that time was unacceptable. She expected this work to be reported as completed in the report at the September 2026 Committee meeting, with any blockages reported to her directly. The Chief Executive stated that the culture aspect of the magnet work; Speak Up Ambassadors and reverse monitoring to be locked into the culture work. The Committee reviewed the recommendations on page 2 of the paper summarising that they had: • Noted the pause on the Focus on Fundamentals to ensure a more focused approach to Management Fundamentals to Support Delivery of the People and Culture Priorities for 2026-27. • Endorsed the decision to take an agile approach to delivery of the six project commissions.	MS

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	Noted progress to date to develop a Performance Flash Report and delivery against the six project commissions. Escalation was not required to another Board Committee or the Board.	
	7.3 Whistleblowing (next report at the September meeting)	
	7.4 Agenda for Change Reform Programme	
	The Deputy Director of People and Culture/Head of People and Change referred to the flash report highlighting the following: Reduced Working Week - Green rag status. - Implementation has moved to monitoring stage as concerns have been raised about the level of consultation of how the reduction in hours would take place. - Retrospective backfill requests being received. - Survey to staff to compare against previous Phase I implementation survey. Protected Learning Time - Amber status. - Launch in March 2026 of 9 national core modules. - Compliance with statutory and mandatory training a key objective for the organisation. - Mapping what other Boards are doing that is additional across NHS Scotland. - Next steps nationally was job family specific training. Band 5 Nursing review 1,262 hits on the portal resulting in 671 submissions, for which there were outcomes for 214, with 196 upgraded to a Band 6 and 18 remaining at Band 5 of which 6 had submitted an appeal. The level of upgrade was consistent with the picture across NHS Scotland. Batching of similar submissions (a good practice adopted from another Board) was being undertaken to increase the pace of processing applications. - SLWG to review what does the review mean for nursing roles going forward.	
8	2025/26 Quarter 4 internal report The Health and Care (Staffing) (Scotland) Act	
	The HCSA Programme Manager referred to the distributed report, the final report for year 2 of the implementation of the Act, highlighting the following: - There was overlap with the annual report. - Board Level Clinicians reports included with a mixed assurance position across professions, with both good practice and ongoing risk;	

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	most detail that has been provided over 8 reports, with these reports the fullest reports to date. • The report demonstrates a mixed but improving position on HCSA compliance: progress in governance and agency control, but ongoing workforce fragility, cost pressures and lack of consistent Board-wide systems mean full compliance is not yet achieved. • Section 2.3.3 related to High-Cost Agency; this was presented and approved by the Executive Team in April 2026 but this is the first opportunity to share with the Committee. • Section 2.3.6 highlighted that there was currently no governance route for the programme of work out with the statutory reporting requirements that go to the Executive Team and the Committee. This required to be rectified. • Section 2.3.7 outlined that the first of two planned sessions had taken place with Board Level Clinicians and their direct reports to explore the requirements of the Act, to engage together as a professional clinical leaders in meaningful discussion and to support the ongoing quarterly reporting. Further sessions will be planned along with opportunity for discussion at Clinical Professional Directors Forum in August 2026. • Appendices – responses to Committee's ask following Quarter 2 and Quarter 3 reports have been included within each Board Level Clinician's report. • Section 2.4 - Future reporting – update to what is in the paper. A new approach to the internal quarterly reporting was to be shared with Executive Lead and Board Level Clinicians in coming days following a review of Year 2 and shared learning opportunities with other Boards. • The Committee was asked to review the information provided in the report and confirm that it provides assurance that Board Level Clinicians have articulated the extent to which they consider NHS Grampian are complying with the duties imposed by the Act, for the period January to March 2026. The Committee welcomed the report, commenting that it was very clear and honest with evident improvement which helped provide assurance. The Committee asked if the right support was being given to Healthcare Scientists to reduce high cost agency breaches. The HCSA Programme Manager responded that following the report being at the Executive Team, breaches was to be explored by the Executive Medical Director. The Committee referred to appendices from the Board Level Clinicians which addressed what the Committee needed to know but raised two points. The first was the impact on Pharmacy staff of there being no standardised workforce model (appendix 2). The second was highlighting the absence of risk or staffing models and asking if from that, it should be assumed everything is okay (appendix 4). The HCSA Programme Manager responded that she could not answer for them but felt that the Director of Public Health had provided consistent information over the previous six quarters whilst in the other appendices more information was being shared in the latest reports. The Director of Public Health stated that they had been routinely providing a full Board Level Clinicians report with this appendix 4 providing additional information to that provided previously. For the staff in	

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	scope it had been ensured that the framework was in place and there were no risks to include in the report. The Committee stated they were assured. The HCSA Programme Manager offered to speak to any Committee member to provide understanding on the work being done. The Committee was assured, noting that the Quarter 1 2026/27 report will be at the September 2026 meeting. Escalation was not required to another Board Committee or the Board.	
9	Organisation wide people and workforce data	
	The Interim Director of People and Culture referred to the distributed report and sought feedback on the structure of the report and whether it was easy to read, asking for any suggestions as an alternative. The following was highlighted: • Compliance with statutory and mandatory training was improving. • Fraud awareness had low compliance however this was the new mandatory module for all staff, expected to be completed by September 2026. • Slight increase in sickness absence, with a higher percentage of long term absence in comparison to short term absence. • An area of focus was to understand what was driving the variations in sickness absence and what was needed to support staff not at work. The Employee Director explained that in their role on the Once for Scotland Workforce policies programme they had raised whether the Fraud awareness module should be mandatory for all, however it remained mandatory. National work was underway to change the content as unfortunately it did not meet the readability test. The Committee welcomed the report, suggesting that additions could be employee relations cases, perhaps presented in the same format as whistleblowing concerns. The Committee commented that the report was well presented with a good balance between charts, diagrams and analysis in narrative. The Committee highlighted the headcount reduction of 7 for the Senior Managers job family, querying if there remained sufficient capability and resilience. The Interim Director of People and Culture responded that she did not know the reason for the reduction, highlighting that the number of new starts and leavers were gaps in the report, which would help to answer if there was reduced capacity in the short term. The Committee raised the following questions on the data: • The impact of a reduction in administrative services headcount. • Were the HSCPs being given support to manage sickness absence. • Concerning status of infection prevention and control (red) and hand hygiene (yellow) modules, asking if the data was for the period before the recent hand hygiene week. If this was not the case, an increase in compliance would be expected in the next reporting period.	

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	Concern on the low level of completed appraisals recorded on Turas as this did not reflect that appraisal should be seen as important. Staff Side highlighted that the colour combination of lilac and dark purple made it visually difficult to read. The Interim Director of People and Culture thanked the Committee for the helpful feedback, which would be shared with the team. The Interim Director of People and Culture stated that the report would become a standing item for the Committee. On this occasion, the report had come to the Committee first before the Executive Team but it was planned that actions would be agreed when discussed at the Executive Team. The provision of employee relations cases would take longer to include in the report but an update will be provided in the next report. The Chief Executive outlined that the Director of Strategy, Transformation and Performance would be developing and implementing a structured performance review meeting framework which will be used to hold areas accountable for these metrics. This was already in place for each HSCP where the Chief Officer is held to account at a meeting attended by the NHS Grampian Chief Executive, Local Authority Chief Executive and Director of Finance. The Committee confirmed that the provision of the report provided assurance in itself, given its previous absence. Escalation was not required to another Board Committee or the Board.	
10	iMatter 2026 report	
	The Interim Director of People and Culture referred to the distributed high level report of the 2026 iMatter results highlighting the following: - Response had increased from 59% in 2025 to 62%. Although an increase of 400 employee voices, the response rate had fell below the target of 65%. - Employee Engagement Index (EEI) had increased from 76 in 2025 to 77. - Overall experience had increased from 6.9 in 2025 to 7. - The Staff Governance Standard strands had all increased compared to 2025. Well informed had increased by 3 points with the rest increasing by 1 point. - Individual and Team experience either remained stable or increased by one point. - Organisation level experience had all increased by either 2, 3, 4 or 12 points. The wording of the question which had the 12 point increase had been changed from visibility of Board members in 2025 to senior leaders in 2026, therefore a direct comparison was not possible. The Interim Director of People and Culture summarised the result as a steady state with some signs of improvement. A more detailed analysis was currently being prepared, which can be shared with the Committee, which will enable a decision on where to focus effort.	

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	The Interim Director of People and Culture highlighted the two additional questions about raising concerns of “I am confident that I can safely raise concerns about issues in my workplace” “I am confident that my concerns will be followed up and responded to”. Work will be picked up on how to improve going forward. The Interim Director of People and Culture stated that the attention is now focussed on action planning with a target of 70% of teams having a recorded action plan by August 2026. There be engagement with the staff on what is being done to improve the workplace with increased “You said we did” communication and triangulation of the data against pressures in the organisation. The Committee noted the content of the report. Escalation was not required to another Board Committee or the Board.	
11	HSE correspondence and escalations	
	The Interim Director of People and Culture referred to the distributed table, which was for the Committee to note. This will be provided quarterly to the Executive Team and then to the Committee thereafter to give oversight of the current live HSE improvement notices.	
	Statutory Information, Reports and Returns	
12	Equality and Diversity Workforce Monitoring Report	
	The Director of Marketing and Communications referred to the distributed report, produced annually as a statutory requirement to comply with the Equality Act 2010. The Report had been published by the 30 April 2026 deadline with an explanation that the report had yet to be formally endorsed through the Committee. Overall, the report evidenced NHS Grampian’s commitment to advancing equality, fostering inclusion, and using workforce intelligence to identify inequalities, support retention, and inform targeted improvement actions. The Interim Equality and Diversity Manager highlighted the following from the Report: • It covered the period 1 January to 31 December 2025. • As of 31 December 2025, NHS Grampian employed 17,047 staff with substantive posts, with the report not covering bank workers and locum contracts. • 81.48% of employees are women and 18.52% men. • 77.98% of employees chose to declare their ethnicity. • 0.55% of employees reported having a disability at the time of joining NHS Grampian. This low percentage was expected to be higher as staff experience disability during the course of their employment. • Employees under the age of 20 represent 0.02% of the workforce.	

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	• 35.08% of employees indicated they had no religion and 25.8% preferred not to say. The remainder includes representation from all other religious groups within the Scottish Census data. • 25.2% of employees preferred not to say what their sexual orientation was but many had been comfortable in sharing it. • There was openness in sharing marital status as no employees selected “prefer not to say”. • 21 staff had answered yes to the question if they had a transgender history. • There was a net gain of 568 employees over the year when comparing the number of new starts and leavers. • 869 employees had been promoted through 2025. • 18,103 staff (includes substantive, bank and locums) completed training in Turas Learn. • Actively supporting reasonable adjustments through the development of a guide for staff and managers including the introduction of a Workplace Adjustment Passport. • There were a number of staff networks including a Disability Staff Network which met for the first time in February 2026. • Routinely over 95% of women on maternity leave returned to work. • Data collection was from the Staff Engagement Form completed at the start of employment; HR systems (eESS, ePayroll, JobTrain) and learning platform (Turas Learn). Gaps in data resulted from employees choosing not to disclose information. • Leavers data is monitored to check if a protected characteristic had an impact on their reason to leave. • The Report showed NHS Grampian to be a fair and equitable employer in terms of the nine protected characteristics. The Interim Director of People and Culture thanked all those involved in the creation of the report, stating that the data painted a really positive picture. It was requested that future reports include year on year information to identify trends and include what is being done next to keep improving the situation. The Committee agreed that including trends would be helpful either in the annual report or a separate report. The Director of Marketing and Communications committed to review the inclusion of year on year and trend information and the activity that positively influences the data. The Committee asked for an update on the impact of the workplace adjustment passport. The Interim Equality and Diversity Manager responded this was work in progress with a full update included in next year’s report. The Committee commended the guide for staff and managers on reasonable adjustments which may encourage staff to come forward and disclose a disability and help staff understand what a reasonable adjustment can be, avoiding staff trying to manage/finance on their own. The Committee asked if there was any way to have a more up-to-date percentage of staff with disabilities, by recording status during employment. The Interim Equality and Diversity Manager responded that they would liaise with Occupational Health Services and any other relevant team to work through if a more realistic percentage could be indicated.	

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	The Committee asked why in Table 1: Percentage of data collected for each protection characteristic there was no information for gender reassignment and pregnancy and maternity. The Interim Equality and Diversity Manager responded that only a subset of staff could answer those questions, whereas 100% of staff could answer the other questions. The Staff Side noted the small percentage of those declaring a disability but raised whether all staff would recognise themselves having a disability such as neurodiverse staff. The Committee noted that the publication deadline had been met and endorsed the content of the Report.		
13	Whistleblowing		
	13.1	Whistleblowing 2025/26 Quarter 4 report	
		The Executive Lead for Whistleblowing referred to the 2025/26 Quarter 4 report presented to the Committee in line with the Whistleblowing Standards. The following was highlighted: • During the quarter, 11 new concerns were raised however only 1 met the criteria for whistleblowing. • Due to the number of concluded concerns during the quarter (4), only 2 concerns were open at the end of the quarter, a reduction when compared to the previous quarter. • The learning from investigations continue to inform the Whistleblowing Governance Group with a revision of the terms of reference. • A range of training and development activities underway to encourage speaking up. • In response to the action on the Whistleblowing Governance Group, the escalation had been explored with Dr Gray's and an update was in the report.	
	13.2	Whistleblowing Annual Report	
		The Executive Lead for Whistleblowing referred to the draft 5th Annual Report, presented to the Committee for consideration prior to submission to the August 2026 Board for approval. Feedback was welcomed on the format and the following was highlighted: • The report gave an overview of whistleblowing activity and describes performance against national indicators. • The work to support a culture where staff can raise concerns in the public interest. • The work to review learning from concerns. • There were clear areas of improvement needed with actions underway to address these issues, including improving processes, enhancing governance, and increasing capacity and training to support more effective and timely handling of concerns.	

Item	Subject	Action
	The Executive Lead for Whistleblowing thanked the Head of Engagement and Whistleblowing Champion for the work done. They described that optimal governance and management of whistleblowing cases and learning will come through the Whistleblowing Governance Group and the quarterly report will be an assurance report to the Committee. There would be two areas of focus. Firstly with the Speak Up Ambassadors to strength their development and ensure they are supported and connected to active organisation culture work. The second was raising awareness and uptake on training with a programme of visits to where concerns had been raised to provide oversight and support reinstated. The Committee raised the following points from the reports: • If 10 concerns raised did not meet the whistleblowing criteria, what happened to these concerns. The Head of Engagement responded that these concerns were taken to management on the employee's behalf, connecting with HR, with the employee supported as needed. • The working days to conclude cases closed in Quarter 4 did not appear to be correct. The Head of Engagement clarified that the year of conclusion was incorrect in the report, as it should have be 2026. • The implementation of learning and sustaining it was an important aspect as currently the activity was aspirational. • Low number participating in training. • More should be done to strengthen and enhance Speak Up Ambassador role and visibility in the organisation. The Head of Engagement stated that the Speak Up Ambassadors were being contacted directly by staff however there was a worry about the additional pressure on them as the role was in addition to their substantive role in NHS Grampian. Future planning to train others was required for succession planning. The Committee agreed, stating that all should be done to support them, to avoid a further reduction in numbers. • Dr Gray's update - unclear how Speak Up for Safety Champion fits together with Speak Up Ambassadors. The Head of Engagement stated that they would want to explore this too as not just a focus on safety. The Committee recalled that previous feedback had been to rethink this as it should be one process for the whole of NHS Grampian. The Staff Governance Manager stated that this had been the point of the escalation from the Committee to the Whistleblowing Governance Group in December 2025. • National Speak Up week at the end of September 2026 was an opportunity to raise the profile of speaking up and whistleblowing. • The full time Whistleblowing co-ordinator was needed to reduce the time spent responding to concerns. • KPI 3 Levels of staff perceptions, awareness and training, the listed ways of promoting a speak up culture only covered a small number of staff therefore did not read across all staff.	

Item	Subject		Action
		KPI 4 Whistleblowing performance reporting information highlighted how few staff report concerns. The Committee endorsed the 2025/26 Quarter 4 and confirmed that they were assured by the Annual report, for onward approval by the Board.	
14	Remuneration Committee 20 and 28 May 2026 agenda and assurance statement		
	Noted by the Committee.		
15	Items for Noting		
	The Committee noted the following approved minutes/report:		
	15.1	BMA Joint Negotiating Committee Minutes – 16 April 2026	
	15.2	NHS Grampian Health and Safety Committee – 13 April 2026	
	15.3	GAPF Board report – March, April and May 2026 meetings	
	15.4	Area Clinical Forum – 4 March 2026	
16	Any Other Competent Business		
	None raised		
17	Date of Next Meeting		
	Wednesday 9 September 2026 2pm to 4.30pm via Teams		