

**NHS GRAMPIAN**

Minutes of Meeting of Staff Governance Committee held  
on 4 December 2025 at 10am  
virtually by MS Teams

Board Meeting  
11.06.26  
Open Session  
Item 15.1.6.1

<b>Present</b>	Joyce Duncan	Chair
	Colette Backwell	Non-Executive Board member
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
<b>Attending</b>	Paul Bachoo	Medical Director, Acute Services
	Laura Binnie	RGU representative
	June Brown	Executive Nurse Director
	Susan Bunn	Portfolio Medical Director (for item 6)
	Caroline Clark	Chief Nurse (for item 6)
	Ian Cowe	Head of Health and Safety
	Faye Dale	Interim Head of People and Change
	Geraldine Fraser	Chief Officer, Acute Services (for items 6 and 10)
	Jane Gibson	Staff Side, Deputy for Kylie McDonnell
	Fiona Howell	Culture & Wellbeing Specialist (for item 15)
	Stuart Humphreys	Director of Marketing and Corporate Communications
	Jason Nicol	Head of Wellbeing, Culture and Development
	Philip Shipman	Interim Director of People and Culture
	Laura Skaife-Knight	Chief Executive
	Stuart Stephen	Unit Operational Manager (for item 10)
	Sue Swift	General Manager (for item 6)
	Alan Wilson	Director of Infrastructure, Sustainability and Support Services
	Diane Annand	Staff Governance Manager (notetaker)
<b>Apologies</b>	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Jamie Donaldson	Staff Side
	Gerry Lawrie	Head of Workforce
	Kylie McDonnell	Staff Side
	Jill Matthew	Head of Occupational Health Services

Item	Subject	Action
<b>1</b>	<b>Apologies</b>	
	Noted as above.	
<b>2</b>	<b>Declarations of Interest</b>	
	None raised.	

Item	Subject	Action
3	<b>Chair's Welcome and Introduction</b>	
4	<b>Minute of Meeting on 30 October 2025</b>	
	<p>The minutes were approved as an accurate record.</p> <p>The Committee asked if an update on the culture work would be provided at the next meeting, noting that the Culture Programme Board met for the first time on 12 December 2025. The Chief Executive responded that the Culture Programme Board terms of reference would be provided to the Committee at the next meeting for approval. The Committee queried that after all the discussion previously on culture workstreams and the need for change, would the Committee receive enough of an update, asking was there a step before Culture Programme Board. The Chief Executive responded that the Culture Programme Board would be the one single home for culture work, asking if use of the term “workstreams” meant individual concerns. It was clarified that it was referring to individual areas of work and whether the Committee had had a proper discussion on whether the Culture Programme Board was the solution to the concerns raised. The Chief Executive responded that there was a paper, which could be recirculated to the Committee however asked if the question for the Committee was concerning the flow from the Culture Programme Board to Committee. The Committee considered that the flow would be the same as from other groups, through the production of an assurance report.</p> <p>The Board Chair commented on the helpful point raised which was the subject of a paper coming to Board next week in relation to the distinction between Board governance, operational governance and the role of the Committee.</p> <p>The Interim Director of People and Culture confirmed that at the next meeting a detailed update of the actions of Programme Board would be given, including the terms of reference. The first meeting of the Culture Programme Board would focus on a number of commissions which were required to progress to support culture development. The Committee confirmed that they were content to receive the update at the next meeting rather than receive an update in advance.</p>	
5	<b>Matters Arising</b>	
	<p>5.1      <b>Action Log 28 August 2025</b></p> <p>The Chair asked for an update on SGC47 regarding a Corporate Services partnership forum. The Interim Director of People and Culture responded that the Corporate Directors had met as planned with the support of the Employee Director. The outcome was that each corporate director expressed a preference to have their own local partnership forum rather a combined forum. This was due to each service being discrete and unique, recognising the previous lack of traction to achieve engagement to have a combined forum. There was however recognition that there may be cross cutting</p>	

Item	Subject	Action
	<p>themes therefore each corporate directorate local partnership forum co-chairs will meet on a frequent basis to identify these. The outcome recognised both the consistencies and distinct differences of the corporate directorates. It was agreed that the action was now closed.</p> <p>For action SGC82 the date due at committee was recognised as incorrect, as it should be February 2026, not 2025.</p> <p>The Chief Executive raised whether the action noted for SGC47 in October 2023 was really the same action two years on. The Chair responded that the action had remained the same, which was now agreed was closed given the update given however reflecting on the comment, action SGC51 could be removed as it was a prompt to agenda at the appropriate date whereas it was now business as usual rather than an action. This item would be removed from the action log. The Chief Executive stated that they raised this point to put challenge in the system to consider if an action remained live after an extended period of time.</p>	
5.2	<p><b>Follow up on adverse events and whistleblowing actions being taken by Aberdeen City, Dr Gray's and Moray HSCP</b></p>	
	<p>The Chair referred to the paper which provided responses from Moray HSCP, Aberdeen City HSCP and Dr Gray's to the Committee questions unable to be answered at the meeting due to lack of time.</p> <p>The Committee appreciated the time taken to provide the information which was useful.</p> <p>The Committee commented that the response from Dr Gray's regarding the Speak Up for Safety Champion role was aspirational rather than stating they were working towards this, querying if there was any barriers to overcome to encourage speaking up in that area. Concern was expressed why existing mechanisms, such as Speak Up Ambassadors, were not being used as it appeared it was the intention to create another route. The Committee stated that areas should be encouraged to use NHS Grampian routes/tools rather than creating something else locally.</p> <p>The Committee noted that each area were acknowledging difficulty in dealing with adverse events but the extent of the backlog and for what period not known. The stats, rather than subjective analysis, on adverse events and whistleblowing would be required for the next report from these areas to understand the extent of problem.</p> <p>The Director of Infrastructure, Sustainability and Support Services stated that for the Committee's assurance the Whistleblowing Governance Group will oversee the work being undertaken in areas to see if effective.</p> <p>The Committee raised that as the majority of adverse events are clinical and are currently reviewed at the Clinical Governance Committee, further reporting should remain at that committee whilst whistleblowing would continue to be reported at this Committee.</p>	

Item	Subject	Action
	<p>The newly convened group chaired by the SRO, Integration of Acute Pathways to improve the handling of adverse events was noted.</p> <p>It was agreed that the areas highlighted should be followed up the next time these areas report to the Committee.</p>	<b>DA</b>
<b>6</b>	<b>Integrated Family Services</b>	
	<p>6.1 <b>Staff Governance Standard Assurance</b></p>	
	<p>6.2 <b>Workforce Information</b></p>	
	<p>The Chief Officer, Acute Services referred to the Integrated Family Services report. This report provided an update from the last attendance at the Committee in June 2024, highlighting the following:</p> <ul style="list-style-type: none"> <li>• iMatter response rate had increased from 51% in 2024 to 58% in 2025, with a single point of difference in the Employee Engagement Index.</li> <li>• iMatter action plan compliance has increased from 44% in 2024 to 78% in 2025, which was a huge improvement.</li> <li>• BPA culture survey – overall improvement in results especially the nursing cohort where teamwork was a strength. Education and skills development had been highlighted as a key risk and concern.</li> <li>• Bespoke culture work in Aberdeen Maternity Hospital following feedback from student midwives, which will be extended out rest to the rest of the portfolio.</li> </ul> <p>The Committee noted the overdue adverse event reviews due to constrained capacity of review team and commissioners, highlighting the newly convened group chaired by the SRO, Integration of Acute Pathways to improve the handling of adverse events. The General Manager outlined that there were 22 level 1 and 19 level 2 adverse event reviews outstanding but there required a better process as there were currently capacity issues for staff to sit on a panel. The Portfolio Medical Director stated that they were assured that level 1 reports were of high quality with learning outcomes clear. Arrangements now in place to address a weakness identified of needing to ensure that an action asked of staff had been completed within the specified timeframe.</p> <p>The Committee raised the difference in funding for training and development between non-clinical and clinical staff, with the use of charitable staff development funds only utilised for clinical staff, and how this impacts on culture. The Chief Officer, Acute Services committed to consider the feedback, confirming that one service was not more important than another.</p> <p>The Committee asked what the expected outcomes were from the culture work in Aberdeen Maternity Hospital. The Chief Officer, Acute Services outcome responded that work has been undertaken, in liaison with RGU, following feedback from student midwives</p>	

Item	Subject	Action
	<p>based on their experience whilst on work placement. An action plan had been shaped by colleagues covering, for example, civility. A key outcome was to ensure improvement, currently being tested through a survey to assess progress. The Executive Nurse Director confirmed that the action plan did have outcomes and that the concerns raised had been discussed with the Nursing and Midwifery Council, who were happy with progress. Work would continue with the students, with learning to be rolled out in the rest of the organisation. The RGU representative confirmed that RGU and NHS Grampian were working closely, identifying trends but considering individual cases.</p> <p>The Committee sought assurance that risks were being managed and mitigations were in place for the current working environment in Aberdeen Maternity Hospital. The Chief Officer, Acute Services responded that support was being provided to staff regarding the working environment in Aberdeen Maternity Hospital and for some it was challenging to accept the delay in occupying the Baird Family Hospital. The General Manager stated that there was recognition that the current build had a negative impact on wellbeing and culture and some elements of the build were unsafe for some practice. In reviewing the workforce for the move to the new build, the shortfall in current staffing had been highlighted. Staff were currently working under exceptional circumstances to achieve high standards of care, and the stress teams were working with was recognised. The Committee expressed concern on the impact on patients and staff from the physical environment and that they were not assured by the action being taken.</p> <p>The Director of Infrastructure, Sustainability and Support Services raised the low compliance with the infection prevention and control training module when there were known risks with the current build, stating that the training should have been prioritised. The Portfolio Medical Director responded that there was a significant challenge in NNU and infection control issues were being managed. Actions to mitigate risks had been discussed, assisted by Estates, however due to the existing environmental and estates issues safe working environments could not be completely assured. The Director of Infrastructure, Sustainability and Support Services agreed with the comments about the current working environment however challenged that as this was known why was there low training compliance, as this could have implications if there was an incident. Assurance was sought on how compliance could be increased as currently changes to the working environment were limited. The Portfolio Medical Director recognised the low compliance but the staff were pressurised regarding workload. Individuals were being supported to become compliant, with a review to ensure training done. The Committee stated that low statutory and mandatory training compliance were frequently raised and what action could be taken to break the cycle, as the organisation was culpable.</p> <p>A member of the Committee, also the Vice Chair of NHS Grampian Charity, advised anyone can apply for charity funding within the</p>	

Item	Subject	Action
	<p>rules such as demonstrating patient benefit. The Charity Lead could be contacted to check if an application met the rules.</p> <p>The Committee highlighted that the report said there was reasonable engagement but there were no numbers of staff included to provide context. This was important because if only communicating this was a one way cascade of information with no ability to know if the information was being read. There was a difference between cascading and engagement and it was important to consider how to obtain feedback. The Chief Officer, Acute Services Engagement responded that an example of good engagement was the implementation of Magnet and staff ideas but acknowledged the requirement to have more evidence. The challenge of cascading information was currently being reviewed, considering different ways to suit different preferences.</p> <p>The Committee raised how time could be freed up so appraisal and training can be undertaken. The General Manager stated that staff needed the time and workforce available to undertake appraisal and training and within RACH Magnet had been the catalyst for it to happen more. The time was required in the work day as did not want staff to feel they had to do it at home. The General Manager took responsibility to discuss with the leadership team how to make training and appraisal a priority.</p> <p>The Committee acknowledged the good engagement with iMatter action planning asking what had changed to achieve the improvement. The Chief Officer, Acute Services responded that the main reason for the increase in action plans was likely from the engagement with Magnet. The General Manager stated their agreement with the Committee observations, acknowledging that more assurance was needed from data captured in service which can be addressed with time. Magnet did have a positive impact on the participation in iMatter however it was now important to ensure the action plans were met, so staff felt they had been heard and views acted on. It was recognised that it was key that communication was a two way process and was more than the written word. The General Manager took personal responsibility to ensure communication was better in the context that everyone is time limited but short cuts cannot be taken as it can lead to misunderstanding.</p> <p>The Interim Director of People and Culture confirmed that there was limited opportunity to streamline statutory and mandatory training as from 1 March 2026 there would be nine modules available nationally. Locally there was the opportunity to reduce time by undertaking a competency assessment at the start of an eLearning which if passed meant the training in its entirety did not have to be undertaken.</p> <p>The Chief Officer, Acute Services referred to the new governance arrangements which would ensure challenge on the handling of for example complaints and adverse events.</p>	

Item	Subject	Action
	<p>The General Manager offered assurance that the short failings had been recognised and the Committee’s constructive criticism was accepted. A plan would be devised for the Chief Officer, Acute Services to approve.</p> <p>The Committee gave thanks for all the responses, stating the pressures were recognised however the feedback should not be taken as criticism rather it was provided as there was concern given patient and staff safety should be paramount, which the Committee knew the service was aware of. A way forward was required to be found as there was a legal requirement in cases.</p> <p>The Chief Executive outlined an example of positive assurance regarding culture as they had spent time in Neonatal Unit speaking to staff, where they mentioned the positive impact of the culture work. This included civility which had made staff think about how speak to each other, which was the difference from before and shifting team dynamics. Therefore credit should be given to the team for the result of the targeted work.</p> <p>The Committee noted that although encouraged regarding the work on culture, the other work required to be done reinforced the concerns obtained when reading the report.</p> <p>The Committee asked for a view on the INWO report feedback that staff did not feel they had been treated respectfully. The Chief Officer, Acute Services responded that the whistleblowing concern raised by fertility services was not upheld after an investigation. However the INWO upheld the complaint as they considered the investigation focussed on managers and did not involve enough staff. Staff felt they were not able to speak up as they were not confident in the support they would receive in the workplace. Subsequently there was an anonymous survey on what was needed to change the culture and a resultant action plan shaped by the staff and learning on how the investigation had been handled. The INWO was satisfied with the action taken. The Whistleblowing Champion stated that the Whistleblowing Governance Group will have oversight of the implementation of learning outcomes.</p> <p>The Committee were partially assured pending the additional information from the team on the concerns raised. Escalation was not required to another Board committee or the Board.</p> <p>The Chair stated that they would review if the current assurance report, which was becoming more in-depth and time consuming to review, remained the most effective and efficient way for the Committee to obtain assurance.</p>	<p>DA</p> <p>JD/PS/ DA</p>
<b>7</b>	<b>NHS Scotland Staff Governance Standard 2024-2025: Assurance of Compliance</b>	
	The Interim Director of People and Culture referred to the distributed draft return to the Scottish Government for the Committee to review and scrutinise the information and confirm it provides assurance that it adequately	

Item	Subject	Action
	<p>describes the position in NHS Grampian. As the method to obtain the Retire and Return data was in transition the data had been obtained from two systems (e:ESS and HR Service Centre) and both dataset's were presented to the Committee.</p> <p>The Committee welcomed the partnership approach to the reduced working week being recorded as a success for 2024/25. The Interim Director of People and Culture stated that the strength of partnership working in NHS Grampian had been raised with the Cabinet Secretary at the annual review. The benefit of the close working relationship was reality and was evident in, for example, the joint Area Clinical Forum/Grampian Area Partnership Form discussions. The Committee acknowledged the transitional period on the Retire and Return data, supporting the inclusion of both datasets.</p> <p>The Committee asked why NHS Grampian did not have an action plan and would there be any advantage to having one. The Staff Governance Manager explained that previously there had been an action plan devised by portfolios/directorates at an annual Staff Governance workshop but as it became unwieldy it ceased and the Committee changed to having portfolios/directorates attending the meetings. The Committee felt there may be learning from the areas who did have an action plan, as if used effectively it could reduce the time spent. The Employee Director responded that the Scottish Government reference to an action plan was historic as NHS Grampian was not the only area to not have an action plan, therefore would not anticipate significant learning. The Chair stated that they were not aware of the use of action plans for monitoring purposes.</p> <p>The Committee approved the return for submission by the 17 December 2025 deadline.</p>	<p><b>DA</b></p>
<b>8</b>	<b>Oversight group flash reports</b>	
	<ul style="list-style-type: none"> <li>• Health, Safety &amp; Wellbeing</li> <li>• Colleagues and Culture (disbanded at the 3 November 2025 meetings)</li> </ul>	
	<p>The Interim Director of People and Culture referred to the Health, Safety and Wellbeing flash report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Committee renamed NHS Grampian Health &amp; Safety Committee. Wellbeing will be governed via the Colleagues and Culture governance route only thus avoiding any duplication.</li> <li>• Meetings to focus on adherence to statutory obligations through compliance with UK H&amp;S legislation/topics enforced by the Health and Safety Executive.</li> <li>• Focus on gap analysis in order to provide the necessary assurance on the adherence to legislation. They were concerned on their inability to provide assurance given they were the executive lead for health and safety but was unable to speak to why there were gaps historically.</li> <li>• A more comprehensive update will be provided at the next meeting regarding the gap analysis work and a revised terms of reference.</li> </ul>	

Item	Subject	Action
	<p>The Committee highlighted the 68% compliance rate for managers undertaking the mandatory H&amp;S toolkit for managers programme and that improvement could be achieved by senior managers leading by example.</p> <p>The Interim Director of People and Culture clarified for the Committee that there was a tendency for members not to send a deputy when not attending the Health &amp; Safety Committee. The terms of reference were being amended to reflect the need for deputies. The Committee stated that this reflected a culture that areas just not attending.</p> <p>If accepted that the situation was as described by the Interim Director of People and Culture, the Committee was appalled there was no focus on health &amp; safety given its importance and considered it a major concern. The report did not say who had corporate responsibility for H&amp;S. The Interim Director of People and Culture stated that their view was that it was insufficient focus rather than no focus and confirmed the accountable officer responsible for health &amp; safety breaches was the Chief Executive. Other amendments to the terms of reference was adding that the NHS Grampian Health &amp; Safety Committee directly reported to the Chief Executive Team, to ensure that the Chief Executive Team understood the gaps and the focus on the adherence to legislation to close the gaps. The Chief Executive stated that creating a line of sight to the Chief Executive Team was part of a suite of changes to strengthen operational governance, of which the Board will be briefed in the new year.</p> <p>The Committee endorsed that risk assessment should be a priority for Portfolio/HSCP H&amp;S Committees.</p> <p>The Committee was assured by the work underway. Escalation was not required to another Board committee or the Board.</p>	
<b>9</b>	<b>Deteriorating Workforce Engagement (Risk 3125)</b>	
	<p>The Chair informed that a number of actions were being taken forward after discussion at the Chief Executive Team, therefore the item had been deferred to the February 2026 meeting.</p>	
<b>10</b>	<p><b>Unscheduled Care (Risk 3639)</b> <b>Planned Care (Risk 3065)</b></p>	
	<p>The Chief Officer, Acute Services outlined that the Unscheduled Care strategic risk had been to the 25 November 2025 Clinical Governance Committee with a focus on patients. The report presented to the Committee had a focus from a staff governance perspective and the Chief Officer, Acute Services highlighted the following:</p> <ul style="list-style-type: none"> <li>• It was recognised that whilst the impact of the pressure manifests in emergency services, urgent and unscheduled care services the mitigation and solutions to address the strategic risk was a whole system responsibility.</li> <li>• The focus on support to staff.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• The change to reporting arrangements which had received positive feedback.</li> <li>• Capacity pressures to manage day to day business as usual due to responding to concerns and escalation to manage flow, which is heightened in winter months.</li> <li>• Government funding had been received to increase capacity to deliver the Unscheduled Care Implementation Plan which has enabled a lot of activity across workstreams and elements of plan to move to green status. There was confidence it was the right plan with the right people around it.</li> <li>• Temporary funding for 12 months includes a full time site director for ARI (emergency and urgent care pathway); a part time Deputy Medical Director; a part time General Practitioner to join Unscheduled Care Team one day a week; and backfill for clinical time of Senior Charge Nurses to focus on flow and implement for example earlier release.</li> </ul> <p><i>The Head of Wellbeing, Culture and Development joined the meeting</i></p> <p>The Committee welcomed the new roles, commenting that they were more likely to succeed if staff governance principles were in place. Assurance was sought that work was being done now in preparation to help achieve success. The Chief Officer, Acute Services would not expect one person to make all the changes as the need to take colleagues on the journey was recognised, including how to empower teams to take forward own implementation. It was important that during the work being done the Staff Governance Standard was highlighted all the time.</p> <p><i>The RGU Representative and the Executive Nurse Director left the meeting</i></p> <p>The Committee highlighted the risk ratings for example the risk to staff due to increase in V&amp;A incidences and corridor care (which had occurred since the pandemic), all of which have an impact such as morale injury on staff and patients. The Chief Officer, Acute Services responded that the risk rating V&amp;A incidences may not be right in the report whilst corridor care was under the deterioration of care strategic risk however the connection was recognised however acknowledged it should not be the norm. There was a plan to reduce hospital occupancy which would in turn help to reduce corridor care.</p> <p>It was clarified that a 9 day working week was a 9 day fortnight, implemented due to the excessive hours being worked by operational teams but which also assists with the implementation of the reduced working week. This working pattern had been well received by staff but some excess hours were still occurring.</p> <p>The Employee Director stated that it felt Staff Side were not involved in Unscheduled Care. The Chief Officer, Acute Services stated there was an expectation for immediate improvement and involvement. Decision packs to be provided to teams to enable them to make decisions.</p> <p>The Committee confirmed that they were partly assured due to the points raised and the mitigation offered. Escalation was not required to another Board committee or the Board.</p>	

Item	Subject	Action
	The Chair informed that the report on the Planned Care strategic risks was not available.	
11	<b>Agenda for Change Reform Programme flash report</b>	
	<p>The Interim Director of People and Culture referred to the flash report highlighting the following:</p> <ul style="list-style-type: none"> <li>• The Reduced Working Week – the process, through a MS Form, for services to submit outlining which of the options was to be used to make the reduction and whether backfill was needed to make that happen was operational with a return required from all 1,097 rosters. 90% of submissions had been received by the deadline of 30 November 2025, with plans in place to reach 100% in order to know the full extent of backfill requirements. From the submissions to date approximately half had outlined the need for backfill but a clearer picture would be obtained after the submissions had been reviewed by the backfill scrutiny panel. The Committee expressed concerns that there had only been a 90% return rate by the deadline, commenting that it was assumed the remaining rosters would have challenges to make the reduction. Assurance was sought that there would be a 100% response rate to ensure the necessary work was undertaken in advance of the 1 April 2026 implementation date. The Interim Director of People and Culture responded that they were not able to give absolute assurance given the current gap however work was underway to reach 100%. A number of the submissions did not contain the full roster name and number and these were being cross-checked, which will identify the staff not covered by the submissions. The informal feedback was that for the outstanding rosters it may not be challenging to make the reduction as in some cases it was a one person roster, with the assumption being made that they had been covered by another submission. This work was being supported by nursing colleagues.</li> <li>• Band 5 review – there had been 996 hits on the portal resulting in 475 submissions, for which there were outcomes for 68. 56 had been upgraded to a Band 6, approximately 75%, which was consistent with the picture across NHS Scotland. Currently ways to increase the throughput and encourage those who have accessed the portal to submit were being identified. The Director of Infrastructure, Sustainability and Support Services raised the reference to staff feeling pressurised not to apply at the Annual Review, asking if this was the position in NHS Grampian. The Interim Director of People and Culture responded that a gap analysis to identify services from which there have been low numbers of submissions was being undertaken to help target support. Support will be provided to the Trade Union representative who raised this at the annual review as they are a member of the local implementation group.</li> <li>• Protected learning time – 9 core modules confirmed for national implementation in March 2026, with work ongoing to agree job family and job specific training.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• Business systems – the work to adapt national systems was almost complete. The 30 November 2025 deadline for the reduced working week submissions was to allow time to update rosters.</li> <li>• Finance – supporting multi-disciplinary panels scrutinising backfill requests.</li> </ul>	
12	<b>Update on Whistleblowing action plan</b>	
	<p>The Director of Infrastructure, Sustainability and Support Services referred to the distributed paper highlighting the following:</p> <ul style="list-style-type: none"> <li>• The Whistleblowing Coordinator post should be recruited to in January 2026.</li> <li>• The Whistleblowing Governance Group had met for the first time on 27 November 2025 with the terms of reference being signed off shortly with 2026 dates in the diary. The terms of reference includes ensuring learning from concerns are discussed and shared as appropriate.</li> <li>• Executive Leads and Chief Officers will take overall responsibility for concerns raised in their area and be responsible for ensuring any actions agreed to are fully implemented.</li> </ul> <p>The Whistleblowing Champion stated that the Whistleblowing Governance Group had been a positive step, allowing time to focus on priorities and ensure actions are being carried out, providing support as required to the Executive Leads and Chief Officers. The inclusion in the terms of reference of deputies of sufficient seniority was being discussed.</p> <p>The Committee asked if the terms of reference included where an emerging pattern would be taken. The Director of Infrastructure, Sustainability and Support Services responded that as executive lead for whistleblowing it was their responsibility to take to the Chief Executive Team.</p> <p>The Director of Infrastructure, Sustainability and Support Services agreed to take on board the Committee comment that the terms of reference required to be explicit with regard to lessons learned and how it connected to the wider work on culture.</p> <p>The Chief Executive thanked the Director of Infrastructure, Sustainability and Support Services and colleagues for this welcome development, suggesting a session on whistleblowing for Executive Leads and Chief Officers. The session would assist in taking ownership of the actions and could cover introduction to whistleblowing and expectations.</p> <p>The Committee raised clarity of reporting to this committee. The Director of Infrastructure, Sustainability and Support Services responded that this had been missed from the paper and he would discuss outwith the meeting with the Chair as to the frequency and content of reporting. The Chief Executive asked that reporting be incorporated into the Culture Board reporting, rather than being done in isolation. The Employee Director commented whether there should be partnership involvement in the Whistleblowing and Governance Group.</p>	

Item	Subject	Action
	The Committee was assured by the report. Escalation was not required to another Board committee or the Board.	
<b>13</b>	<b>Update on NHS Grampian’s response to the new sexual harassment legislation</b>	
	<p>The Interim Director of People and Culture referred to the distributed paper, explaining that a new duty was introduced in October 2024 under the Equality Act 2010 which requires employers to take reasonable steps to prevent sexual harassment of their employees. The NHS Scotland Sexual Harassment Guide, part of the Programme of NHS Scotland Workforce Policies, published in August 2025 did not include provisions on preventive steps as had been anticipated therefore a draft commission was being proposed for approval at the first Culture Programme Board to ensure compliance with the legislation.</p> <p><i>The Head of Health and Safety left the meeting.</i></p> <p>The Committee commented that the commission should be widened to ensure that it covered an employee wherever they are working, including at home or walking to their car. The Interim Director of People and Change responded that it was not the intention of the commission to be narrow in its coverage.</p> <p>The Committee stated that it would be helpful to understand the current position of the organisation in terms of the number of complaints and whether it was the intention for the commission to cover if there was sexual harassment of a patient. The Interim Director of People and Culture responded that there was data available from the HR Team Case Management System.</p> <p>The Chief Executive asked for consideration of the use of an alternative word to commission as the work outlined was more of an action plan and specific pieces of work and when the sign off of a Board committee was required.</p> <p>The Committee was assured if the responses were sufficiently wide to cover staff and patients, and endorsed the direction of travel and proposed actions, with a future update incorporated in the reporting from the Culture Programme Board. Escalation was not required to another Board committee or the Board.</p>	
<b>14</b>	<b>Update on the Equality, Diversity and Inclusion plan</b>	
	<p>The Director of Marketing and Communications referred to the distributed paper which gave an update on work undertaken to ensure Equality, Diversity and Inclusion (EDI) activity and practice is embedded, monitored and reported within NHS Grampian. EDI was one pillar of the work being overseen by the Culture Programme Board, incorporating fostering inclusive workplaces, addressing systemic inequalities, improving representation, and ensuring compliance with the Public Sector Equality Duty. It was envisaged that integrating EDI in this way was the vehicle to embed the work.</p> <p>The Interim Director of People and Culture stated that EDI behaviours expected of managers formed part of the Focus on Fundamentals model, another pillar of the Culture Programme Board.</p>	

Item	Subject	Action
	<p>The Committee corrected the description that NHS Grampian was the first antiracist Health Board, rather NHS Grampian was the first Health Board to have an antiracism strategy.</p> <p>The Committee highlighted that the work of the Board had been previously omitted but was now stated in the Antiracism update.</p> <p>The Committee stated that it was difficult to obtain a neurodiversity assessment and it was not a protected characteristic, therefore NHS Grampian should embrace ensuring that the best person comes to work.</p> <p>The Director of Marketing and Communications acknowledged the Committee comments, commenting that although activity undertaken meant the Board was legally compliant with regard to reporting, there was more that could be done to ensure appropriate behaviours were embedded.</p> <p>The Chief Executive stated that the Committee should be assured that all statutory duties had been completed however there required metrics to measure the impact of the interventions, to ensure the experience of all was improved. The Committee agreed that some of the outcomes did not detail how success would be measured.</p> <p>The Committee was assured by the progress to date. Escalation was not required to another Board committee or the Board.</p>	
<b>15</b>	<b>iMatter 2025 – NHS Grampian analysis and comparison with NHSScotland</b>	
	<p>The Interim Director of People and Culture referred to the distributed report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• NHS Grampian 2025 response rate higher than the NHS Scotland national average (2 percentage points).</li> <li>• NHS Grampian 2025 EEI lower than the NHS Scotland national average (one percentage points).</li> <li>• NHS Grampian 2025 action planning higher than the NHS Scotland national average (2 percentage points).</li> <li>• There was no change to the response to the question “I feel my direct line manager cares about my health and well-being” whilst the most evident decrease of the score (3 points to 70) was for the question “I feel my organisation cares about my health and wellbeing”.</li> <li>• Based on the analysis of the iMatter 2025 data the following has been prioritised to improve and enhance employee engagement: <ul style="list-style-type: none"> <li>• Adopting a different approach to Board visibility, presence, listening to staff and staying connected to the front line and what matters to people.</li> <li>• Prioritising, via the organisational Culture Programme three improvements staff clearly want to see: leadership investment/development, staff health and wellbeing and equality.</li> <li>• Ensuring how decisions are made in the organisation and who is involved in decision-making is clear and that there is transparency of decision-making, with meaningful staff involvement in decisions that affect them.</li> </ul> </li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• A renewed focus on ensuring all staff receive an annual appraisal and that statutory and mandatory training is prioritised and rates improved in both of these vital areas.</li> <li>• Further strengthen the iMatter action planning cycle by focusing on evidence teams and services are acting on feedback and making meaningful changes.</li> </ul> <p>The Committee raised what appeared to be discrepancies between the Board level iMatter data and that presented by portfolios/directorates in their Staff Governance Standard assurance report, which may mean the committee was not being informed of the true picture. The Interim Director of People and Culture suggested that a detailed breakdown of iMatter data could be presented in future by the portfolios/directorates. The Committee agreed that this would bridge the gap of data being provided.</p> <p>The Committee highlighted that the response to the question “I would be happy for a friend or relative to access services within my organisation” had declined, acknowledging that this might have been expected in the year that NHS Grampian had been escalated to level 4 of the NHS Scotland Support and Intervention Framework, given NHS Grampian staff are members of the public and thus may reflect public opinion.</p> <p><i>The Chief Executive left the meeting.</i></p> <p>The Interim Director of People and Culture stated that it was important to focus on the successes and where there was the need to improve further.</p> <p>The Committee was assured by the report. Escalation was not required to another Board committee or the Board.</p>	
<b>16</b>	<b>Items for Noting</b>	
	The Committee noted the following approved minutes/report:	
16.1	BMA Joint Negotiating Committee Minutes – 10 September 2025	
16.2	Occupational Health, Wellbeing and Safety Committee – 7 August 2025	
16.3	GAPF Board report – no new report available	
16.4	Area Clinical Forum – 3 September 2025	
<b>17</b>	<b>Any Other Competent Business</b>	
	None raised	
<b>18</b>	<b>Date of Next Meeting</b>	
	Wednesday 18 February 2026 1.30pm to 4pm via Teams	