

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 18 February 2026 at 12.30pm
virtually by MS Teams

Board Meeting
11.06.26
Open Session
Item 15.1.6.2

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| Present | 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 |
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| Attending | Louise Ballantyne | Head of Engagement (for item 10) |
| | June Brown | Executive Nurse Director |
| | Ian Cowe | Head of Health and Safety |
| | Faye Dale | Interim Head of People and Change |
| | Jamie Donaldson | Staff Side |
| | Keith Grant | Partnership Representative (for item 6.1 and 6.2) |
| | Gerry Lawrie | Head of Workforce |
| | Kevin Leslie | Senior Public Health Practitioner (for item 6.1 and 6.2) |
| | Jill Matthew | Head of Occupational Health Services |
| | Kylie McDonnell | Staff Side |
| | Colin McNulty | Senior Nurse Manager (for item 7.1) |
| | Jason Nicol | Head of Wellbeing, Culture and Development |
| | Philip Shipman | Interim Director of People and Culture |
| | Laura Skaife-Knight | Chief Executive |
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| | Diane Annand | Staff Governance Manager (notetaker) |
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| Apologies | Mohamed S. Abdel-Fattah | Aberdeen University representative |
| | Paul Bachoo | Medical Director, Acute Services |
| | Laura Binnie | RGU representative |
| | Alan Wilson | Director of Infrastructure, Sustainability and Support Services |

| Item | Subject | Action |
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| 1 | Apologies | |
| | Noted as above. | |
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| 2 | Declarations of Interest | |
| | None raised. | |
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| 3 | Chair's Welcome and Introduction | |
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| 4 | Minute of Meeting on 4 December 2025 | |
| | <p>The minutes were not approved as an accurate record.</p> <p>The Committee gave an example of a typo in the minute of respectively rather than respectably, suggesting it would be good to proof read the minute before publishing.</p> <p>The Committee highlighted item 8 and the lengthy health and safety discussion and in particular whether the following was accurate “The Interim Director of People and Culture clarified that it was insufficient focus rather than no focus and the accountable officer responsible for health & safety breaches was the Chief Executive.” The Staff Governance Manager responded that they had spent time ensuring that the minuted account of the discussion was accurate. The Interim Director of People and Culture had responded to the Committee’s interpretation of the update provided, clarifying that there had been insufficient focus rather than no focus on health and safety and had given the answer to a question from the Committee on who the accountable officer was. The Staff Governance Manager asked what was incorrect. The Committee responded that it was the context as the discussion had been regarding the importance of health and safety; that accountability sat with the Chief Executive and give the topic the focus it deserves.</p> <p>The minute was agreed to be amended and would be approved at the 29 April 2026 meeting.</p> | DA |
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| | Minuted in the order agenda items taken | |
| 5 | Matters Arising | |
| 5.1 | <p>Action Log 5 December 2025</p> <p>The Chair referred to the distributed action log.</p> <p>The Committee asked for more detailed entries in the action log reflecting the minute.</p> <p>The Committee stated that a request to amend the minute had been made to explain why the Committee had been partially assured for agenda item 10. All Committee members were reminded when stating partial assurance this should be accompanied with a rationale.</p> <p>The Chair stated that the Head of Engagement would give a verbal update to action SGC80 when presenting the quarterly report. The Whistleblowing Champion asked for more clarification. The Staff Governance Manager stated that the Head of Engagement had said that a discussion somewhere was necessary about training and a communication plan on how the whistleblowing processes and the Speak Up culture is promoted. The Staff Governance Manager had offered the view to the Head of Engagement that this should be discussed at the Whistleblowing Governance Group.</p> | |

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| 5.2 | Escalation follow up | | |
| | <p>The Chair gave the following update:</p> <ul style="list-style-type: none"> • Integrated Family Services are returning at the 29 April 2026 meeting to give an update on the areas of concern the Committee had. The Staff Governance Manager had emailed the Chief Officer Acute Services requesting an update under the headings of adverse events; funding for training and development; culture work; current working environment in Aberdeen Maternity Hospital; training and appraisal; engagement; communication and recognition of short failings. • Whistleblowing – the Staff Governance Manager had emailed Alan Wilson with a formal escalation from the Committee in relation to the concern regarding the additional information provided by Hospital General Manager, Dr Gray’s on whistleblowing. The Whistleblowing Governance Group had been asked to follow up on this and include the outcome in the report being prepared for the 29 April 2026 meeting. The Whistleblowing Champion asked if the Whistleblowing Governance Group was clear on the request. The Staff Governance Manager explained that she had emailed Alan Wilson copying in the Whistleblowing Champion with the frequency of reporting from the Whistleblowing Governance Group to the Committee and with the following “The second matter discussed was a formal escalation from the Committee to the Whistleblowing Governance Group in relation to the concern regarding the additional information provided by Dr Gray’s on whistleblowing. As the Committee was not assured, at the December meeting, can the Whistleblowing Governance Group follow up with them on this, in particular on the work they plan to do on speak up for safety. The outcome of this follow up should then be included in the report being prepared for the 29 April meeting.” | | |
| 5.3 | 2026/27 Forward planner | | |
| | <p>The Chair informed that a forward planner had been created for 2026/27, the same as previous years, used to keep track of which topics come to which Committee meeting. The Board Chair stated that the column for suggesting areas for Non-Executive Board Members to visit should be populated. The Staff Governance Manager queried this as no format for a forward planner had been shared with such an ask of the Committee. It was agreed the Staff Governance Manager would contact the Board Secretary.</p> | | DA |
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| 6 | Public Health | | |
| 6.1 | Staff Governance Standard Assurance | | |

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| | 6.2 | Workforce Information | |
| | | <p>The Senior Public Health Practitioner referred to the Public Health report and informed that he and Mr Keith Grant, Partnership Representative also present were the co-chairs of the Public Health local partnership forum. This report provided an update from the last attendance at the Committee in August 2024, highlighting the following:</p> <ul style="list-style-type: none"> • The iMatter survey results indicated a highly engaged workforce with strong local leadership and a positive team culture; teams feel well supported by their line manager; and communication was deemed very good for example by having a newsletter. • Although there had been improvement in statutory and mandatory training compliance there was work to be done to achieve full compliance. • The partnership group have put together a survey that will go out across the directorate with a focus on statutory and mandatory training, asking staff about their experiences with completing training and what barriers there might be to this as well as ways in which those barriers can be overcome. It is hoped that this will give information that will help to support staff and teams to make the process of completing training easier. • The partnership group was in its infancy, with further work to be done to add more robust items on the agenda and for staff to realise the benefits of having the group. The Partnership Representative added that work was required to develop the understanding of the difference between a partnership group and a team brief and to develop participation of those attending. The Senior Public Health Practitioner agreed that the Directorate was on a learning curve with operating the group and educating on the Staff Governance Standard. There had been a focus on compliance with statutory and mandatory training and appraisal along with clarifying how data is collated in Turas. <p>The Committee asked what action was being taken to improve the performance in the compliance with mandatory training as there were some modules, such as Infection Prevention and Control module, at an exceptionally low level. The Senior Public Health Practitioner responded that action was being taken through the line manager, followed by the survey to obtain more information. Capacity issues did arise often therefore there was a reminder about protected learning time at team discussions. The compliance rate for Infection Prevention and Control module may be due to the small number of staff eligible to undertake it as there had been discussions about how Turas extract data, which may affect the rate. The survey would help understand other barriers as there were teams less compliant than others.</p> | |

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| | <p>The Committee highlighted the work to capture learning needs with a working group, a survey and focus groups, asking what were these steps achieving that could not be obtained from undertaking the personal development plan part of the appraisal process. The Senior Public Health Practitioner responded that from analysing the survey outcomes, the focus groups had been run with lower banded staff whilst the learning and development group were focusing on the training needs for staff to be able to do their roles.</p> <p>The Committee raised the assessment of the loss of organisational confidence from the iMatter results, asking if reasons were known and was there anything the directorate was able to do to improve this. The Senior Public Health Practitioner responded that the reason was related to the ongoing concerns over a number of years regarding the financial pressures, and that this was a cycle with no change. The section of the iMatter results related to the organisation were the lowest scores in the report with more positive discussion regarding the Public Health directorate.</p> <p>The Committee highlighted the information distributed to raise awareness of Speak Up Ambassadors and whistleblowing, asking the outcomes of doing so and was anything in place to measure the outcome. The Senior Public Health Practitioner responded that staff are directed to the information on the intranet but he was not aware of any whistleblowing in Public Health. This would continue to be an area that staff would be made aware of the services available and of their benefit.</p> <p>The Committee was impressed by the range of training opportunities noting many were related to professional functions, asking if there was any friction/effect on culture in how staff work together. The Senior Public Health Practitioner responded that the information about barriers from the learning and development survey would help promote to others going forward.</p> <p>The Committee highlighted the delays in closing adverse events as there was no one identified to be the final approver, raising that this could have an impact on staff wellbeing. The Senior Public Health Practitioner responded that this had been discussed with the Datix team and work was underway to ensure there was sufficient approvers in the directorate. The Committee gave thanks for the assurance given.</p> <p>The Committee noted there was a lot to commend and share in the report.</p> <p>The Committee raised concern with the use of the word “crisis” when describing the lack of confidence in the wider organisation, asking what the Director of Public Health was going to do to improve this, as it could not be left to other directors and the Non-Executive Board Members. The Senior Public Health Practitioner responded that perhaps it was not a crisis however it was a consistent outcome, acknowledged not just in the Public Health directorate. The results may improve at the next iMatter survey with initiatives such as the really helpful Ask Laura to inform staff what was going</p> | |

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| | <p>on and the increased communication in the organisation. The Senior Public Health Practitioner clarified that the effect so far was the anecdotal feedback that leadership was more visible with channels established for staff to know what was happening, such as recordings of staff communication events and Board meetings being helpful, with staff encouraged to watch these.</p> <p>The Committee highlighted the high sickness absence in Health Protection, asking why this was the case and if anything could be done about it. The Senior Public Health Practitioner responded that one team member had been on long term sick leave and in a small team this was enough to show a higher absence percentage.</p> <p>The Head of Wellbeing, Culture and Development asked that in the future a directorate should report the level of change in an outcome by stating the information from the previous report as this shows whether there has been improvement or not.</p> <p><i>The Chief Executive left the meeting.</i></p> <p>The Chief Executive made a comment in the Teams chat of “my comment is that there is a lot of great practice here and features of a well-led directorate that we would wish to see replicated in more services. As part of our leadership programme I would like to understand how we can buddy higher performing services re: staff engagement/satisfaction with lower performing areas - so we can spread more of this good practice across the organisation”.</p> <p>The Head of Wellbeing, Culture and Development highlighted the Commitment to Culture toolkit which could be a useful tool to help teams understand their current position and what they want to change to.</p> <p>The Staff Side highlighted the high percentage of unknown causes of absence, asking for assurance that return to work meetings were occurring, otherwise referral for help may be missed. The Senior Public Health Practitioner confirmed that return to work meetings were occurring and the reasons for using the unknown cause category may be due to the staff member not wanting to record their reason for the absence.</p> <p>The Partnership Representative commented that the discussion with the Committee had been really useful which would be helpful in the evolving work with the local partnership forum.</p> <p>The Committee were assured. Escalation was not required to another Board Committee or the Board. In the next report updates were requested on raising awareness of Speak Up Ambassadors and Whistleblowing; trends and data regarding appraisal and training; culture work; and how the directorate had shared with others things they were doing well.</p> | |
| 7 | Sub-group reports | |
| | 7.2 Culture (<i>every meeting</i>) | |

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| | <p>The Interim Director of People and Culture referred to the distributed document, used to update the Assurance Board two weeks ago and was hoped to be considered an acceptable update to the Committee. The following was highlighted from the update:</p> <ul style="list-style-type: none"> • Progress with setting up the Culture Programme Board: <ul style="list-style-type: none"> • Approval obtained from Chief Executive Team and Staff Governance Committee. • Agreement from Colleagues and Culture Oversight Group to disband and replace with Programme Board. • Agreement from Occupational Health Safety and Wellbeing Committee to update their Terms of Reference to move wellbeing components from Occupational Health Safety & Wellbeing Committee to the wellbeing, recognition and reward pillar, and converting to a Health & Safety Committee focussed solely on NHS Grampian's statutory responsibilities. • Developed a Terms of Reference for the Programme Board. • Developed initial projects for each of the three pillars (equality, diversity and inclusion; leadership and management; wellbeing, recognition and reward). • Terms of Reference for each of the projects under the three pillars to be developed. • KPIs/measures of success for the Programme Board and the three pillars to be developed. • Key projects: <ul style="list-style-type: none"> • Deliver the "Focus on Fundamentals" approach to leadership and management development. • Stocktake current Wellbeing, Culture and Development activity and governance structures. • Ensure NHS Grampian facilities are accessible and recognise the needs of a variety of people including transgender people. • Ensure NHS Grampian has taken reasonable steps to prevent sexual harassment. • Provide support to managers and trade union representatives to support staff with suicidal ideation. • Assume responsibility for Storage and Spaces for Breaks project from GAPF. <p>The Head of Wellbeing, Culture and Development informed of national work being undertaken by a Nursing and Midwifery Task Force who were gathering from Health Board's information regarding their improving culture work.</p> <p>The Committee stated that the information provided was a good summary of key projects but highlighted that it did not specify when or how outcomes would be presented to the Committee. The Interim Director of People and Culture responded that each of the three pillars had been asked for project plans, supported by a Programme Manager from 9 March 2026, which will assist with</p> | |

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| | <p>pace. The Committee was assured this was in hand but would need to know the timescale of taking to the Programme Board for complete assurance. The Interim Director of People and Culture responded that there was a balance between pace and the importance of the issue.</p> <p>The Committee stated that as the update lacked detail, it was impossible to see if outcomes will be achieved. The Interim Director of People and Culture responded that the Programme Board had only met twice but a huge amount of work had been done over that two meetings. The three established pillars had also only met once or twice. The Interim Director of People and Culture stated that to stand up new arrangements did take a reasonable period of time, asking the Committee to think of the work done at this stage rather than detail as the update provided was the brief update provided to the Assurance Board.</p> <p>The Committee highlighted the use of the term “middle manager” asking who is that group staff and why are they singled out, commenting that leadership is from the top to bottom of the organisation. The Chair stated that as they used that term it may have come from their use, as a way to clarify the group between senior management team and on the ground staff, who may not receive appropriate training. That group of managers receive pressure from the layers above and below them. The Committee agreed that culture comes from the top but if that was not reaching the middle layer then something was wrong at the top and the issues cannot be laid at the feet of that layer of management. The Committee stated that if going to quote a term from a previous Committee then quote the whole thing. The Head of Wellbeing, Culture and Development explained that the management fundamentals work does not specify a level of management instead it describes a basic level and more developed requirements. The Committee should be assured that the work was trying to develop all levels of management.</p> <p>The Committee asked why the Chief Executive Team and the Senior Leadership Team were not reflected in the organogram and asked should they be. The Interim Director of People and Culture responded that for the avoidance of doubt the Culture Programme Board does report to the Chief Executive Team.</p> <p>The Committee highlighted the use of the word “variety” in the update in the context of the sentence “Ensure our facilities are accessible and recognise the needs of a variety of people including transgender people” asking if it should be changed to recognise the needs of all staff. The Interim Director of People and Culture responded that a direct quote from the Scottish Government publication had been used to be sensitive in the wording of the communication. The Committee challenged the wording as it should mean inclusivity of groups rather than exclusion. The Interim Director of People and Culture responded that the wording had been copied from Scottish Government publication for a reason as NHS Grampian did not want to be highlighting a divergence from the</p> | |

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| | <p>Scottish Government position. The Committee concluded that they were not sure why there would be an objective to the use of “all” rather than “variety”. The Chair intervened stating that advice could be taken on that point.</p> <p>The Head of Wellbeing, Culture and Development stated that from establishing the work required including the timeline, there may be difficult decisions to make on what the People and Culture Directorate can support depending on the expectation of the function.</p> <p>The Staff Side asked for reassurance that the work being undertaken following concerns being raised by the RCN was not being delayed by the Supreme Court ruling work and if the Interim Equality and Diversity manager was involved. The Interim Director of People and Culture responded that changing spaces had been decoupled from the spaces for storage work to avoid delay and confirmed that the Interim Equality and Diversity manager was involved.</p> <p>The Interim Director of People and Culture summarised that the focus on fundamentals work was to build confidence across the system. Following approval of the commission at the Chief Executive Team there had been engagement with stakeholders to agree expectations and prioritise expectations for 2026/27 (iMatter priorities) with an implementation plan to be developed for quarter 1 2026/27, starting with the Chief Executive Team and direct reports, rolling out from there.</p> <p>The Committee acknowledged that the update had been provided to the Committee for information only rather than assurance, with more information on the timeline and KPIs to be provided in the next update.</p> | PS |
| 7.3 | Whistleblowing <i>(next report at the April meeting)</i> | |
| 7.4 | Agenda for Change Reform Programme <i>(every meeting)</i> | |
| | <p>The Interim Director of People and Culture referred to the flash report highlighting the following:</p> <ul style="list-style-type: none"> • The Reduced Working Week – There was confidence that there had been coverage of all live rosters from the 1,020 submissions from the total of 1,097 rosters. Each submission recorded the plan to reduce the working week as of 1 April 2026 and any request for backfill. Backfill requests followed a governance process to obtain approval with some of the requests confirmed with recruitment to approved backfill now taking place. It was not possible to prioritise posts through the recruitment process but as approval to recruit to the posts had been agreed already, the post did not have to go through the usual scrutiny process. There may be an increase in bank usage until posts are appointed to. It was a non-negotiable that all Agenda for Change staff move to 36 hours a week from 1 April 2026. The Committee asked if everyone | |

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| | <p>knew it was non-negotiable as it was not mentioned in the flash report. The Interim Director of People and Culture responded that as much as possible had been done to communicate this as the Daily Brief articles and the communication sent to roster holders had been very clear on the effective date however this would continue to be communicated. The Committee raised a mitigation situation of can bank be used where service change may be needed but not declared. The Interim Director of People and Culture clarified that those areas are of highest risk as they would have needed to start recruitment. The Interim Head of People and Change stated that currently a demand for organisational change was not presenting itself.</p> <p><i>Head of Workforce joined the meeting</i></p> <p><i>Head of Wellbeing, Culture and Development left the meeting</i></p> <ul style="list-style-type: none"> • Business systems – the rostering and payroll teams were confident as they can be that all systems adaptations are in place to facilitate the reduced working week. • Band 5 review – there had been 1,091 hits on the portal (third highest nationally) resulting in 566 submissions, for which there were outcomes for 113, with 96 upgraded to a Band 6. This level of upgrade was consistent with the picture across NHS Scotland. The high level of upgrades was leading to concern that costs may not be covered by the Scottish Government funding. National discussion continued to agree an end date to make a submission, with employer representatives seeking a date in comparison to national Trade Union representatives only wishing to entertain a date once there was a greater number of submissions in the process. The gap analysis to identify services from which there have been low numbers of submissions was almost complete. • Protected learning time – 9 national core modules launching on 2 March 2026 with a transition from local modules, with national work ongoing to agree job family and job specific training. • Finance – early indicators were that the backfill costs were less than anticipated therefore there was a little scope to support additional requests. <p><i>The Chief Executive re-joined the meeting.</i></p> <p>The Staff Side representative asked about implementation from 30 March 2026. The Interim Director of People and Culture clarified that for rostering purposes the reduced working week would be effective from 30 March 2026 whilst for pay purposes 1 April 2026.</p> | |
| 7.1 | Health & Safety (<i>every meeting</i>) | |
| | The Interim Director of People and Culture referred to the distributed report. Historically the Committee have received a flash report however this was no long considered sufficient and in addition he | |

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| | <p>was aware that the Committee wanted to understand what are "the unknowns" within their remit. As a result of both these aspects, the report provided a reasonable amount of information with a focus on legislation and Prevention and Management of Violence and Aggression (PMVA). This formed part of the ongoing work to improve governance and compliance with H&S legislation. The H&S Committee had been refocused onto NHS Grampian's legal requirements; strengthened reporting to Chief Executive Team and the Committee; aligning the H&S reporting cycle to that of the Committee (the service attending the Committee will attend the H&S Committee first), all of which does take time to align.</p> <p>The Interim Director of People and Culture outlined that a couple of deep dives had been undertaken of:</p> <ul style="list-style-type: none"> • Reviewed compliance with legislation – gaps had been identified however it could be gaps in reporting rather than compliance. To identify which there was follow up with infrastructure colleagues in first instance with an action plan thereafter to fill the gaps. • PMVA – resulting in a series of recommendations, fundamentally around PMVA risk assessments, training needs analysis and provision of training. Previously the rate limiting factor had been attendance at training but this had shifted to training capacity. The PMVA team are looking at provision/format of training to ensure it's fit for purpose but likely to require further investment to increase compliance. An action plan was being developed alongside progressing the behavioural contract. A short life working group will work through initial feedback on the draft protocol. <p>The Interim Director of People and Culture stated that concern remained with regard to the engagement with H&S particularly in Acute and Aberdeenshire, provision of first aid training, and Deputy Nominated Officer Fire responsibilities for shared spaces. This highlighted a need for a development session for local H&S Committees.</p> <p>The Committee was being asked to note that there are gaps in the governance arrangements and that steps are being taken to close those gaps. The report was not meant to provide assurance to the Committee to all aspects as the above outlined activity was the first step in the journey.</p> <p>Staff Side informed that they had written to the Chief Executive and the Interim Director of People and Culture that the continual lack of H&S Committees, despite approaches, in parts of Acute Services was a breach of legislation, with meeting planned to go over the points in their letter. Staff Side stated that it was good there was progress, acknowledging this takes time however they were not assured that appropriate arrangements were in place yet. The work on the behavioural contract was welcomed, encouraging Datix use to record behaviour towards staff.</p> | |

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| | <p>The Committee referred to concerns they had raised by email after reviewing the distributed paper, as it did not allay their concerns, rather it increased them. They read from their email “Based on its content, I remain very concerned about the management of H&S risk in NHSG. It may be that much more is going on that has not been reported here and it would be helpful to understand if this is the case. In terms of providing assurance to this Committee that gaps in governance arrangements have been identified and that improvements are being made, it would be helpful to have a more detailed understanding of the current H&S governance arrangements across NHSG in its entirety - to include staff, infrastructure, contractors, visitors and patients, and what is being proposed to strengthen governance. More importantly, what is being done about the very serious gaps identified in Appendix 3, UK H&S Legislation e.g. limited COSHH risk assessments and the control of legionella, to name but two. There is also no mention of fire safety. Are there action plans in place to deal with these? This table appears to focus on reporting, rather than the activity that underpins the reporting. Is there a fully integrated organisational H&S management system? Who is responsible for the H&S management system and the monitoring of organisational H&S performance? Who is the senior lead? What is the accountability chain through to the CEO and the Board. Are these reported elsewhere?”</p> <p>The Committee reflected that the reporting regarding H&S had been minimal at the Committee and none at Board level.</p> <p>The Chief Executive stated that the H&S governance arrangements had been discussed at the Chief Executive Team where understanding the full picture had been welcomed. From that discussion the ask had been clear to establish a prioritised action plan detailing the task, who was being held to account for delivery, and a timeline. This included mapping governance arrangements starting with operational governance at a service level and thereafter the arrangements to include the H&S Committee, Chief Executive Team, Staff Governance Committee and the Board, along with the requirements for reporting as it was not the same for each layer of governance. A clear deadline had been given to complete the work as the gaps in arrangements could not be outstanding any longer and the immediate compliance question required to be answered. The subject is a standing item at the Chief Executive Team meeting where the team responsible for implementation will be held to account. There would be opportunities to include H&S in the new operational governance arrangements, which will have an Extended Leadership Team forum, from April 2026, which will have a remit for topics that need to be addressed. The Chief Executive concluded that the letter from Staff Side was being taken seriously and the meeting referred to was taking place in the next two weeks.</p> <p><i>The Executive Nurse Director joined the meeting</i></p> <p>The Committee welcomed the focus outlined.</p> | |

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| | <p>The Committee referred to the review of main H&S legislation and the level of assurance, asking if the actions were going to be dealt with quickly and who was going to review if the action had been completed. The Interim Director of People and Culture responded that the Head of H&S was meeting with Infrastructure colleagues to understand if it was a gap in reporting rather than compliance. The Head of H&S stated that their team was reviewing the legislation and guidance, which was a considerable task, with the meeting with Infrastructure colleagues the following week. The Executive Nurse Director gave the example of the complexity of managing water safety in the organisation, undertaken in different parts of the system but not articulated for assurance purposes.</p> <p>The Committee stated that all the work included in the report was important, a good start however there was a lot of work to move forward. It was key to listen to any insights and that there was the right culture where staff were confident they would be listened to. The Committee sought updates as appropriate on what was being changed.</p> <p>The Committee raised why the organisation had lost the focus on H&S as all organisations required to devote resource to get it right. Resolution needed to happen quickly and be properly resourced. There was liability as not asking questions at the Board. The Interim Director of People and Culture responded that this was why the paper had been taken to the Committee. The H&S Committee had been refocused on legislation to understand level of compliance. All were aligned in not being assured as this situation was not where anyone would want the organisation to be. The Interim Director of People and Culture agreed that it linked to culture and under the Chief Executive's encouragement to be more visible, they had undertaken a walk around with Staff Side to obtain intelligence on H&S. The walk around had been helpful to understand how it works in practice. The following was given an example where in practice there was no alignment: If there was a violence and aggression incident on a ward, the staff if appropriately trained would intervene but if not, security would be called. However if there is only one security guard able to attend, rather than two, their SOP states that they shouldn't engage with the incident.</p> <p>The Chief Executive noted a wider action to establish how the organisation should respond when a key matter derails.</p> <p>The Chair reminded the Committee of the report recommendations of Assurance – review and scrutinise the information provided in this paper and confirm that it provides assurance that gaps in governance arrangements have been identified, and that improvements to processes and governance arrangements are being made, and appropriate evidence of these has been provided to the Board's satisfaction. The Committee responded that they were not yet assured suggesting that the Board required to be made aware of the risk. The Committee members gave their views as noted below:</p> <ul style="list-style-type: none"> • Agree, if not failure on our part. | |

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| | <ul style="list-style-type: none"> • Partially assured on some of the work. • Inform the Board soon due to the risk to staff, patients and the organisation. • Need to be clear on escalation process and what the Committee want the Board to know. This could be potential lack of compliance, gaps and governance of H&S processes. • Board could be made aware of the gaps however careful what the Committee was escalating given the actions underway. • Escalation may be appropriate to a Board Seminar, more useful than a Board meeting. • More useful to focus on going forward rather than looking back, which was of limited value. • Scope for significant issue and reputational damage. • Board members would want to know of the Committee discussion, rather than find out later. • Was it correct that H&S reports to the Committee as in other organisations, from a governance perspective, H&S would be in the remit of the Board. • Why would the Committee not want to report it to the Board although there were options on the mode of doing so. • Agree serious issue that the full Board should be informed. • Complete transparency, reporting to the Board this week. Providing the report and that a plan is in place. <p>The Executive Nurse Director stated it was a Committee decision however consideration should be given to public confidence if raised at an open Board meeting at this stage, rather wait until the mapping was done which would increase the understanding of the situation.</p> <p>The Committee members gave their views:</p> <ul style="list-style-type: none"> • For the avoidance of doubt, there was no suggestion that the Committee would not be open and transparent. • Whether tomorrow's Board meeting was too soon, instead a future Board meeting. • The concerns expressed were understood but this should not stop informing the Board at the closed session, as it was important for the Board to know for undertaking their business. • Informing at the closed session was good as need transparency. <p>The Chief Executive stated to support good governance, transparency and good learning they would endorse a high level briefing to the Board as a proportionate way to raise awareness. The Chief Executive noted that a conversation was needed with the full Board to agree how matters are escalated to the Board. The Committee agreed this would be useful and should be part of the mapping of governance.</p> | |

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| | <p>The Committee stated it would be more constructive to map out the process first which would achieve a more action focussed transparency.</p> <p>The Interim Director of People and Culture suggested raising at the closed Board session the following day, followed up with a Board seminar to discuss outcomes.</p> <p>The Interim Director of People and Culture responded to an earlier point on whether it was correct that H&S reported to this Committee. It was appropriate as H&S was one aspect of the Staff Governance Standard. Reporting to this Committee would form part of the significant mapping arrangements which would have the Board as the starting point and also include infrastructure, clinical and corporate H&S colleagues.</p> <p>The Chair referred to the recommendations and summarised that from the discussion and the lack of satisfaction with the evidence as the extent of the gaps was unknown, the Committee was partially assured with an escalation to the Board to discuss the process taking place.</p> <p>The Committee noted the reporting of H&S at every meeting therefore looked forward to the report at the next meeting.</p> | <p>JD</p> |
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| 8 | Deteriorating Workforce Engagement (Risk 3125) | |
| | <p>The Head of Wellbeing, Culture and Development referred to the distributed paper, explaining that as a result of two discussions at the Chief Executive Team the strategic risk had been significantly reworded, with cleansing, updating and alignment to the work of the Culture Programme. The Interim Director of People and Culture stated the Chief Executive Team recognised the work done to update the strategic risk and controls.</p> <p>The Committee commended the work.</p> <p>The Committee asked how likely would the 31 March 2026 target date for completion in the gaps in controls and the action plan be met. The Head of Wellbeing, Culture and Development explained that in resetting the timelines there was a balance in setting realistic goals and whether to state the end point only as some of the actions would take the whole of 2026 to complete or to state the steps to be taken to get to that end point. The Committee felt that there was a need for specific targets/tight deadlines that were realistic to achieve. The Head of Wellbeing, Culture and Development would review in light of the comments to plot out a more stepped approach. The Interim Director of People and Culture stated that the 31 March 2026 deadline was for the expectation on the Chief Executive Team and their direct reports to ensure appraisals were undertaken and a focus on fundamentals. Thereafter it was to be cascaded by levels in the organisations rather than by area. The Executive Nurse Director stated they were asking their direct reports why appraisals were not undertaken, modelling behaviours by them that was then being cascaded. The Committee acknowledged this as a good example to achieve success.</p> | <p>JN</p> |

| Item | Subject | Action |
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| | <p>The Chief Executive stated that due to the fragility of the People and Culture Directorate there was a risk to dealing with this risk and that of other agenda items.</p> <p>The Chair outlined the recommendations of review and scrutinise the information provided and confirm that it provides assurance that the policies and processes necessary are in place, robust and working effectively; any gaps have been identified and assessed and risks are being mitigated effectively; and improvements to policies and processes are being made and appropriate evidence of these has been provided to the Committee's satisfaction. The Committee summarised that no gaps had been identified and work was underway to improve therefore was partially assured.</p> <p>The Committee agreed that the high risk level was appropriate.</p> <p>The Committee was happy with the future reporting recommendation – to request that another report on this subject be brought back to the Committee at a future date in line with current strategic risk register assurance plan. This update report should align with Q4 progress reporting and the annual iMatter cycle.</p> | |
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| 9 | Anchor Organisation: Employability | |
| | <p>The Head of Workforce referred to the distributed report. The report focussed on the employability part of being an Anchor organisation but this strand did not sit in isolation as it had an interdependence with other anchor strands. The Head of Workforce highlighted the following:</p> <ul style="list-style-type: none"> • Nicola Ogilvie was the new Employability and Work Experience Lead who was currently taking stock on how to best use the limited resource and widening out to current staff the ability to have work experience. • The project within Domestic Services for disadvantaged young people to understand roles and prepare them for interview and employment. • A Careers that Care session in Moray showcasing the range of jobs offered by NHS Grampian. • Success had been achieved by working with third sector organisations and other partners. <p>The Interim Director of People and Culture acknowledged the work undertaken by the Head of Workforce and the Employability and Work Experience Lead. He highlighted that at the end of 2025 there were 69 Foundation Apprentices and 23 Modern Apprentices. This was a good news story to be promoted along with the other work which helped children at school to understand the range of roles in the NHS.</p> <p>The Committee commended the work done with other partners.</p> <p>The Committee asked if the recruitment practices were building on the preparation work to ensure processes were as inclusive as possible. The Head of Workforce explained that as part of the project within Domestic Services a different application form and interview format was used, with the Employability and Work Experience Lead currently looking to see if this can</p> | |

| Item | Subject | Action |
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| | <p>be extended to areas such as catering. The Committee stated that they would encourage exploring different approaches.</p> <p>The Committee asked due to the downturn in oil and gas, what was being done to promote NHS vacancies and the transferability of skills to that sector. The Head of Workforce responded that the NHS attended events run by Partnership Action for Continuing Employment (PACE) who provided advice to those affected by redundancy, although there could be a differential between the salary levels. The transferability of skills had been recognised in the work done.</p> <p>The Committee highlighted the challenge of reduced Modern apprenticeship funding nationally and asked should it not be included as a specific risk in the paper. The Head of Workforce agreed that it was a risk and it should have been included as such in the paper.</p> <p>The Committee confirmed they were assured. Escalation was not required to another Board committee or the Board.</p> | |
| | <p>Statutory Information, Reports and Returns</p> | |
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| <p>10</p> | <p>Whistleblowing 2025/26 Quarter 3 report</p> | |
| | <p>The Head of Engagement presented the 2025/26 Quarter 3 report to the Committee, highlighting the following:</p> <ul style="list-style-type: none"> • During the period 1 October to 31 December 2025 two new concerns were raised however neither met the criteria for whistleblowing. In both cases the Speak Up Ambassadors supported the staff to raise their concerns through business as usual processes. • The same five cases open at the beginning of quarter 3 remained open at the end of quarter 3 with four due to conclude in quarter 4. • The Whistleblowing Governance Group was meeting for the second time the following week. The purpose of this Group was to ensure system learning and improvements occur from both whistleblowing investigation findings and the handling of whistleblowing concerns. • The requested detailed information about training will be included in a future report. Consideration was required on the messaging to staff on how concerns should be handled including business as usual and informal resolution. <p>The Whistleblowing Champion stated that the Whistleblowing Governance Group will consider the emphasis received at a national meeting of encouraging people to speak up.</p> <p>The Committee confirmed they were assured. Escalation was not required to another Board committee or the Board.</p> | |
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| <p>11</p> | <p>Remuneration Committee 7 January 2026 agenda and assurance statement</p> | |
| | <p>Noted by the Committee.</p> | |

| Item | Subject | Action |
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| 12 | Items for Noting | |
| | The Committee noted the following approved minutes/report: | |
| 12.1 | BMA Joint Negotiating Committee Minutes – 19 November 2025 | |
| 12.2 | NHS Grampian Health and Safety Committee – 6 November 2025 | |
| 12.3 | GAPF Board report – October 2025 meeting | |
| 12.4 | Area Clinical Forum – 5 November 2025 | |
| 13 | Any Other Competent Business | |
| | None raised | |
| 14 | Date of Next Meeting | |
| | Thursday 5 March 2026 3pm to 3.30pm via Teams dedicated to the Health and Care Staffing (Scotland) Act Internal Quarterly and Annual Report Wednesday 29 April 2026 10am to 12.30pm via Teams | |