

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 5 March 2026 at 3pm
virtually by MS Teams

Board Meeting
11.06.26
Open Session
Item 15.1.6.3

Present	Joyce Duncan	Chair
	Colette Backwell	Non-Executive Board member
	Steven Lindsay	Employee Director
	Hussein Patwa	Non-Executive Board member
Attending	June Brown	Executive Nurse Director
	Faye Dale	Interim Head of People and Change
	Jill Matthew	Head of Occupational Health Services
	Jason Nicol	Head of Wellbeing, Culture and Development
	Melanie Saunders	Interim Director of People and Culture
	Heather Taylor	HCSA Programme Facilitator
	Elizabeth Wilson	HCSA Implementation Programme Manager
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Paul Bachoo	Medical Director, Acute Services
	Laura Binnie	RGU representative
	Ian Cowe	Head of Health and Safety
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Jamie Donaldson	Staff Side
	Alison Evison	Board Chair
	Gerry Lawrie	Head of Workforce
	Kylie McDonnell	Staff Side
	Philip Shipman	Interim Director of People and Culture
	Laura Skaife-Knight	Chief Executive
	Alan Wilson	Director of Infrastructure, Sustainability and Support Services

Item	Subject	Action
1	Apologies	
	Noted as above.	
2	Declarations of Interest	
	None raised.	
3	Chair's Welcome and Introduction	

Item	Subject		Action
	The Chair welcomed Hussein Patwa to the meeting, in an observer capacity, who will be the Chair of the Committee and the Staff Governance Committee from October 2026. The Chair thanked Colette Backwell for her contributions to the Committee.		
4	The Health and Care Staffing (Scotland) Act		
	4.1	2025/26 Quarter 3 internal report	
		<p>The Programme Manager introduced the 2025/26 Quarter 3 Internal report highlighting, that as described in Section 2.1 of report, an internal quarterly report is one of three HCSA reporting requirements of HCSA. The following was highlighted from the report:</p> <ul style="list-style-type: none"> • Report facilitated by HCSA Programme Team and to support HCSA requirements. • Template for this Quarter 3 report is different to others earlier this year; this is to reduce duplication and repetition given timelines and parallel Annual Report. • Internal quarterly reports are not formally published however, as part of the monitoring of how Boards are discharging their HCSA requirements, the quarterly reports are shared with Health Improvement Scotland (HIS) via HSPM&C team; this is formally requested quarterly as part of their power to require information. • Report forms the lines of enquiry with HIS at the Board Review Calls which happen twice per year. • Note an omission in Section 2.3.8 as it should describe the report would be going to the Chief Executive Team (CET) in advance of the Committee. First time internal quarterly has been noted at CET since this time last year – new request going forward from the Chief Executive. • Report was approved at CET on Tuesday. <p>The Programme Manager outlined the recommendation to Committee as the following:</p> <ul style="list-style-type: none"> • Review the Board Level Clinicians Quarter 3 statements provided in this paper, which are intended to be read in tandem with the draft Annual Report and confirm that, taken together, they provide assurance that Board Level Clinicians have articulated the extent to which they consider the organisation is complying with the duties imposed by the Act for the period October to December 2025. <p>However given the alignment with Annual Report the Programme Manager stated they wished to continue with their opening statement for it prior to any questions.</p>	
	4.2	Annual Report	
		The Programme Manager introduced the second annual report to come before Committee, which was approved at the Chief	

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	<p>Executive Lead on Tuesday. The following was highlighted from the report:</p> <ul style="list-style-type: none"> • Following Scottish Government consultation, revised format and template provided by them. • Levels of Assurance are defined by Scottish Government. • Single NHS Grampian report for all NHS Functions (including delegated and non-delegated). • Required to submit to Scottish Government, publish and share with new Patient Safety Commissioner by 30 April 2026. The latter was a requirement this year as there was a postholder in place. • Three step process of intelligence gathering as described in Section 2.3, in addition to wider organisational awareness and reading. • Note report is still in draft with some final input from some subject experts; however these will aid in specific details/clarity on the narrative and not result in any change of assurance levels. • As per Section 2.3.8 - final proof reading, typographic corrections and formatting amendments will be completed prior to submission of the final report to Board, Scottish Government, Patient Safety Commissioner and publication. • Level of assurance - overall limited which has remained static but individually by duty, three have improved, seven static (including one previous at reasonable). No deteriorations. <ul style="list-style-type: none"> - 42 areas of success, achievement or learning; increase of 24 from last year. - 30 areas of challenge, risk or escalation; increase of six from last year. - Some overlap/very similar across duties but nuances given specifics of each duty. • Last year published via Board papers but the April 2026 meeting is not public so currently considering options. • Last year a Colleagues and Citizens summary was also published but for variety reasons not progressed this yet. However following approval from the CET this will be explored with the Communications Team for end of April 2026. <p>The Programme Manager invited questions from the Committee with the recommendation in mind to review and scrutinise the information provided in this paper and confirm that it provides assurance that the requirements of the HCSA Annual Report template for 2025/26 have been fulfilled.</p> <p><i>The Head of Occupational Health Services joined the meeting.</i></p>	
	<p>Committee discussion</p>	
	<p>The Committee commended the report highlighting that the improvements made could be seen.</p>	

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	<p>The Committee referred to the high cost agency information, asking what sat beneath the highest breach. The Programme Manager responded that:</p> <ul style="list-style-type: none"> • The circumstances are a high level summary for all roles in scope, received by the Programme Team directly from Finance colleagues. • This high level data comes from eFinance and other systems [after meeting it is confirmed that the systems are Agile LMS, HealthRoster and eFinance] • The Programme Team are not party to any granular details around the reasons for the agency requirement; this would usually be discussed at an operational level and therefore the specifics may not filter through to Finance and thereafter to the Programme Team. <p>The Committee referred to the inclusion in the Health Professional Compliance Assessments (appendices 3 and 4) which mentioned a training and development survey taking place and focus groups with regard to the challenge of compliance with statutory and mandatory training, asking if this practice would be shared across the organisation. The Programme Manager responded that these statements were written through the lenses of the Executive Nurse Director and Director of Public Health and the Programme Team would not have any additional detail but could ensure there is shared learning that can be included in the quarter 4 report.</p> <p>The Committee asked why the Executive Medical Directors Professional Compliance Assessment had not been completed. The Programme Manager responded that this had been requested and followed up by the Programme Team facilitating the submission of this as much as possible but it had not been received by the time the report had to be completed. The Programme Manager was not able to provide a reason for non-submission. The Committee found this unacceptable unless there was an exceptional reason. The Interim Director of People and Culture stated that it would continue to be pursued as it remained a missing mandatory part of the report.</p> <p>The Committee commented that there was lots to be commended in the report but acknowledged the work to be done, suggesting a reword of the assurance recommendation in the annual report to:</p> <p>2.4 Recommendations: The Committee is asked to:</p> <ul style="list-style-type: none"> • Assurance: review and scrutinise the information in this paper and acknowledge that while progress has been made on some aspects of compliance with the HCS Act, NHS Grampian remains non-compliant with the Act and there is more to do beyond 2025/26. <p>The Programme Manager responded that they were happy to accept the rewording. The Committee agreed to this change.</p> <p>The Interim Director of People and Culture stated that the report was comprehensive and honest. They raised how the evidence in the high cost agency section could be triangulated to ensure expenditure was against an actual vacancy.</p>	

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	<p>The Interim Head of People and Change raised the references to the lack of capacity in the implementation team, asking what the mitigation plan was. The Programme Manager responded that some of the mitigation plan was already in place with changes to meetings (reducing the frequency and length and making meetings outcome focused); and champions engaged to strengthen connection and their involvement locally. The Programme Manager felt that this was sufficient at this stage to release capacity but this would be reviewed over the coming year.</p> <p><i>The Executive Nurse Director joined the meeting</i></p> <p>The Committee acknowledged the work done and the linkages with the protected learning time and workforce commission. The Programme Manager stated that she was involved with the protected learning time work with the Programme Facilitator with the reduced working week work so services would see compliance with the Act as part of these conversations, not separate.</p> <p>The Committee stated the identification of risk across the organisation was going to be raised at the Board, with the need for training in risk identification and escalation crucial. The Programme Manager stated that it was helpful to know this would be raised. The H&S toolkit for managers could be added as it has a module on risk but this would not fully address the point being raised.</p> <p>The Chair stated that the Committee had been asked to review the Board Level Clinicians Quarter 3 statements provided in this paper, which are intended to be read in tandem with the draft Annual Report, and confirm that, taken together, they provide assurance that Board Level Clinicians have articulated the extent to which they consider the organisation is complying with the duties imposed by the Act for the period October to December 2025. The Committee was assured, except in relation to the query about the absence of the Executive Medical Director Professional Compliance Assessment. The Committee could not have full assurance with this. Escalation was not required to another Board committee or the Board.</p> <p>The Committee endorsed the annual report for submission to the Board with the amendment to the recommendation 2.4 as noted above.</p>	
5	Any Other Competent Business	
	None raised	
6	Date of Next Meeting	
	Wednesday 29 April 2026 10am to 12.30pm via Teams	