APPROVED

NHS GRAMPIAN

Board Meeting
13.08.26
Open Session
21.2.5

Minutes of Meeting of Staff Governance Committee held
on 29 April 2026 at 10am
virtually by MS Teams

Present	Joyce Duncan	Chair
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
Attending	Paul Bachoo	Medical Director, Acute Services
	Louise Ballantyne	Head of Engagement (for item 7.3)
	Laura Binnie	RGU representative
	June Brown	Executive Nurse Director
	Susan Bunn	Divisional Clinical Director (for item 8)
	Shona Campbell	Interim Strategy & Transformation Manager (for item 6.1 and 6.2)
	Ian Cowe	Head of Health and Safety
	Jamie Donaldson	Staff Side
	Geraldine Fraser	Chief Officer, Acute Services (for item 8)
	Michelle Hankin	Corporate Risk Advisor (for item 9)
	Gemma Hood	Partnership Representative (for item 6.1 and 6.2)
	Gerry Lawrie	Head of Workforce
	Kylie McDonnell	Staff Side
	Jason Nicol	Head of Wellbeing, Culture and Development
	Shantini Paranjothy	Director of Public Health/Executive Lead for Whistleblowing
	Melanie Saunders	Interim Director of People and Culture
	Philip Shipman	Head of People and Change
	Laura Skaife-Knight	Chief Executive
	Sue Swift	General Manager (for item 8)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Jill Matthew	Head of Occupational Health Services
	Hussein Patwa	Non-Executive Board member
	Alan Wilson	Director of Infrastructure, Sustainability and Support Services

Item	Subject	Action
1	**Apologies**	
	Noted as above.	
2	**Declarations of Interest**	
	None raised.	

Item	Subject		Action
3	**Chair's Welcome and Introduction**		
4	**Minutes of Meetings held on**		
	4.1	**4 December 2025** The amended minutes were approved as an accurate record. The Committee reflected on the timeline agreed for agenda item 5.2 of the following up on adverse events and whistleblowing actions being taken by Aberdeen City, Dr Gray's and Moray HSCP. Reporting the next time the areas report to the Committee may not have been the most appropriate pace given the need to see improvement.	
	4.2	**18 February 2026** The minutes were approved as an accurate record.	
	4.3	**5 March 2026** The minutes were approved as an accurate record.	
5	**Matters Arising**		
	5.1	**Action Log 18 February 2026** The Chair referred to the distributed action log. For action SGC80, the recommendation to ask the Head of Engagement, at agenda item 7.3, for a timeline for a response to the Committee was noted. The Whistleblowing Champion stated that the Head of Engagement would provide an update, commenting that as the Whistleblowing Governance Group evolves the reports provided to the Committee would be reviewed. For action SGC82, the recommendation to remove from the action log and add to the 2026/27 work plan was agreed. Actions SGC84, SGC85, SGC88 and SGC89 formed part of the meeting agenda. The Board Chair stated that a response about the format for action logs may been delayed as part of the formal review of governance arrangements however the work to support Non-Executive Board Members undertake visits remained. SCG90, SCG91 and SGC92 actions were completed.	
	5.2	**2026/27 Forward planner**	
		The Chair referred to the distributed draft 2026/27 forward planner. The Committee highlighted that there was no frequency documented for clinical education and training reporting. The Staff Governance Manager to follow up with the Medical Director given there had been no response to a January request for the frequency.	**DA**

Item	Subject		Action
6	**Aberdeenshire Health & Social Care Partnership**		
	6.1	**Staff Governance Standard Assurance**	
	6.2	**Workforce Information**	
		The Interim Strategy & Transformation Manager referred to the Aberdeenshire Health & Social Care Partnership report and informed that Gemma Hood, Partnership Representative also present. This report provided an update from the last attendance at the Committee in October 2024, highlighting the following: Context of the Report • This report spanned November 2024 to March 2026, which had been a period of significant change and re-setting for the Partnership. At the end of 2024/25 the Partnership reached an unsustainable financial position, with successive years of overspending and no further reserves available. In response, a Financial Recovery Plan was developed and approved by the Integration Joint Board in March 2025, including reductions across budgets alongside a programme of service redesign. • A key workforce implication of the recovery plan was the removal of vacant posts from establishments, which in turn required reconfiguration of some teams. The Partnership also saw leadership transition: an interim Chief Officer appointment began on 28 April 2025, with the post made permanent in September 2025 and there have also been resignations and retirements from several key leadership posts, with some roles now filled on an interim basis and others not replaced due to budget constraints. A review of the Senior Leadership and Directorate Management Teams, commissioned in 2024, was paused during the transition and restarted in September 2025, with implementation scheduled for Q2/Q3 this financial year. Overall Staff Governance assurance position • An assessment of compliance with the Staff Governance Standard had been completed, with provisional gradings and supporting evidence reviewed and approved through the Aberdeenshire HSCP Joint Staff Forum. The overall position from that self-assessment was that the Partnership is partly assured in relation to achieving the five Staff Governance dimensions. • In practical terms, the evidence showed many areas of strength and stability, but also clear pressure points particularly around involvement in organisational decisions, and compliance measures like training, appraisal, and adverse event review timescales which are being addressed through strengthened governance and the 2026–2029 planning cycle.	

What the workforce is telling us (iMatter 2025)

- The Partnership's primary measure of staff experience is the annual iMatter survey, which achieved a 60% response rate in 2025, with 2,412 responses out of a potential 4,007. This includes both health and social care staff. The Employee Engagement Index for 2025 is 76, which has remained relatively stable over recent years. Importantly, the Staff Governance strand scores are all within the "Strive to Celebrate" range, indicating a generally positive staff experience overall.
- However, the lowest-scoring strand is "Involved in decisions". This is consistent with the wider organisational context of redesign and financial recovery where staff want clearer line of sight to organisational decisions and confidence in how decisions are made and communicated.
- At team level, 250 teams received an iMatter report: 223 were in "Strive & Celebrate," including 93 teams with scores between 80 and 95. 27 teams were in "Monitor to Further Improve," and a significant proportion of these were teams experiencing redesign or organisational change at the time of survey, including social care teams where staff were at risk of redundancy. There were no teams in the lowest categories ("Improve to Monitor" or "Focus to Improve").

Key workforce indicators: absence, retention, appraisals and training

- Sickness absence between February 2025 and February 2026 fluctuated between 4.32% and 6.57%. Short-term absence has been consistently below the NHS Grampian average of 2.35%, with colds, coughs and flu as the leading causes. The main challenge was long-term absence: it has been above the NHS Grampian average in 6 out of 10 HSCP Directorates, and the leading cause is anxiety, stress, depression and other psychiatric illness. This matters both for staff wellbeing and for service continuity in a period of sustained operational pressure.
- On retention, the overall picture is positive: the Partnership's stability rate is 98%, consistently above the 90% target, and turnover for 1 March 2025 to 28 February 2026 is 6.88%. Where delivery required to be strengthened was the Partnership's compliance measures. As of 28 February 2026, 46% of staff had an appraisal signed off or in progress, against a 50% target. Statutory Fire Safety training compliance is 63% against an 80% target, and the average completion rate across mandatory modules is 65%, with variation across teams and modules. These metrics are being explicitly built into service planning and performance oversight for 2026/27.

Risk, governance and "what happens next"

- An Internal Audit assurance review of Workforce Planning was completed in September 2025. It graded the net risk as Major with an assurance assessment of Limited, identifying gaps including insufficient capacity to deliver the workforce programme, inadequate separation of planning, delivery and oversight, and actions that were unlikely to mitigate identified

Item	Subject		Action
		workforce risks. Seven mitigating actions were recommended. In response, the Workforce and Training Group and its sub-groups were paused to focus capacity on the recommendations: four actions have been completed and closed, and the remaining three actions are on track within agreed timescales. • To strengthen ongoing oversight, the Workforce Monitoring & Assurance Group was established in November 2025. It reports to the Risk & Assurance Group and onwards to the IJB Audit Committee, and it provides a route for deeper analysis and commissioning of workforce risk management activity. A specific risk highlighted in this report was capacity to complete adverse event reviews within expected timescales. Between 1 November 2025 and 31 March 2026, 4,750 adverse events were recorded; of 12 Level 1 reviews, 3 were complete at the time of writing and none met the standard timescale, and the remaining 9 were incomplete and outwith timescales. This has been added to the risk register and is being discussed through formal governance routes. • Looking ahead, the Strategic Plan 2025–2035, Strategic Delivery Plan 2026–2029 and Medium-Term Finance Strategy 2026–2029 have been approved, including an £18m three-year savings programme and £5.8m in-year savings for 2026/27. The Workforce Plan 2026–2029 is being finalised, with a strong focus on a flexible workforce and on staff health and wellbeing. Crucially, service planning will include clear KPIs on iMatter response and action planning, absence management, statutory and mandatory training compliance, and appraisal and development planning. Alongside this, the Leadership Review is on track for implementation later this year, and a refresh of the Health & Safety Group is in progress to strengthen oversight of staff safety and incident preparedness and management. **To conclude** • The Partnership's overall position remains partly assured: staff experience is generally positive and stable, retention is strong, and there has been strengthened governance arrangements. At the same time, the Partnership was clear on the areas that require continued focus, particularly involvement in organisational decisions, long-term absence linked to stress and mental health, training and appraisal compliance, and adverse event review capacity and timeliness. The Interim Director of People and Culture asked how it felt with improvements in place and whether additional support was needed to deliver further improvements. The Interim Strategy & Transformation Manager responded that it was early stages and that they had good support from HR and the support needed for the risks identified.	

Item	Subject		Action
		The Committee noted the declining iMatter score for Involved in Decisions and raised a concern about the lack of focus in the report on the Staff Governance Standard and partnership involvement, asking about the level of partnership working and what was being done regarding the staff governance standard. An example was that the level of assurance was a provisional management assessment approved by Joint Staff Forum. From this only limited information assurance could be taken. The Interim Strategy & Transformation Manager apologised if partnership working did not come across explicitly in the report. Membership of the Joint Staff Forum had declined however there were plans to communicate the benefits of being involved in decisions to strength participation in the forum. The Interim Strategy & Transformation Manager gave an example of partnership and Trade Union involvement on service redesign groups. The Committee highlighted that 46% of Aberdeenshire HSCP staff had an appraisal either signed off or in progress, which made a real difference, however this highlighted a lack of consistency across the HSCP, asking what was being done to support appraisals for all. The Interim Strategy & Transformation Manager agreed the level of appraisals undertaken made a difference however the iMatter data was contradictory to the compliance rates. Although there was a 60% iMatter response rate, the challenge was to hear the views of those who did not participate. Compliance was included in the plans being taken forward by Service Managers so monitoring can take place going forward. The Staff Side stated they were reassured with the progress of having an Aberdeenshire HSCP Health & Safety Group, after writing to the Chief Executive and Head of Health & Safety highlighting concerns of being in breach of the law. The Health & Safety Group would aid receipt of workplace inspection reports, an essential aspect of providing a safe working environment. The Interim Strategy & Transformation Manager acknowledged this was an area of risk for the HSCP, a gap affected by the change in positions. The refreshed Aberdeenshire HSCP Health & Safety Group would combine health & safety with preparedness for civil contingencies incidents, meeting in May to be chaired by the Interim Strategy & Transformation Manager. The group would be linked with the NHS Grampian Health & Safety structure. The Head of Health & Safety welcomed the news of the Health & Safety committee meeting and asked for the Health & Safety Specialist aligned to Aberdeenshire to be involved. The Interim Strategy & Transformation Manager committed to do so. The Committee highlighted the 4750 adverse events recorded between 1 November 2025 and 31 March 2026, asking if that volume was typical. In addition was the way adverse events were handled related to capacity or culture and was mitigating action taken to prevent repetition while the adverse event was awaiting review. The Interim Strategy & Transformation Manager realised that the period referred to in the report should have read from 1	

Item	Subject		Action
		November 2024 so covering an 18 month period. They explained that the current inability to complete adverse event reviews within timescale was related to capacity as there was a strong reporting culture in the HSCP. The Interim Strategy & Transformation Manager did not have the information available about the action taken to prevent repetition but would ask for a review of the adverse event themes. For each area of the HSCP there was a risk group to capture learning at local team level and there was an Aberdeenshire group that shared learning for adverse events level 1 and 2. The oversight Aberdeenshire group focuses capacity on the prioritised adverse events across all of Aberdeenshire. The Committee asked how learning outcomes from Whistleblowing are implemented, monitored and sustained in practice. The Interim Strategy & Transformation Manager responded that for each concern raised there was an investigation outcome and an action plan, the learning from which has informed the Chief Officer's approach to resetting the culture. The Committee was asked to be assured that concerns raised were taken seriously outlining that the Chief Officer had met with a whistleblower initially with a three month follow up, with another meeting planned at nine months. The Committee asked how it is ensured that colleagues speak up. The Interim Strategy & Transformation Manager responded that staff are encouraged to speak up to either the Chief Officer who operates an open door for staff; line manager; grandparent manager with a campaign planned to encourage speaking up to assist resetting the culture. The Robert Gordon University representative asked if there was training for those who undertake adverse event reviews. The Interim Strategy & Transformation Manager confirmed that there was training through Datix and Turas, which staff are asked to complete and following this they would form part of a team undertaking a review before being expected to lead one. The Interim Strategy & Transformation Manager was unaware of the level of compliance of undertaking this training. The Head of Health & Safety informed that this can be obtained from reporting within Turas. The Robert Gordon University representative stated that it was important that staff felt supported to undertake the task. The Interim Strategy & Transformation Manager outlined that a record is kept locally of those trained as it is used to allocate a reviewer, noting that support is ongoing as the training is only part of the support required. The Committee gave thanks for the comprehensive and transparent report. The Committee was partly assured. Escalation was not required to another Board Committee or the Board. In the next report updates were requested on improvements in the areas of health & safety; whistleblowing; adverse events; appraisal; statutory and mandatory training; and culture.	

Item	Subject		Action
7	**Sub-group reports**		
	7.1	Health & Safety *(every meeting)*	
		The Head of Health & Safety referred to the distributed report highlighting the following: • The Health & Safety Committee will now meet bi-monthly rather than quarterly. The current main items for discussion are terms of reference, health & safety governance; PMVA action plan, workplace inspection compliance, requirement to have risk assessments for health & safety risks and ensuring adherence to legislation. Deeper dives on PMVA and COSHH, with others thereafter. • The Committee focus has identified the need for enhanced oversight of Infrastructure-related risks. A list detailing what the Committee needs to know has been agreed through discussions between the Health & Safety Team and Infrastructure colleagues. A new Health & Safety Specialist, commencing in June 2026, will be aligned to Infrastructure and they will work to obtain the data required for the items on the list as a priority. • Progress continues to be uneven in relation to local Health & Safety Committee arrangements, with some areas, particularly within Acute Services and Aberdeenshire HSCP, still not meeting as required. While remedial actions are underway, this remains a governance risk. • The Health & Safety Committee continues to oversee external regulatory scrutiny, including HSE investigations laboratories and Ward 4, Dr Gray's. • Divisions/HSCPs/Services due to report to the Staff Governance Committee (approximately every 18 months) will produce a detailed health and safety report for the Health & Safety Committee to improve governance arrangements. • PMVA action plan reviewed, with the additions of more actions and of the independencies between actions. • Reviewing if areas suitable for new elearning, which would release capacity to reform other training. • The Head of Health & Safety chairing a SLWG to review a draft behavioural standards protocol for patients and visitors. There had been representation from a wide range areas except medical staff, which was being taken forward with the Medical Director. • The Head of Health & Safety was attending the new Acute Services Health & Safety Governance Group meeting for the first time on 30 April 2026 to discuss an action plan. • PMVA Training compliance had decreased since January 2026. The figures did not include the recent changes to the refresher frequency of Level 1 courses from 18 months to 2 years.	

Item	Subject		Action
		• Compliance with workplace inspection is a standing agenda item for the Health & Safety Committee, with compliance information outstanding from some areas. • The organisational Health & Safety monitoring programme had identified issues regarding the completion of suitable risk assessments for significant health and safety risks. The Committee raised concern with the Divisions/HSCPs/Services only producing a detailed health and safety report for the Health & Safety Committee every 18 months, as issues may be missed. The Head of Health & Safety responded that this would not be the only report from Divisions/HSCPs/Services, as they would contribute to deeper dives, taking forward appropriate actions. The report produced for the Health & Safety Committee would accompany the Divisions/HSCPs/Services report to the Staff Governance Committee. The Committee raised feedback received on a visit of a request for an intermediary level between PMVA training levels 1 and 2, as level 1 was said to be not enough. The Committee acknowledged the noticeable improvement to the approach being taken to health & safety, especially the statutory elements enshrined in legislation. The Chief Executive acknowledged the escalation of this item to the Board following the last meeting and the progress made since at pace due to the severity of the compliance. The Executive Team had better oversight; was clearer on responsibilities and what was required in what timescale to address compliance. The Chief Executive welcomed the change of meeting frequency of the Health & Safety Committee and of the progress made in Acute Services. Health & Safety responsibilities was covered with the extended leadership team at the March 2026 meeting, led by the Head of Health & Safety. From the work done, increased governance could be evidenced. The Interim Director of People and Culture stated that there required to be a recognition that health & safety is everyone's business not just the business of the Chief Executive, herself and the Head of Health & Safety. The support from the Health & Safety Staff Side representatives alongside the Health & Safety Team was welcomed. As a position of understanding has been reached of what needs to be addressed, approaches were being made for support. The Interim Director of People and Culture stated that feedback was welcome on the contents of the report and any report produced from the People and Culture Directorate. The Committee was reassured by the update provided. It was good that the need for health & safety risk assessments was recognised however the report did not say what action was now being taken. The Interim Director of People and Culture responded that funding was required before a solution could be put in place as the current system was manual which was not sustainable. This matter was	

Item	Subject		Action
		included in the submission from Corporate Health & Safety to the Executive team of a specific concern/risk. The Committee were assured. Escalation was not required to another Board Committee or the Board.	
	7.2	Culture *(every meeting)*	
		The Interim Director of People and Culture referred to the distributed progress report from the Culture Programme Board, which had been meeting since December 2025, with a setting up phase completed. With an Interim Programme Manager in post there was a need for the programme to begin delivering with an agile approach, developing governance arrangements at the same time. The three pillars (wellbeing, recognition and reward; leadership and management; equality, diversity and inclusion) would be reviewed to ensure continued relevance. The Interim Director of People and Culture confirmed that the next report would provide an update on the projects commissioned by the Culture Programme Board, as work was being done to ensure reporting was in place. The Chief Executive stated that the progress of the Culture Programme Board had been discussed at the Executive Team where the inclusive membership in place had been noted but there was a need to move to delivery, with KPIs and governance priorities as the work was central to the organisation. The Chief Executive asked that there was linkage between whistleblowing and the culture work. The Interim Director of People and Culture took this on board, to be done without disrupting the work already underway. The Committee gave thanks for the work being done, stating that progress was essential for all of NHS Grampian. The Committee highlighted “support to managers and trade union representatives to support staff with suicidal ideation”, part of pillar 1: wellbeing, recognition and reward, asking what status this had? The Interim Director of People and Culture responded that it was to ensure that the valuable support Trade Unions offer to members is as visible as other offerings. The Head of Wellbeing, Culture and Development stated that this work was raised by Staff Side as a priority from the Joint GAPF/ACF meetings as there was a need to improve information available. The Committee clarified that the concern was the independence of Trade Unions, as any offering was not inclusive as only available to the membership of that Trade Union. The Interim Director of People and Culture responded that the sharing resources work would be done in partnership. The Committee acknowledged the work done to date to set the structure in place but sought more assurance on outcomes from the reporting at the next meeting. The Committee had been asked to agree the Terms of Reference for the Culture Programme Board however this was felt not to be appropriate. The Interim Director of People and Culture agreed.	

Item	Subject		Action
	7.3	**Whistleblowing**	
		The Head of Engagement referred to the distributed paper from the Whistleblowing Governance Group. After two meetings of the Group, this was the first report to the Committee. The first meeting on 27 November 2025 considered the aim and function of the Group whilst the 26 February 2026 meeting had a business agenda. The Committee was invited to provide comment on the contents of the report to inform future reporting. The Head of Engagement confirmed that membership had been expanded to have representation from the three HSCPs and Mental Health and Learning Disabilities. The Committee appreciated the expansion to the membership along with a commitment for representatives to attend or send a deputy. The Whistleblowing Champion stated that a commitment to attend was essential for the Group to achieve its aim. The Whistleblowing Champion stated that this was an important group however given whistleblowing was integral to the culture of the organisation they would like consideration of how it could link to the wider culture work. Thanks was given to the outgoing Executive Lead for Whistleblowing, the Director of Infrastructure, Sustainability and Support Services and the new Executive Lead, the Director of Public Health was welcomed. The Director of Public Health stated that they were looking forward to taking on the Executive Lead role and would take on Board the comment about integrating with the culture work and discuss with the Interim Director of People and Culture how this could be achieved. The Interim Director of People and Culture gave a commitment to consider how this could be handled with a clear procedure to demonstrate learning in an open way from a closed process with a feedback loop of themes to the Culture Programme Board, where actions can be identified. It was important to communicate with and engage the workforce so they feel safe to come forward and know by doing so it is making a difference. The Chief Executive gave thanks for the update given and made the following the points: • Closer links are required between whistleblowing and culture work. • Consideration was required on how to better triangulate data. • Additional resource had been agreed however the appointment to these roles had not moved as quickly as desired to ensure true resilience. • Keenness to hear more about the work of the Speak Up Ambassadors which would give more visibility. • The report had referenced an insufficient number of investigators which causes unacceptable timelines to investigate matters however what was being done to solve the situation. The Whistleblowing Champion acknowledged the challenge of securing investigators due to capacity however if the investigation was not in a timely manner, the	

Item	Subject		Action
		organisation was at a disadvantage. The Interim Director of People and Culture echoed the concerns about investigator support which was a significant issue generally not specifically for whistleblowing. The HR Team was meeting to discuss how to overcome challenges in the short term of the volume of employee relations work including more consideration of early resolution rather than too quickly undertaking an investigation. The Employee Director stated that the timescales for employees within processes was recognised by the Trade Unions and there had recently been a discussion between the GAPF Trade Union representatives and the Senior HR team on this matter. The challenge of securing a reliable cohort of investigators was in the context of an organisation under pressure. • Discussion at the Group of the themes and learning from INWO referrals so this can be taken more formally to the Committee. The Whistleblowing Champion agreed this was an important element. They explained that they were aware that the INWO was currently meeting with Boards to review their contract with Boards. The Committee acknowledged that the issues raised had existed since the Whistleblowing Standards had been introduced in April 2021, therefore the Committee looked forward to the Group enacting progress. The Committee was partly assured as although the Group was in place there had been no specific impact or improvements seen to date.	
	7.4	**Agenda for Change Reform Programme**	
		The Head of People and Change referred to the flash report highlighting the following for the Reduced Working Week: • 4,000 Agenda for Change staff reduced contracted hours to 36 a week from 1 April 2026, a reduction of one hour a week for full time staff, pro rata for part time staff. Thanks were given across the system to enabling this change to occur. • Challenges remained in ensuring all rotas were changed in Optima and a full reconciliation activity was underway to provide additional assurance. • 1,095 submissions from the total of 1,097 rosters, with the remaining 2 rosters known to be low risk due to employees on those rosters all being full time. • Before submission there is a discussion with a Partnership Representative to check one of the recognised ways of reducing the working week was being used. • Backfill costs was currently approximately £13.4 million with the ability to continue to accept requests for backfill, with some additional requests expected. It was expected that the excess hours and agency usage would increase in the interim until backfill appointments in post.	

Item	Subject		Action
		• A paper was being prepared for the Executive Team to provide more detailed assurance and to keep track on additional costs. • Implementation had gone very well but monitoring the impact of the removal of resource from the system was required. The Head of People and Change informed that for the Band 5 review there had been 1,160 hits on the portal (third highest nationally) resulting in 601 submissions, for which there were outcomes for 159, with 137 upgraded to a Band 6. The level of upgrade was consistent with the picture across NHS Scotland. Batching similar submissions was increasing the pace of processing applications but irrespective of the date processed the effective date could be as far back as 1 April 2023. National discussion continued to agree an end date to make a submission with national Trade Union representatives only wanting to agree a date once more progress with the exercise was more evident. The Staff Side provided an example that due to capacity a Band 5 Nurse did not have the time to submit an application. The Head of People and Change acknowledged this however as the application was nationally devised no changes could be made locally to the process. Support was being provided to staff to provide reasonable time off to complete the application and requested that this specific case be highlighted to the Nursing Leads. The Head of People and Change updated within the Protected learning time workstream 9 national core modules had been launched. From staff undertaking the modules feedback had been provided to the national learning statutory and mandatory group that the modules had been pitched too high as a level for all staff, so appropriate changes could be made. Next steps nationally was job family specific training and locally to ensure staff receive protected learning time.	
8	**Integrated Family Services (IFP) – follow up on the concerns raised at the 4 December 2025 meeting**		
	The Chief Officer referred to the distributed paper, produced further to the attendance of the Women and Children's Division (previously IFP) at the Staff Governance Committee on 4 December 2025. The Committee had noted it was partially assured by the Division's report, with full assurance pending submission of additional information in relation to specific workforce and staff governance concerns raised during that discussion. The paper provided the additional information for the following concerns: • Adverse events • Funding for training and development • Culture work • Current working environment in Aberdeen Maternity Hospital • Training and appraisal • Engagement		

Item	Subject	Action
	• Communication The Committee asked were improvements being made as a result of adverse events, and was the May 2026 target going to be met. The General Manager responded that there had been significant progress made with reviewing adverse events including those overdue or near to be overdue. Progress was constantly being reviewed and the General Manager was reviewing daily the new adverse events on Datix and if a significant issue, highlighting the need for a review to the contact handler. The Committee felt the progress made was admirable however this required to be sustained. The General Manager acknowledged the team effort. The Committee acknowledged the work done to improvement compliance with undertaking appraisals and asked if there was the ability to share the good practice from the better performing areas. The General Manager recognised that compliance was not at an appropriate level and acknowledged the tendency to attribute this to lack of capacity but it was important to ensure adequate time for appraisals to take place. The General Manager gave assurance that work was definitely underway to improve compliance as a cascade approach was in place with managers scheduling appraisals with their direct reports and so on. The Committee was encouraged to see the steps taken following feedback from student midwives and asked how it was envisaged the work would fit with the wider work of the Culture Programme Board. The General Manager responded that the work undertaken at Aberdeen Maternity Hospital had given the traction to undertake work to improve the culture across all multi-disciplinary teams in maternity services. The General Manager commented that the Board Chair had recognised the work done during a visit. The Head of Midwifery, unable to attend the meeting, had done an excellent job developing an open culture. The timescale for the opening of the Baird Family Hospital had given a focus to work towards. The Board Chair congratulated the work done emphasising the value of Non-Executive Board Members undertaking visits to support work. The Committee recognised the energy in the areas necessary to make the reported progress acknowledging good engagement with the Partnership Forum and the well-established health and safety committee. The Committee was assured by the additional information provided, noting the need to continue with the progress made.	
9	**Board Risk Appetite & Strategic Risk Process**	
	The Corporate Risk Advisor referred to the distributed paper and asked the Committee to consider and endorse the revised NHS Grampian Risk Appetite Statement for 2026. The paper summarised the process used to revise the Statement. The Corporate Risk Advisor highlighted that it was agreed that each strategic risk should be reported to one lead committee, determined by the risk appetite category to reduce duplication and improve oversight. Deep-dive risk reports would sit with committees rather than full Board meetings, with signposting via Board agendas.	

Item	Subject		Action
	The Committee considered the report an accurate record of the discussion at the Board Seminar, highlighting that the next stage was progressing how the lead committee reported to the Board. The Committee endorsed the revised NHS Grampian Risk Appetite Statement for 2026.		
	Statutory Information, Reports and Returns		
10	**Chief Executive Whistleblowing Return to Cabinet Secretary**		
	The Chief Executive referred to the request made and response to the Cabinet Secretary Health and Social Care on the state of whistleblowing in NHS Grampian, for the Committee to note. As requested it was a personal response from the Chief Executive, which had been discussed at the Executive Team. The Committee highlighted a point for committee business that it would have been useful to have a cover paper to explain the request of the Committee.		
11	**Remuneration Committee 5 March 2026 agenda and assurance statement**		
	Noted by the Committee.		
12	**Items for Noting**		
	The Committee noted the following approved minutes/report:		
	12.1	BMA Joint Negotiating Committee Minutes – 29 January 2026	
	12.2	NHS Grampian Health and Safety Committee – 5 February 2026	
	12.3	GAPF Board report – November and December 2025 and January and February 2026 meetings	
	12.4	Area Clinical Forum – 14 January 2026	
13	**Any Other Competent Business**		
	None raised		
14	**Date of Next Meeting**		
	Thursday 2 July 2026 10am to 12.30pm via Teams		