

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 30 October 2025 at 10am
virtually by MS Teams

Board Meeting
19.02.26
Open Session
14.1.4

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
Attending	Louise Ballantyne	Head of Engagement (for item 12)
	Sean Coady	Head of Service/Deputy Chief Officer (for item 6)
	Ian Cowe	Head of Health and Safety
	Faye Dale	Interim Head of People and Change
	Jamie Donaldson	Staff Side
	Jane Gibson	Staff Side, Deputy for Kylie McDonnell
	Natalie Jeffery	Business Manager (for item 6)
	Jill Matthew	Head of Occupational Health Services
	Lynn Morrison	Director of Allied Health Professions, Deputy for June Brown
	Jason Nicol	Head of Wellbeing, Culture and Development
	Alasdair Pattinson	Hospital General Manager, Dr Gray's (for item 6)
	Sandy Reid	Lead People & Organisation, Aberdeen City HSCP (for item 6)
	Philip Shipman	Interim Director of People and Culture
	Laura Skaife-Knight	Chief Executive
	Kirsten Stewart	Staff Side observer
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Paul Bachoo	Medical Director, Acute Services
	Laura Binnie	RGU representative
	June Brown	Executive Nurse Director
	Gerry Lawrie	Head of Workforce
	Kylie McDonnell	Staff Side
	Alan Wilson	Director of Infrastructure, Sustainability and Support Services

Item	Subject	Action
1	Apologies	
	Noted as above.	
2	Declarations of Interest	

Item	Subject		Action
	None raised.		
3	<p>Chair's Welcome and Introduction</p> <p>The Chair informed that agenda item 10 was deferred to the December 2025 meeting, to give time to read the appendices only distributed that day.</p>		
4	<p>Minute of Meeting on 28 August 2025</p>		
	<p>The minutes were approved as an accurate record.</p> <p>The Committee raised that two points for which updates were required had not been included in the action log. These were:</p> <ul style="list-style-type: none"> • Provision of first aid training • Acute Services Health & Safety Committee in place 		
5	<p>Matters Arising</p>		
	5.1	<p>Action Log 28 August 2025</p> <p>The Chair asked for an update on SGC47 with regard to a Corporate Services partnership forum. The interim Director of People and Culture responded that after conversation with the Employee Director, the anticipated way forward of utilising the Summerfield House User Group may not be possible as it did not comprehensively cover all corporate staff. Corporate Directors to meet to agree a plan by the date of the next meeting.</p> <p>The Chair highlighted that an update had been received from the Chief Officer, Acute Services to allow progress of SGC68 and SGC70.</p> <p>The Committee asked that any actions with historic dates be either updated or removed.</p>	
6	<p>Moray HSCP and Dr Gray's/Aberdeen City HSCP</p>		
	6.1	<p>Staff Governance Standard Assurance</p>	
	6.2	<p>Workforce Information</p>	
		<p>Moray HSCP</p> <p>The Business Manager referred to the Moray HSCP report, thanking the Staff Governance Manager for their support in producing the report. This report provided an update from the last attendance at the Committee in April 2024, highlighting the following:</p> <ul style="list-style-type: none"> • Partnership, workforce and health and safety was in the remit of the Business Manager. 	

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	<ul style="list-style-type: none"> • The Moray Partnership Forum, Workforce Forum and H&S Group meet quarterly on a monthly rotation, with a flow to raise any issue at any of the other meetings. These meetings are well attended from all staff levels rather than previously being management heavy. • This report was compiled in collaboration with the Partnership and Workforce meetings from June using the iMatter results. • There had been significant improvement in ensuring staff were well informed through a variety of mechanisms and from the fluidity that exists between the groups that has allowed for a much more informed audience. • The morale of staff had been affected by the current financial challenges. • With regard to adverse events and complaints, a number of overdue reports have been delayed due to the cross service contribution. • Deep dives into attendance management to ensure consistency in application and reporting. • All new policies are explained and deep dives into existing polices have proven useful for staff to aid understanding. • There was an aim to have iMatter results reach 2023 outcomes. • There was a shortage of Staff Side representatives and a single point of failure had been identified. <p>In response to the Head of Wellbeing, Culture and Development, the Business Manager stated that they did not know the action plan compliance rate however previously it had been 100%.</p> <p>The Committee asked for more explanation on the single point of failure identified. The Business Manager explained that one partnership representative was being shared between Moray HSCP and Dr Gray's, with that individual covering all three meetings. Due to being a night worker they were unable to be available for all meetings. It would be preferable to return to having different representatives for each meeting. The Committee recognised the contribution being made by that individual but asked how this could be improved. The Employee Director outlined that NHS Grampian recognised sixteen trade unions and professional organisations from which representatives could come, therefore the solution was for each of these organisations to promote, recruit, train and support new representatives. Areas do have a cycle of having active representatives then moving to periods of time where there are fewer available. The situation in Moray had been exasperated by the retiral of a released partnership representative. The Employee Director understood why the phrase "single point of failure" had been used but felt that it was rather unfortunate use of words.</p> <p>The Committee praised the model of rotating the meetings over a three month cycle.</p> <p>The Committee highlighted the action of pre-empting frustration and disgruntlement where possible, asking if this was the dominant</p>	

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	<p>culture. The Head of Service/Deputy Chief Officer responded that due to the financial situation morale was challenging. Budgetary workshops had been held to support staff with managers asked what further support was needed. Thereafter coaching, practical help to manage budgets and a newsletter had been put in place, with an evaluation to see if this met staff needs.</p> <p>The Committee asked if there was any feedback received after the We Care presentation, asking if more could be done to support staff. The Head of Service/Deputy Chief Officer outlined that there was a whole system wellbeing newsletter using SWAY which detailed the range of support in addition to that offered by We Care, from which there had been positive feedback.</p> <p>The Chief Executive commented that the improvement in the iMatter data was positive, asking for the outcomes and next steps from the deep dives. The Business Manager responded that the amount of absences due to anxiety and stress had increased and there was inconsistent application of the policy. The improvements in relation to ensuring staff were well informed had resulted from time being taken to explain the financial situation in all scheduled meetings and also going to teams. As the attendance at the three meetings mentioned above had improved through more operational individuals attending, the messages were delivered further in the HSCP. As the iMatter well informed percentage did not decrease this gave reassurance of the value of the work and from feedback staff felt they had the information to make proper decisions.</p> <p>The Committee raised the low compliance rate for appraisals, asking if the blockages were known and what were the plans to improve compliance. The Business Manager responded that the need for appraisal for staff had been reiterated however it felt that services were taking time to restart the process after it had been paused during the pandemic.</p> <p>The Committee highlighted that 33% of adverse events awaiting final approval were overdue, asking if any were in relation to Aberlour health centre and what is being done in the interim to avoid a reoccurrence of the incident. The Business Manager stated there were some related to Aberlour health centre but not all. During the time the health centre was being run by Moray HSCP in-between being an independent practice, incidents were identified and some remain unconcluded. The HSCP would remain involved until concluded. The timeline was due to ensuring the incident was handled properly and being across service.</p> <p>The Committee asked how individuals in Moray HSCP were encouraged to speak up. The Head of Service/Deputy Chief Officer responded that speaking up is promoted and they were confident of awareness as there was evidence of teams using as the whistleblowing standards.</p> <p>The Committee gave thanks for the responses however may have wanted more information on adverse events and whistleblowing if time had allowed in the meeting.</p>	

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	<p>The Committee referred to the list of goals and actions provided as mitigation for the level of assurance, asking where these plans were being reported to and where there underpinning KPI's. The Business Manager outlined that the initial reporting was into the Moray Partnership Forum, Workforce Forum and H&S Group and thereafter to the Operational Management Group and the Senior Management Team. KPI's existed for iMatter while monitoring takes place for example on the number of grievances and the progress of underpinning delivery plans. The Committee felt that this information should have been included in the report for assurance purposes.</p> <p>The Committee asked about the impact on services and staff where there has been a reduction in headcount. The Head of Service/Deputy Chief Officer explained that a different approach had been taken to commissioning and contractual opportunities and from this a reduction in staffing had been seen. Every change had been supported by an EQIA to ensure undertaken in a safe way.</p> <p>The Interim Director of People and Culture asked if the Senior Management Team appraisals were up-to-date for themselves and their direct reports. The Head of Service/Deputy Chief Officer replied that not all were up-to-date and it was recognised that compliance for the HSCP began with the Senior Management Team.</p> <p>Dr Gray's</p> <p>The Chair explained that it was appropriate to accept a late submission rather than defer to the December 2025 meeting given the changes to the Acute services governance arrangements.</p> <p>The Hospital General Manager apologised for the late submission of the Dr Gray's report. This report provided an update from the last attendance at the Committee in April 2024, highlighting the following:</p> <ul style="list-style-type: none"> • iMatter - response rate of 54% and 44% compliance with creating an action plan. Working with teams to explore compliance rates, to be monitored at the hospital level governance structure. • Sickness absence - detailed work was underway to understand themes, the policy and management action. There was a capacity issue to manage through the stages of the policy with work underway to understand where in the sickness absence journey each individual was and the support required to manage using the policy. • Information sharing – refreshed focus at governance meeting to ensure engage teams on key priorities. Arrangements to improve this to increase engagement awareness and develop own plans to contribute to the priorities. • Appraisal – assured there has been good interaction but this has not translated to data. There will be a focus at the Dr 	

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	<p>Gray's Hospital Leadership Team Performance and Business meeting.</p> <ul style="list-style-type: none"> • Risks/concerns – shared partnership representative with Moray HSCP with a view to revisit within the new Acute service governance arrangements. It was beneficial to have local partnership representative with the current representative invaluable. • Transitional arrangements – different reporting arrangements in the future which will enable a more grip and control report for the Committee for assurance purposes. <p>The Hospital General Manager explained that the difference in the number of staff participating in iMatter was due to moving from a combined Moray HSCP and Dr Gray's report to only a Dr Gray's report.</p> <p>The Committee highlighted the active work regarding appraisal, commenting that it hoped it would improve the compliance rate.</p> <p>The Committee asked if there was a backlog handling adverse events. The Hospital General Manager responded that following recent HIS inspections progress was being made on improving the handling of adverse events. Timelines were affected by capacity, especially at level 1. New adverse events were reviewed on a daily basis at the morning hospital safety briefing. Weekly all adverse events (levels 1 to 3) and other clinical risk management activity were reviewed at the clinical risk meeting. There was some backlog but improvements had been made over the last two years. The Director of Allied Health Professions stated that the challenges with level 1 reviews was acknowledged and was the focus of action learning work, with a report at the whole system governance group.</p> <p>The Committee asked for assurance that the strict monitoring of bank and agency usage was effective. The Hospital General Manager stated there was oversight by the Lead Nurse and that the common staffing methodology was being used to understand what the nursing establishment should be. Recruitment of new graduate nurses and management of sickness absence will help with reducing bank and agency spend. The Director of Allied Health Professions informed of layers of governance to assist with both nursing and allied health professions agency and bank.</p> <p>The Committee asked what was being done to encourage individuals to speak up. The Hospital General Manager responded that concerns are asked to be shared at the morning safety briefing and there was a focus on concerns at professional committees. This was a key feature in the new governance arrangements. The Committee asked if the Staff Side agreed there were safe spaces rather than it being a perception. The Staff Side stated from the RCN experience, across NHS Grampian staff do not feel there is a safe space to speak up, not a psychology safe environment. This has been raised by members but it does vary by area, often contributed to by leadership and pressure.</p>	

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	<p>The Committee noted the lower response rate in 2022 and the improvement since then.</p> <p>The Committee noted that there were ongoing staffing challenges which meant that teams can struggle to release staff for learning and development opportunities, asking if doing development differently was being looked at. The Hospital General Manager responded that this was recognised as a risk, with the need to create protected learning time. It remained a challenge across groups of staff with more action to be taken to improve the position.</p> <p>The Interim Director of People and Culture praised the compliance level with statutory and mandatory training, asking how this had been achieved; was the senior management team up-to-date and was it an objective of their direct reports to ensure their teams was up-to-date. The Hospital General Manager outlined that there had been a refreshed approach with a targeted effort to improve compliance with the fire statutory training. The same approach was now being applied to mandatory training, where there was a variation of success between non patient and patient facing groups of staff. Improvement can be seen with time and effort, being clear on the requirement and providing support to staff. It was not currently an objective to ensure everyone was up-to-date but would consider introducing.</p> <p>The Employee Director outlined an ask of the Hospital General Manager and other management colleagues to provide facilities time to support those individuals locally who have come forward to be Staff Side representatives. It was not acceptable that Staff Side representatives were undertaking partnership and employee relations work in their own time. The Hospital General Manager acknowledged this, committing to continue to support release time. The shortage of local Staff Side representatives was hopefully temporary caused by the change in personal circumstances of some individuals.</p> <p>The Committee noted that assurance was affected for the wider organisation by the difference in the management and Staff Side views as to whether there were safe spaces to speak up. The Chair stated that this would be raised at the joint meeting later that day between GAPF and the Area Clinical Forum.</p> <p>Aberdeen City</p> <p>The Lead People & Organisation referred to the Aberdeen City report and apologised that the previously submitted report was not of the desired quality. This report provided an update from the last attendance at the Committee in February 2024, highlighting the following:</p> <ul style="list-style-type: none"> • Active staff partnership forum and active member of GAPF • Only IJB who has invested in a full time staff partnership role. This gave a strong signal at a time of reduced head count and budget. 	

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	<ul style="list-style-type: none"> • There has been activity in meeting with frontline staff, providing feedback and raising issues on their behalf to senior management. <p>The Committee highlighted if other actions were being taken in addition to reminding all line managers that appraisals should be completed timeously given the low compliance rate. The Lead People & Organisation acknowledged the low rate explaining that compliance was not in the objectives of managers.</p> <p>The Committee raised that there was no mention of adverse events handling in the report, asking if this was up-to-date. The Lead People & Organisation responded that they were not aware of any backlog through their staff governance dashboard. As in the case of Moray HCSP adverse events are shared in the integrated system due to their multi-sectoral components.</p> <p>The Committee asked if the lessons learned from the one whistleblowing concern raised had been shared. The Lead People & Organisation confirmed that the lessons learned had been shared with the primary care team but not wider in the HSCP.</p> <p>The Committee asked what was being done to encourage individuals to speak up. The Lead People & Organisation responded that concerns are actively raised at the staff forums. In addition, individuals speak up to the full time staff partnership role, who provides their feedback. Staff Side commented that situations experienced in Aberdeen City, for example consistency of management action. were also across the organisation. They described the weekly catch ups with the Lead People & Organisation as robust challenging conversations to ensure the staff voice is heard but would ideally wish their voice to be heard directly from them.</p> <p>The Chief Executive applauded the improvement in the iMatter Employee Engagement Index (EEI) in the current climate.</p> <p>The Chief Executive outlined their expectations for the future as current compliance rates for statutory and mandatory training and appraisal could not be accepted, with clear expectations being outlined at the redefined wider senior leadership team. There was a need to apply focus to achieve progress in the compliance with statutory and mandatory training; and good quality appraisals due to the significant positive impact on staff. It was important to understand the appraisal data at a more granular level as the appraisal may be recorded in Turas but not saved to ensure part of the completed numbers.</p> <p>The Committee asked if the staff do raise concerns confidentially. The Lead People & Organisation responded that staff did through Staff Side.</p> <p>The Committee asked if it was known if the staff wellbeing offerings assisted those staff off on sickness absence. The Lead People & Organisation outlined that the common answer from staff on what would improve their wellbeing is more staff however about 10% of</p>	

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		<p>staff did attend the wellbeing activities. In reviewing how attendance was being managed in areas of high sickness absence there were common factors such as lack of compliance with policy, no return to work interviews taking place and breaks not being taken. Staff Side added that staff can see use of policy as punitive as use is not consistent. Where areas are under pressure sickness absence does increase.</p> <p>The Committee referred to the request of the Committee in the report of attendance of either committee members or officers at the City Staff Partnership Forum, asking what would be the benefit from that interaction. The Lead People & Organisation responded it was a reciprocal invite for Aberdeen City attending the Committee, as members could give a different perspective.</p> <p>The Committee asked if there had been a positive impact on staff as a result of the full time staff partnership role. The Lead People & Organisation outlined that when the previous incumbent left, a saving could have been achieved through non replacement however it was observed by the Chief Officer that if not replaced some employee voices would not be heard and the early prevention of issue would be missed, as these are raised by Staff Side to either the Lead People & Organisation or Chief Officer.</p> <p>The Director of Allied Health Professions stated that the need for appraisal was supported by regulatory bodies as it could be incorporated into the cycle of engagement.</p> <p>The Committee were partly assured across all three areas pending the additional information agreed to be sought.</p>	DA
7	Oversight group flash reports		
		<ul style="list-style-type: none"> • Health, Safety & Wellbeing (not available as no further meeting since the Committee last met) • Colleagues and Culture (not available due to workshop format of 23 June and 19 August meetings) 	
		Noted by the Committee	
8	2025/26 Quarter 2 internal report The Health and Care (Staffing) (Scotland) Act		
		<p>The Interim Director of People and Culture introduced the 6th quarterly internal report for the period July to September 2025 by NHS Grampian's Board Level Clinicians (Executive Nurse Director, Director of Public Health and Medical Director) to the Committee on behalf of the Board. The HCSA Programme Team were unable to attend the meeting but in their absence were thanked for the report.</p> <p>In response to the discussion at the last meeting about "individual views" of Board Level Clinicians, from the information in the report it was hoped that the rationale for this was clearer as it was statutory guidance which requires</p>	

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	<p>our Board Level Clinicians to have an individual view of compliance and it is those individual views, alongside the associated rationale that makes up the majority of the report</p> <p>The Interim Director of People and Culture informed the Committee of the resolution of a very high risk as the Programme Team funding was in place until March 2027.</p> <p>The high cost agency report for quarter 2 had been approved by the Chief Executive Team earlier that week where there had been good discussion. There had been notable successes in nursing and allied health professions in particular. The medical increase had been driven by Consultants which was being worked on, whilst Psychiatry had a plan for over next 18 months to reduce breaches. Psychiatry and General Medicine were the biggest speciality areas which aligns with current knowledge of these being chronically difficult to recruit to specialities.</p> <p>The quarter 3 report and Annual Report will be submitted to the Committee at the February 2026 meeting.</p> <p>The Interim Director of People and Culture reported that at the regular review with HIS earlier that week no significant issues were highlighted regarding the progress with the act. HIS had informally been supportive of the approach taken by the HCSA Programme Team since its inception.</p> <p>The Committee asked for more information about what work was being carried out to decrease the medical high cost area breaches. The interim Director of People and Culture responded that it was being checked when last the vacancy had been attempted to be recruited to substantively where there was a long term agency worker in place, challenging the assumption that because there was not an appointment made the last time advertised that this would still be the case.</p> <p>The Committee asked how the correct time could be given to ensure a sufficient time allocation to medical leadership. The Interim Director of People and Culture responded that the responsibility for this would lie with the Board Level Clinician, and that a request for an update on this could be included in the next update in February.</p> <p>The Chief Executive informed that she had requested that the full quarterly report should accompany the high cost agency report to the Chief Executive Team. The positive feedback from HIS had been requested which would be shared with the Committee. The interim Director of People and Culture stated that the frequency of the HIS reviews had recently been changed from quarterly to six monthly by HIS.</p> <p>The Committee was assured by the report. Escalation was not required to another Board committee or the Board.</p>	<p>EW/PS</p> <p>EW/PS</p>
9	Agenda for Change Reform Programme flash report	
	<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 – the main priority had been to submit the action plan required to the Scottish Government by 1 October 	

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	<p>2025. This was achieved after it was approved by the Chief Executive Team and GAPF. The process for services to submit how they are going to achieve the reduction was now operational. The MS Form was open, until 30 November 2025, for a return to be made for each roster outlining which of the options was to be used to make the reduction and whether backfill was needed to make that happen. Thereafter there was a governance process to determine if backfill would be granted. Staff Side stated that there was a concern from staff on how they were going to deliver their service in the reduced week and how this might impact on their wellbeing. In addition safe staffing levels would require to be checked using the reduced working week. The Interim Director of People and Culture responded that these concerns were shared locally and nationally. After 30 November 2025 the backfill gap would be known for discussions to take place on situations such as where there may not be the supply of staff to fill the gap.</p> <ul style="list-style-type: none"> • Band 5 review – an update on the provision of national statistics was being chased as none had been received since the beginning of September. There had been 448 submissions however there was a backlog processing these mainly due to job evaluation capacity. There was to be a discussion on what could be done to resolve this. The Interim Director of People and Culture confirmed that there was no deadline for submissions. There was a difference of opinion between management and Staff Side as to whether one was necessary. Staff Side stated there was not a closing date based on the slow pace of progression at this stage. Staff Side raised the timeline for completing the mapping work to monitor where submissions were being made from and to ensure there was not the situation where there was proportionality more band 5s or band 6s in specific areas which may affect recruitment and retention. The Interim Director of People and Culture asked for this to be raised at the Band 5 Implementation Group and thereafter the Programme Board. Staff Side asked whether there had been a detailed cost benefit analysis of using the national process versus changing band 5 to band 6 across the Board. The Interim Director of People and Culture responded that NHS Grampian was following the prescribed national process to undertake the Band 5 review as outlined in the DL and this would not change unless there was a national instruction to do so. • Protected learning time – being driven by national timescales. The Head of Wellbeing, Culture and Development added that the 9 core modules would be implemented on a Once for Scotland basis from February 2026. • Business systems – being led by the Head of Service, HR Service Centre and the local programme was grateful for their support. • Finance – incredible support was being provided by the Deputy Director of Finance and their team. 	
10	Assurance on the training of bank workers along with the process to request, book including skills assurance	

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	Deferred to the December 2025 meeting.	
11	<p>Update on Culture Framework and Management issues resulting from the extraordinary Staff Governance Committee</p>	
	<p>The Interim Director of People and Culture referred to the distributed paper. Since the extraordinary Committee held in June 2025 regarding concerns with management effectiveness and arrangements for developing culture, two workshops have been held with members of Culture & Culture Oversight Group (the current main governance group for this work), dedicated time at a the Chief Executive Team critical thinking time and socialised at Board Seminar. The culmination of that work was being presented at the Committee. For Culture Development the Committee was asked to endorse the new arrangements. For the Focus on Fundamentals approach to Leadership and Management Development, the Committee was asked to note progress, endorse the approach and agree to a return paper at a future meeting. The information being provided was to give a sense of direction and next steps.</p> <p>The Interim Director of People and Culture described the Culture arrangements. It was proposed to significantly simplify the arrangements and focus on future culture development work in three pillars of Wellbeing, Leadership and Equality, as contained within the Scottish Government Improving Workplace Wellbeing and Cultures guidance. This would be adapted slightly to reflect NHS Grampian’s circumstances and from the feedback received from the Chief Executive and the Committee it was proposed as the following:</p> <ul style="list-style-type: none"> • Leadership and Management • Wellbeing, Recognition and Reward • Equality, Diversity and Inclusion <p>The arrangements would be overseen by a Programme Board to commission work and update on progress. The benefits were deemed to be:</p> <ul style="list-style-type: none"> • Simplifies and provides focus for the arrangements for culture development • Provides formal Programme Board Governance for commissioning, escalation and reporting of activity in relation to any of the three pillars • Provides formal Programme Board Governance for delivering upon the key outcomes • Provides governance and an escalation route for Anti-Racism Oversight Group, Neurodiversity Empowerment Group, Grampian Empowered Staff Group, Staff Equalities Network etc <p>The first commission of Focus on Fundamentals was underway and the next commission will be responding to Supreme Court ruling legal definition of a woman. To implement the new arrangements the Culture & Culture Oversight Group will require to be disbanded and the Terms of Reference for H&S Committee updated to remove wellbeing, to allow a focus on statutory obligations only. If the Committee endorses the new arrangements these actions will take place at the Culture & Culture Oversight Group meeting on 3 November and H&S Committee meeting on 6 November. It was still</p>	

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	<p>required to determine where the Sharing Culture Intelligence group sat within the new arrangements and whether it should be more operational. This would be discussed at the next non-executive board member Sharing Culture Intelligence group.</p> <p>The Staff Governance Manager clarified for Staff Side that it had been the intention to discuss the number of bullying and harassment cases at the Culture & Culture Oversight Group before coming to the Committee, highlighting that the Scottish Government Staff Governance Standard monitoring return (item 13) asked for that data, the same as the previous year. The Interim Director of People and Culture stated that consideration of this data would be incorporated into the new arrangements.</p> <p>The Committee expressed support for the work taken in response to the situation raised.</p> <p>The Interim Director of People and Culture clarified that Staff Side had contributed through the Culture & Culture Oversight Group.</p> <p>The Committee asked for consideration if the Committee should be included in the escalation process for the programme board. The Interim Director of People and Culture stated that this point had also been raised by the Chief Executive.</p> <p>The Committee raised that organisational behaviours and values are a fundamental part had been omitted from the arrangements, and felt this was required so everyone in the organisation would understand what was expected of them. The Interim Director of People and Culture responded that this work should start from the Board and to do this there would be a Board development session in March 2026, to be cascaded thereafter. The Committee felt that this would give undue delay. The Interim Director of People and Culture disagreed as work would commence on the Supreme Court ruling and the Focus on the Fundamentals whilst awaiting the behavioural work, as an alternative to delaying all work. The Committee through making the comment had not been desiring a delay to all work. It was difficult to distinguish between learning and management as all parties should be brought into the same behaviours and values, as the golden thread. There was a need to help managers to manage the basics and there was a risk that some would ignore leadership work as some managers would not recognise themselves as leaders. The Committee felt that a significant period of time should not be spent developing behaviours and values as in their experience there was little difference in the outcomes of such work across organisations therefore the national expected behaviours and values should be adopted.</p> <p>The Chief Executive stated that it was discussed at the Chief Executive Team that there was a need to understand the current culture and what moving to, a role of the Board to describe in one sentence. Values were already established with a need to develop underpinning behaviours described in our own language to make it meaningful. This work could be complete by end March 2026.</p> <p>The Interim Director of People and Culture described the Focus on Fundamentals work. The organisational expectations of managers and leaders are not clearly or consistently defined, with no consistent methodology for identifying leadership and management development</p>	

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	<p>needs. Whilst a lot of development support is available, it is not readily tailorable to individual learning needs. The proposal focussed on:</p> <ul style="list-style-type: none"> • Identifying what the expectations are of managers - work was started at a Chief Executive Team critical thinking time session and being progressed by the Head of Wellbeing, Culture and Development through stakeholder engagements. • Using Operational Leadership Success Profile Self-Assessment as the recommended tool for management personal development plans. <p>The following was required during quarter one 2026, with a launch in quarter two:</p> <ul style="list-style-type: none"> • Conclusion of the stakeholder engagements. • Linking the expectations to the Operational Leadership Success Profile. • Gap analysis on what training support is available for each of the expectations. • Prioritisation/roll out plan - very clear steer from the meeting of the importance of good quality appraisals but require development of other priorities. <p>The Committee expressed that this was one of the most important pieces of work, addressing the points raised. The work described sought to improve the skills of managers which if in existence may have assisted with other matters discussed during the meeting.</p> <p>The Committee emphasised that the key aspect from the work was outcomes so it was important not to create too many groups and have duplication of effort, acknowledging the work done so far. The Interim Director of People and Culture responded that KPIs had been discussed at the Chief Executive Team, to be clear on what will change as a result of the work.</p> <p>The Committee raised the need for an agreed point at which a review will be undertaken to ensure learning identified to determine what might need to be done differently.</p> <p>The Committee reflected on the discussion regarding leadership and management. There were differing views whether there should be a difference distinguished between the terms or not. In doing so could this create division or should individuals be empowered to think about themselves as a leader irrespective of their level/grade in the organisation, to give ownership for leadership. Conversely keep the terms separate until there are strong competent managers who can see themselves as leaders. The Director of Allied Health Professions supported not making a difference between the terms, informing of career framework work with NES to embed leadership starting with graduates.</p> <p>The Committee had been asked to:</p> <ul style="list-style-type: none"> • Note the progress that has been made to date to respond to the concerns raised regarding the arrangements for culture development and leadership/management effectiveness – duly noted by the Committee. • Endorse the proposed new arrangements for culture development – endorsed by the Committee. 	

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	<ul style="list-style-type: none"> • Endorse the approach being taken for leadership and management development – endorsed by the Committee. • Request that another report on “Focus on Fundamentals” be brought back to the Committee at a future date – agreed with the meeting date to be described at the next agenda setting meeting. 	PS/JD
	Statutory Information, Reports and Returns	
12	Whistleblowing 2025/26 Quarter 2 report	
	<p>The Head of Engagement presented the 2025/26 Quarter 2 report to the Committee, highlighting the following:</p> <ul style="list-style-type: none"> • During the period 1 July to 30 September 2025 there were two concerns that met the criteria for whistleblowing. • During the quarter 3 cases were concluded, all with the theme of behaviours. One case had taken approximately six months to conclude due to the wellbeing of the individual raising the concern to participate in the investigation and receive feedback. • The recruitment to the two new posts was being progressed. <p>The Chief Executive asked for clarification on the information regarding staff training. It stated that 735 whistleblowing Turas e-Learning modules had been undertaken by staff however did this equate to 735 staff. The Head of Engagement acknowledged that some staff may have done both modules but would report on the figures more thoroughly in further reports. The Chief Executive asked for additional context in future reports of the target for staff training to understand progress.</p> <p>The Committee confirmed they were assured.</p>	LB
13	NHS Scotland Staff Governance Standard 2024-2025: Assurance of Compliance	
	<p>The Interim Director of People and Culture referred to the request from the Scottish Government to complete a template deemed less onerous for Boards to submit. This had been received on 5 September for submission by 17 December 2025. The request of the Committee was to undertake preparation work for the finalised return to be approved at the 4 December meeting. The Committee was asked to review and scrutinise the information provided in this paper and:</p> <ul style="list-style-type: none"> • Confirm that it provides assurance that it adequately describes the position in NHS Grampian, including agreeing which documents should be submitted to accompany the return. It was proposed that a sample of documents would be provided including from the portfolios/directorates who have attended the meetings. • Discussing, during 2024/25, what the top three challenges to comply with the Staff Governance Standard have been and the top three successes that demonstrate a commitment to the Standard. 	

Item	Subject	Action
	<p><i>The Whistleblowing Champion left the meeting.</i></p> <p>The Staff Side commented that the challenge was to ensure all staff had an understanding of the Staff Governance Standard including what they mean to them. There had been some recent activity to increase awareness from manned stalls. It was also important for staff to take ownership to increase their awareness, suggesting a message with payslips to highlight, however their potential lack of capacity, given statutory and mandatory training compliance levels, to do this must be taken into account. This fed into the culture, leadership and management discussion and lack of adherence to the principles of the Standard. The Committee agreed the behaviours that underpins the Standard must be embedded and should be linked to the culture work.</p> <p>The Committee stated they were not comfortable identifying the top three challenges and successes, as members may have different views. As an alternative route to establish, it was suggested that what staff think should be found out and that should be included in the return. It was important to involve the staff, taking the opportunity if possible to discuss more widely. It was noted from the discussion today, issues raised had been the release of Staff Side; culture development work; and wanting everyone to be well informed.</p>	DA
14	Remuneration Committee 2 October 2025 agenda and assurance statement	
	Noted by the Committee.	
15	Items for Noting	
	The Committee noted the following approved minutes/report:	
15.1	BMA Joint Negotiating Committee Minutes – 2 July 2025	
15.2	Colleagues and Culture Oversight Group minutes – not available as meetings conducted in workshop format	
15.3	Occupational Health, Wellbeing and Safety Committee – no new approved minutes	
15.4	GAPF Board report – covering the 21 August 2025 meeting	
15.5	Area Clinical Forum – 25 June 2025	
16	Any Other Competent Business	
	None raised	
17	Date of Next Meeting	

Item	Subject	Action
	Thursday 4 December 2025 10am to 12.30pm via Teams	