



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 17th July 10.00 am to 12.30 pm
Microsoft Teams

Present:

Steven Lindsay, Elected Staff Side/Employee Director (Chair)
Adam Coldwells, Interim Chief Executive (Co Chair) (part)
Philip Shipman, Acting Director of People and Culture
Diane Annand, Staff Governance Manager
June Brown, Executive Nurse Director
Faye Dale, Interim Head of People and Change
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Alison Evison, Chair Non Executive Board Member
Jennifer Gibb, Nurse Director
Jane Gibson, RCN
Gemma Hood, SoR
Sarah Irvine, Deputy Director of Finance (part)
Natalie Jeffery, Business Manager to Head of Service Moray CHP
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager Surgical Services (part)
Jill Matthew, Head of Occupational Health Services
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services
Helen Smith, Service Support Manager, Aberdeen City (on behalf of Sandy Reid) (part)
Karen Watson, Unite
Elizabeth Wilson, HCSA Implementation Manager (on behalf of Gerry Lawrie)
Audrey Gordon, Partnership Support Officer

In attendance:

Keith Grant, UNISON - Item 4d and 6iv
Carrie Stephen, Programme Manager Planning and Pamela Milliken, Senior Responsible Officer - Item 4f
Ted Reid, Head of Logistics Services Facilities - Item 4h
Andrew Wood, Health & Safety Specialist - Item 5a

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Gerry Lawrie, Head of Workforce and Development Lynn Morrison, Director of Allied Health Professions Jason Nicol, Head of Wellbeing, Culture and Development Sandy Reid, Lead People & Organisation, Aberdeen City CHP Kirsten Stewart, RCOP Gavin Payne, General Manager, Facilities & Estates</p> <p>Meeting declines were received from:</p> <p>Stuart Humphreys, Director of Marketing and Corporate Communications</p>	
2	<p>Minute for Approval</p> <p>Minute of the previous Meeting held on 19th June 2025 was approved.</p>	
3	<p>Matters Arising</p> <p>Diane Annand updated on the item discussed at the last GAPF, around an additional paper for policies on a summary of main changes to be included. No-one had come back to Diane by email but comments had been made at the last meeting. This action was now closed.</p>	
4	<p>Well Informed</p> <p>a. KPMG External Report – June Brown updated that NHSG had received this back for accuracy checking and provided feedback on this. This report was commissioned by the Scottish Government due to go back to them today and finalised report would be shared. The next Assurance Board meeting was due to take place next Tuesday to discuss the Assurance Report in relation to recommendations made and initial steps. There was a Critical Thinking Session (CTS) taking place tomorrow and a briefing to be provided to the Board in relation to the report and recommendations. Philip Shipman added that there would be detail and communication for the wider organisation following the Assurance Board meeting on Tuesday and an Extra Ordinary Chief Executive meeting taking place late Wednesday afternoon. To manage expectations, it was thought that there would be no communication until later in the week. Alison Evison added that Scottish Government were involved when communication happens, in conjunction with NHSG, but as progress is made NHSG would be able to decide when to communicate. Steven reminded that there was a public website available internally-</p>	

	<p>NHS Grampian Assurance Board - gov.scot with letters and the ministerial statement around Level 4 escalation. Additional documents will be added to this.</p> <p>Steven Lindsay had reached out to NHS Forth Valley who had previously gone through Level 4 and communicated with Stephen Gallagher, Director of Mental Health from Scottish Government as Chair of the Assurance Board, on how engagement would take place with NHS Staff Side. Hopefully at the next GAPF meeting, progress will have been made. Martin McKay had raised a concern at a previous GAPF meeting on how Partnership was actively engaged and involved. Martin had also spoken to NHS Forth Valley and raised with the Cabinet Secretary when in Glasgow and looked forward to engagement on this.</p> <p>b. Scottish Government Assurance Board for NHSG – this was covered as above.</p> <p>c. June Staff Governance Report – Joyce Duncan advised that this paper was from the Extraordinary Meeting on 5th June. This covered Culture Framework, Management Issues and the Whistleblowing report which will be coming back to Staff Governance, in relation to work taking place, to build assurance in those areas.</p> <p>d. Facilities and Estates Staff Governance Report – No questions were raised.</p> <p>e. Policies Sub Group Annual Report – Diane Annand updated on the report which outlines the work of the sub group over the last year:</p> <ul style="list-style-type: none"> • The report detailed the membership and an invitation remains for any additional management members to join the group, either individuals on GAPF or in wider teams should contact Diane or Keith if interested. Alternatively, if anyone wished to attend a meeting on an ad hoc basis to learn about the work of the sub group, they would be welcome. • 6 policies had been submitted to GAPF in the last year with the H&S policy on the agenda for this meeting. There continues to be smaller numbers due to the number of Once for Scotland policies currently. The sub group were not doing any review work on pending Once for Scotland policies e.g. ceasing work on local Tobacco Policy and the progress of active policy reviews. Table 3 in the report outlined this work. Some policies progress through the process quite quickly whilst others take longer at the review or post consultation stages. The Freedom of Information Policy had now been impact assessed and will be discussed at a future GAPF meeting. 	
--	--	--

	<ul style="list-style-type: none"> • Pending Once for Scotland Workforce Policies within phase 2.2 was not covered as this was discussed at the last GAPF meeting. There was a reminder on Page 3 of the policies in Phase 3. • Keith Grant mentioned that there were several policies colleagues want to progress but time was the issue. Keith made a plea if part of or want to be part of a policy review to progress these. Steven added that he recalled when more closely involved in policy work, that some reviews were very popular e.g Organisational Change Policy. Diane agreed but resource needs to be identified to assist with moving a policy review forward, if not reviews can flounder. <p>Steven expressed his thanks on behalf of GAPF to both Diane and Keith as Co-chairs of this group and the wider Policy Sub Group on the work carried out.</p> <p>f. Integration of Acute Pathways – Carrie Stephen and Pamela Milliken provided a presentation. Main points:</p> <ul style="list-style-type: none"> • The Strategic Change Board approved the Integration of Acute Pathways Programme commission on 25th February. To integrate acute pathways across Grampian for equal access to care, to stabilise services and how workforce works across Aberdeen and Elgin. • This was commissioned for the whole of Acute but 3 pathways were accelerated - Orthopaedics, Cardiology and Endoscopy. High level deliverables were formalised in early April. Project Initiation Documents (PIDs) were agreed for 3 services with clear commissions which was the production of a co-produced shared description of a fully integrated single acute service model required by end April and agreed implementation plan by mid May with a report produced for the Chief Executive Team and implementation by the end of June 2025. • Progress was made at end June with specific clinical risks in pathways which were addressed in parallel to avoid these arising again. An integrated service model focusing on implementation of single point of referral, integrated vetting, single waiting list and single governance was achieved. Workshops took place with Orthopaedics and Endoscopy looking at encompassing across the whole pathway including Primary Care referrals and preventative work in the community, the wider pathway has not been addressed in the first phase. • A Milestone Progress report was considered by the CET on 8 July and a reflection on learning event took place at a Board Seminar on 10 July. This report showed progress on the 8 key deliverables for the programme against 3 services. <ul style="list-style-type: none"> ○ There is no vetting for Endoscopy as a diagnostic but requests come in from specialities following a referral from Primary Care. 	
--	--	--

	<ul style="list-style-type: none"> ○ On single vetting - processes in place for implementation for 100% for endoscopy requests, 100% of orthopaedic referrals with single vetting in place for consultant cardiology lists. ECHO (within cardiology) has been deferred due to workload concerns. ○ On single waiting lists - implementation of single waiting list is in place for all endoscopy lists, for all new referrals to orthopaedics and single waiting lists for consultant clinics and ECHO lists in cardiology. ○ Single governance system in place for all 3 services with interim governance arrangements in place with the expectation that these will be further developed and embedded. ○ Endoscopy and Orthopaedics (elective care) have agreed a high level action plan. It was agreed by the IAP Programme Board to pause work around the Orthopaedic trauma model at this stage in light of other work. Cardiology was paused and restarted in late May. The integrated model was agreed for consultant waiting lists with workshops planned from late July to develop further. ○ Integration of clinical administration processes and teams current process has been mapped. Standardised administration process confirmed. Clinical administration team integration undertaken through consultative line management change, in line with organisational change. Line management changes to commence on 21 July. ○ Proposal for process and timeline for integration of Gastroenterology Services recommendations made that this is progressed, commencing July ○ Next pathways for further integration are those with sustainability issues or clinical concerns. <ul style="list-style-type: none"> ● The key benefit of the IAP Programme is having single waiting lists where patients will be taken in order in line with their clinical condition across Grampian. There are expected benefits working in teams and measurement / evaluation will take place on whether this has an impact. The IAP Programme is in line with the national Service Renewal Framework. The changes are underpinned by complicated digital systems, Standard Operating Procedures (SOPs) on ways of working to achieve vetting and waiting list. Switch on requires detailed work to take place from the services and corporate teams. ● Key risks and challenges from the 3 pathways were to look at lessons learned for further pathways: <ul style="list-style-type: none"> ○ Different teams and working practices. It was important to have workshops and getting people together at the beginning, with ownership and support from other teams 	
--	---	--

	<ul style="list-style-type: none"> ○ Communications have started with the public and some changes will not be apparent to them. The overall intention was to create equality of access across Grampian. National access and local access policies will be highlighted whereby people may need to travel and briefs are being provided to support frontline teams with these conversations. ○ Dependencies have been considered for example the need to meet max waiting times of 52 weeks. For orthopaedics this means we have looked at the elective model noting the interim approach to trauma and that a final model for trauma will be required. ○ Pathways were progressed at an accelerated pace to keep momentum up but commitment was required from services in supporting this. ○ Excellent project support and that from wider corporate colleagues has driven the pace. ○ Awareness of potential organisational change and the need to create the conditions for change. ○ Timelines were really tight with the operational service having to free up diaries. ○ Face to face interactions were valued and understanding of the impact on individuals and complexity of systems. ○ It was the intention at the end that each service is to have a good understanding of combined workforce planning and budget ● Next phase agreed by CET: <ul style="list-style-type: none"> ○ To focus on embedding the changes to the first three pathways and key elements over the next 3-6 months. ○ Move to Gastroenterology for next pathway work, in line with capacity. ○ To be upfront before risks occur in pathways e.g. sustainability and training issues. To pinpoint where integration would be a support around this. ○ Ensuring the IAP Programme continues to inform the development of the route map by the Strategic Change Board (SCB) and working in parallel with Dr Grays strategy. <p>Steven thanked Pamela for the presentation and commented that it was really good to see the work being produced. Steven gave thanks to all involved and the PIP directorate. Philip added that this was a huge piece of work and had been really challenging. There were key lessons for the organisation to learn and clarity was welcome on this. Steven looked forward to hearing back on further updates at GAPF.</p> <p>g. Finance Update – Sarah Irvine provided an update:</p> <ul style="list-style-type: none"> ● NHSG forecast to have the highest deficit in Scotland in 2025/26. At the end of June there was a deficit of £17.2m. 	
--	--	--

	<p>This is made up of with a year to date overspend of £10.1m reported on operational services not delegated to the IJBs. A year to date deficit in centrally held reserves totalling £6.7m. £6.5m relating to the provision for IJB overspends. These are offset by £6.1m relating to the non-recurring sustainability funding provided by Scottish Government. The Board is projecting a deficit of £45m for 25/26.</p> <ul style="list-style-type: none"> • Medical staffing was £2.8m (5%) overspent. Locum expenditure was £2.82m which is a 24% decrease from the same period of 24/25. Nursing was £4.9m (7%) overspent. • Underspend has been reported against drugs budgets year to date. • Savings have been delivered through: <ul style="list-style-type: none"> o A reduction on agency nursing spend o Prescribing switches for various hospital drugs o Resident doctor banding payments o Targeted vacancy control o Reduction in additional hours payments • A number of risks were highlighted including the risk that service pressures or unplanned cost increases arise in which may increase operational overspend, the risk of further inflationary pressures beyond that in the financial plan and the risk that we do not achieve the planned level of savings. • £104.5m of funding to support the infrastructure programme this year with Baird and Anchor projects a significant element of this. There has been £8.0m spend to the end of June. <p>Adam Coldwells highlighted that the position at the end of this quarter was vulnerable and delivery of the projection of £45m at year end was critical to rebuild confidence. Everyone was part of the savings plans and contributing. It was a big ask to get to zero over the next couple of years and the key was delivering the £45m to gain credibility. Steven thanked Sarah and echoed Adam's comments for all to do what they can through these incredibly difficult and challenging times.</p> <p>Jamie Donaldson added that he had a number of conversations around staff morale and pressures on staff and senior managers which was not sustainable. Sickness was on the rise across all areas due to stress and the constant barrage staff were under. There was huge demand at front doors which had a knock on effect across all areas. Staff don't feel safe at work and pushing to plus 5 in corridors was still happening. Jamie had met with the Ethics Group to discuss when this was going to stop. This was concerning as Corridor Care in non-standard patient areas was envisaged to be a short-term solution but there was no exit strategy. Steven agreed that this was a good point to make as all were under a great deal of pressure. Philip highlighted that staff morale was a key indicator from the iMatter Survey and was due to be discussed at the Chief Executive Meeting tomorrow but the KPMG report was taking priority. The intention was to review, not just for the Chief Executive Team to own the action plan, but the</p>	
--	--	--

	<p>organisation to set for all teams by 18th August as it was the intention to communicate this wider on what we have learned and what was being done. The pressure the system and employees were under was identified at the last H&S committee. The focus will be on stress management to be discussed at the committee agenda setting meeting next week. It was recognised there was a need to do more within resources and support available. Jamie could be involved in this as the Chair of H&S on working together and how this can be achieved in Partnership to be focussed on</p> <p>Adam thanked Jamie for his comments. There were collective challenges as an organisation which was reflective of the escalation to Level 4 which was currently unsustainable. The Plan for the Future route map had not come quickly enough, with the challenge to deliver good quality care with no additional funding available. How we transform the system and the approach to risk required to be thought about to mitigate this, without dependency on resource. Morale and hope with tangible actions were key for the future.</p> <p>Jane Gibson agreed with Jamie's comments and although stress management and wellbeing is talked about, this is put in retrospectively to help people. There was a requirement to look at stress avoidance. RCN have the highest number of registered nurses who are members and many are on the frontline. Jane had not heard previously of those talking about suicide until now which was a concern and had been raised. There are great areas of culture in NHSG but this was thought to be inconsistent. Jamie added that there was a need from KPMG to organise several roadshows on the recovery plan to reach all staff and what this means for them. Reduced Working Week (RWW) was envisaged to be a benefit for the wellbeing of staff but the same amount of work was being carried out within the same hours. Philip asked Jane to raise any issues regarding suicide with him outwith this meeting as there was a need to respond very quickly to this and should be raised with HR managers or Philip as this was really concerning. Stress management avoidance and managing stress should be looked at. Some areas do require improvement and there was an extraordinary staff meeting on how we improve culture within the organisation to take forward which was mentioned earlier in the meeting.</p> <p>Rachael Melvin highlighted that services were finding it more difficult to get posts through the scrutiny process even for a replacement. There were increasing waiting lists with pressure to bring these down, alongside service level and patient concerns. Adam replied that this was a difficult thing to understand as posts were being managed through vacancy control and there were more than 1,000 people employed than 4 years ago. The key areas in the next phase to think about in financial sustainability, involved head count, staff numbers and how we provide good</p>	
--	--	--

	<p>services without making those work harder. Adam recognised what Rachel had highlighted but the data suggested something slightly different and was a tricky phase to get to the next part of the sustainability. Steven thought this was important to discuss and thanked all for their contributions.</p> <p>h. Car Parking Update – Ted Reid updated as Chair of Car Parking Working Group:</p> <ul style="list-style-type: none"> • A Planning Application for the permanent use of Lady Hill Car Park at Level 6 and above was submitted. Aberdeen City planners had agreed to a 2-year temporary change. The next steps involved a registration process rather than a permit scheme due to open on 4th August with a 2-week lead in time and then to follow management process. The registration scheme will remain open. There was a test on application last week which took less than 2 minutes to complete. The site highlighted over the period was required to provide spaces for on call staff or those that need to leave and return. This was a change to space provision with shorter term parking for quick access. Ted was working with the BMA in the background on an MS Teams form for anyone using these spaces to complete retrospectively after use. This will be tried out to monitor the use. Engagement and education will be used rather than “big brother” but constant misuse will be managed. The Daily Brief will keep everyone up to date and there was a requirement for staff to work with the group and the plan. As this was a 2-year temporary change, evidence would be required that there were always spaces available for patients and visitors. Sandy Reid had enquired about shuttle buses previously to support Renal as this was a financial benefit for the organisation. This would continue in the shorter term with ad hoc availability of shuttle buses. <p>Keith Grant added that the application was always for Floor 6 and above to be a shared visitor, patient and staff resource. It had taken a long time to get to this point. Staff were required to understand and follow what was requested of them as this was fragile. Resources needed to be filled for policing of the area to ensure this was carried out properly, cameras will help but staff on the ground were required. Ted highlighted that following the temporary change of use for 2 years, NHSG will require ask for permanent use but evidence was required for the use of the site. Jamie added that Aberdeen University staff were not allowed to park on this site as not NHSG employed and had found the form straightforward to submit.</p> <p>Steven thanked Ted for the work on this and reiterated that employees need to do their bit to support.</p>	
5	Involved in Decisions	

	<p>a. Policies for Approval by GAPF:</p> <p>Health and Safety Policy – Andrew Wood had provided the updated policy. There were no issues and GAPF approved the policy. Steven thanked Andrew for his work on this.</p>	
6	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Non-Pay Elements of Agenda for Change Pay Award as follows:</p> <p>i. Overall Group – Philip Shipman had attended the last meeting of the Programme Board</p> <p>ii. Systems Group Update – Lorraine Hunter updated prior to the meeting that there was no update. Philip advised that Lorraine had a significant role nationally to drive RWW forward and in the agreed timescale.</p> <p>iii. Reduced Working Week – Faye Dale informed that following the last update to GAPF, work was moving at pace. There was a shared communication in the Daily Brief updating staff with the work of the sub group, along with a visual timeline of the key parts of what will be happening for staff. Today's Daily Brief contained the staff survey, open for a week, to gather information on lessons learned with over 300 replies so far. All information from the different components will be collected and fed in. The revised process on other outline actions, backfill, governance and lessons learned were being pulled together. This will inform the revised process and a flowchart will be available on how this will work with expected escalations if required and the most efficient use of HR and Staff side input into the reduction to be made, as part of the process. This will be shared through the Programme Board and reported at the next GAPF meeting. Alongside this work, the next commitment in the Directors Letter (DL) is a detailed implementation plan to submit to Scottish Government in October. Details were being pulled together for this, dependent on activities earlier reported and will be discussed with GAPF in time to be approved and submitted.</p> <p>iv. Protected Learning – Philip reported that the national programme for 9 core modules for all staff, was due later in 2025 and rolled out across all Health Boards. Keith Grant updated that of those Statutory/Mandatory modules, 6 were agreed nationally and 3 were outstanding. There were 3 phases to this work with questions on set timings which may change, depending on the actual subject topic but these should take 30 minutes to complete. There will be a phased approach if staff have completed and this will be carried over. RWW has an</p>	

	<p>impact and there will be further discussions on future statutory/mandatory courses as PLT was an issue to cover this. Philip added that this was in the Daily Brief to highlight this and reinforce through GAPF not to stop this training. Philip thanked Keith for his support on this.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – Jenny Gibb updated that this group meet monthly, with the last meeting taking place on 3rd July. There was a total of 310 submissions through the portal. Grouping all data in quarters for 14 panels, there were 42 questionnaires completed and 31 moved to Band 6. There was no end date currently. The group were struggling for Staff Side representatives for panels and would pick up with Steven and June. Philip highlighted that NHSG were still maintaining their position as the highest response rates in NHS.</p>	JG
7	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. Concerns re staff experience (Monthly) – Steven Lindsay Jason Nicol, Gavin Payne and Jane Gibson had not met since the last GAPF meeting and as such, there was no further update. A draft document was to be used in the MUSC area and hopefully there would be a more meaningful update for the August meeting.</p>	
8	Appropriately Trained and Developed	
9	<p>Any Other Competent Business</p> <p>a. Student Nurses SBAR – Martin McKay provided clarity on this as attending GAPF as a UNISON rep but links with GAPF via the Grampian Area Nursing and Midwifery Advisory Committee (GANMAC) where he was invited to attend, to take national discussions and items there. It was felt appropriate when UNISON produced this paper, that this was the route. UNISON Health Branch initiated a focus engagement process with student nurses at RGU as a priority for unions and professional organisations that have nursing membership, to support and promote the future nursing workforce. Part of this work was to produce a paper and gain views of student nurses on their training experience at university and on placements with what works, what was valuable and what would make this a better experience. Recruitment and retention were previously a major concern but there were now various other restraints around this. The process of engagement was to improve student nurse experience in the workplace and boost recruitment and retention. Martin was looking for GAPF support to allow the paper to be</p>	

	<p>presented at GANMAC at the next available opportunity. This was produced with a group of very engaged student nurses and discussion was facilitated. This group will be involved in presenting at this forum and taking questions.</p> <p>June Brown was aware of the concerns raised by first year students at RGU and Alison Evison had met with students and arranged to meet again to understand further. UNISON had used many routes of escalation for students through cause for concern, tutor and advisor etc but June had not heard from any other route in relation to the process. June was looking at those concerns with the university as a joint venture and was happy to continue to do, as this was the clear role of the governance process. NHSG have attracted student nurses which was positive and done in partnership.</p> <p>Alison added that it was good students raised issues with RGU and this was followed up by NHSG. Part of the learning process for students was to know what was in place already and to be part of this. It was important to be involved in the partnership role and for students to see the union role and be appreciative of what was involved in the partnership forum. Alison would urge to continue the dialogue and encourage students to become familiar with the process to use and through the correct channel. GAPF and Staff Side to be made aware of. Steven echoed this and succession planning was important for accredited reps. The specific ask on the SBAR should go to Mark Burrell as Chair of the Area Clinical Forum if looking for support for the group of students to engage with GANMAC. In terms of specifics, this should go back to June as Chair of this group and deemed appropriate. June would check the TOR of this group for clarity if appropriate or not with others as this was not an employee issue. Martin replied that he had been around GANMAC for many years and worked to enhance engagement with workforce included inviting staff to come along. Student nurses on placement should come through this route as this programme was being run by UNISON employees to put this forward from students. Martin to have discussions with joint chairs if required on the future of workforce and it would be good to have engagement with the Governance committee. Steven gave his thanks to UNISON colleagues for raising with student nurses and GAPF was supportive of continued engagement. June suggested Martin take to the Education Council and was happy to have a conversation offline to take forward.</p>	<p>JB</p> <p>MMc</p>
10	Communications messages to the Organisation	
11	<p>Date of next meeting</p> <p>The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 21st August 2025. Agenda items to be sent to: gram.partnership@nhs.scot by 4th August 2025.</p>	

	The GAPF Development Event is on 18 th September and all are encouraged to bring someone along to this.	
--	--	--

Audrey Gordon - gram.partnership@nhs.scot

