



**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)**  
**Thursday 21<sup>st</sup> August 10.00 am to 12.30 pm**  
**Microsoft Teams**

**Present:**

Steven Lindsay, Elected Staff Side/Employee Director (Chair)  
Diane Annand, Staff Governance Manager  
Ian Cowe, Head of Health & Safety  
Faye Dale, Interim Head of People and Change (part)  
Olive Davies, Unite (on behalf of Karen Watson/Michael Ritchie)  
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  
Jane Gibson, RCN  
Gemma Hood, SoR  
Stuart Humphreys, Director of Marketing and Corporate Communications  
Sarah Irvine, Deputy Director of Finance (part)  
Martin McKay, UNISON  
Cameron Matthew, Divisional General Manager Surgical Services (part)  
Jill Matthew, Head of Occupational Health Service  
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services  
Lynn Morrison, Director of Allied Health Professions  
Jason Nicol, Head of Wellbeing, Culture and Development (part)  
Sandy Reid, Lead People & Organisation, Aberdeen City CHP  
Philip Shipman, Acting Director of People and Culture  
Kathleen Tan, CSP  
Phil Tydeman, Director of Improvement (part)  
Alan Wilson, Director of Infrastructure and Sustainability

Audrey Gordon, Partnership Support Officer

**In attendance:**

Kylie McDonnell - RCN Shadowing  
Item 4a – Luan Grugeon, Strategic Development Manager  
Item 4e – Geraldine Fraser (Chief Officer Acute Services), Paul Bachoo (Medical Director Acute Services), June Barnard (Nurse Director Acute Services)  
Item 5a – Alan Bell, Head of Information Governance and Data Protection  
Item 5b – Lorraine Hunter, Head of HR Service Centre

|   | Subject   | Action |
|---|---|--------|
| 1 | <b>Welcome and Apologies</b><br><br>Everyone was welcomed to the meeting. Apologies were received from the following: |        |

|   |  |  |
|---|--|--|
|   | <p>Adam Coldwells, Interim Chief Executive (Co Chair)<br/> Gerry Lawrie, Head of Workforce and Development<br/> Michael Ritchie, Unite<br/> Kirsten Stewart, RCOP<br/> Karen Watson, Unite<br/> Natalie Jeffery, Business Manager to Head of Service Moray<br/> CHP</p> <p>Meeting declines were received from:</p> <p>Mark Burrell, Service Clinical Director<br/> Gavin Payne, General Manager of Facilities &amp; Estates</p>   |  |
| 2 | <p><b>Minute for Approval</b></p> <p>Minute of the previous Meeting held on 17th July 2025 was approved. Extraordinary meeting held on 5<sup>th</sup> August was still to be approved.</p>   |  |
| 3 | <p><b>Matters Arising</b></p> <p>There were no matters arising.</p>  |  |
| 4 | <p><b>Well Informed</b></p> <p>a. Putting People First – Luan Grugeon provided a presentation and updated the group on the plan for the year ahead. Luan would also be presenting at the GAPF Development Day.</p> <ul style="list-style-type: none"> <li>• There are 4 Guiding Principles working with communities and staff with a long-term change journey and building foundations. In the past year key highlights noted were: <ul style="list-style-type: none"> <li>○ Support staff require to be confident and involve the public. A digital toolkit was available to involve patients and services effectively and was live now. This has evolved over time with feedback on this positive area.</li> <li>○ There had been tested Community Appointment Days (CADs) collaborating with third sector which had shown a high satisfaction success rate from those who had attended. Staff were able to see potential ways of working and more closely with the third sector. More days were planned for the year ahead and looking at how to deliver these more strategically with waiting list and system pressures to have the biggest impact in the year ahead. Colleagues in Public Health were assisting.</li> <li>○ CAD evaluations were being reviewed to gather any themes from the MSK appointment day held last September and there were encouraging signs from those that had attended and then followed up. This</li> </ul> </li> </ul> |  |

|  |   |  |
|--|---|--|
|  | <p>helped focus on what matters and make any changes to behaviours.</p> <ul style="list-style-type: none"> <li>• Testing new ways of working with the public in partnership with the Anti-Poverty Network in Aberdeenshire. Working with families on potential barriers using the NHS service as a family and children service. This has included setting up an expert panel who are providing detailed feedback and solutions to work differently together with Children's Hospital staff, with a test of change being planned for later in the year.</li> <li>• Real time feedback loops would be live in clinical areas in the next few weeks to gather feedback from patients in the service at the moment and will be provided back to teams to help them identify any issues.</li> <li>• Successful NHSG Charity funding application to help test approaches in the system and when the funding ends after 2 years, the good practice and learning will be embedded in the system. Real feedback loops will support staff to involve the public and work with transformation plans to deliver change differently and involve the public.</li> <li>• Links to find out more where shared:<br/> <u><a href="#">Putting People First</a></u><br/> <u><a href="#">Community Appointment Day - COPD 16 April 2025</a></u><br/> <u><a href="#">Aberdeen Community Appointment Day - Chronic Pain (5/2/25) - YouTube</a></u><br/> <u><a href="#">Moray Appointment Community Day - Full Video (youtube.com)</a></u> </li> </ul> <p>For more information to contact - <a href="mailto:gram.puttingpeoplefirst@nhs.scot">gram.puttingpeoplefirst@nhs.scot</a> or <a href="mailto:luan.grugeon@nhs.scot">luan.grugeon@nhs.scot</a>.</p> <p>Joyce Duncan commented that this was a great piece of work and demonstrated that change can be made without upsetting people. It was phenomenal what had been done and the impact of CADs. Joyce thought it may be worth thinking about colleges for younger people and looked forward to hearing more on the feedback loops. Luan advised this had not happened so far but was something to be looked into for toolkits and support in local teams. Jamie Donaldson also added that Fresher Fayres could also be looked at to pick up a wide variety of students coming into the area to change health view. Luan thought there was potential for this to be really wide but were focusing on a few areas to do well and learn from these. Steven Lindsay looked forward to hearing more at the Development Event with further opportunity to interact and thanked Luan for the update on the good progress being made on this work.</p> <p>b. Plan for Sustainability and Performance Improvement (External Report and Scottish Government Assurance Board for NHSG)</p> |  |
|--|---|--|

|  |   |  |
|--|---|--|
|  | <p>Philip Shipman reported that there had been a series of updates hosted by Adam around the Level 4 escalation and an Extraordinary Meeting had taken place at GAPF and other forums which were open to all members of staff. There had been good representation from the Chief Executive Team who had also attended. There was a consistent presentation and slides with the same key message followed by Q&amp;As. The Chief Executive team were pulling these together and will share widely across the organisation. Within the presentation, Adam noted the publication of the KPMG report and referenced that the Scottish Government report publication lies with them and a lot was going on in the background on how to respond. Philip wanted to assure GAPF that other elements e.g. leadership development was being worked on as well as the financial position. Phil Tydeman, Interim Director of Improvement, joined the GAPF meeting for the first time and talked through details of the presentation that had been provided:</p> <ul style="list-style-type: none"> <li>• The Value and Sustainability Programme would like this to be a regular occurrence. The validation exercise of the existing programme looked at all schemes this was made up from.</li> <li>• Schemes reviewed against 10 criteria across governance, written documentation and financials.</li> <li>• Meetings were held with workstream leads, Directors and Finance Managers.</li> <li>• The totality of £62m savings was likely to deliver £54.5m which was a slight improvement on the June position predicted on good oversight and ongoing engagement with the team. There was £7.3m of scheme savings to find.</li> <li>• Phil was building up a long list of opportunities and engaging across the organisation to take to the Chief Executive Team on 26<sup>th</sup> August and wanted to assure GAPF that every single opportunity will go through quality impact assessment to ensure decisions have been made taking into account patient experience, care and staff health and wellbeing.</li> <li>• Strengthening governance framework with the Financial Recovery Board to apply additional scrutiny. Later this month, the Value and Sustainability Delivery Group will bring all workstream leads together to share information, hear about risks and concerns on schemes being implemented, to provide support and celebrate successes. Examples are collated every month on delivering efficiencies.</li> <li>• Additional resource support has been recognised by the Scottish Government and have offered the opportunity for additional capacity to help alongside staff's busy day jobs. The resource plan will be submitted to the Financial</li> </ul> |  |
|--|---|--|

|  |  |  |
|--|--|--|
|  | <p>Recovery Board and Assurance Board by the end of this month and can be brought back to GAPF for information.</p> <ul style="list-style-type: none"> <li>• Moving back to financial sustainability will take a number of years and to be ready for 2026/27 with a clear process and engagement with staff.</li> <li>• Governance structure was discussed with the Financial Recovery Board and Assurance Board of the Scottish Government on what was being done and to offer support. There have been 3 meetings so far which had been encouraging. The intention was to start the development phase by October to get to March with a final plan to the board for approval.</li> <li>• The Communication Plan was being developed and the focus through quarter 2 was in stabilising the likely case of £55m and engaging with staff to get to £62m. This requires to be as robust as possible and there were opportunities for improvement with agreement from the Chief Executive Team.</li> <li>• Next steps were to come back to GAPF and receive ideas and a member of this group to join the Value and Sustainability group which was being set up.</li> </ul> <p>Steven highlighted that this links back to the presentation Adam gave a few weeks ago as an early briefing session. The KPMG report will be published in due course and many people on the group had not seen. Employee relations in NHSG and Trade Unions/Professional Organisations were delivered through this forum and there had been an indication in the KPGM report, of having to right size the workforce. This may be seen as an opportunity but could be seen as a significant threat to employees and recognised Staff Side organisations.</p> <p>Philip advised that GAPF were happy to be involved in the Value and Sustainability Group in Partnership. Sandy Reid reflected on what was required to be done and was contributing to this. Sandy had not seen the KPMG report but had attended the presentations. There had been a critical thinking session within Sandy's team on how to collaborate more and build trust with a need to do this by working across several organisations. Senior colleagues were being invited to meet face to face as there was a requirement to do our bit with collaboration and building trust. The programme for next year's first staff budget workshop was following the Aberdeen City Council programme for budget proposals in the next financial year and were obligated to do, with another council and public meeting in November with ideas for next year. Sandy thought the timetable was too extended for proposals and that this should be truncated or brought forward in order to meet with the public in November on the process, to be fully involved and collectively challenge. Phil was happy to come and present if this would be helpful. There was a real</p> |  |
|--|--|--|

|  |   |  |
|--|---|--|
|  | <p>opportunity for shared learning and how we engage and do that. The timescale for development of October to March was a fair criticism that this was too long a period. End of March was the latest deadline but if this could be concluded in January, this will be done. To develop schemes, signed off and finding balance on the process with December holidays was a tricky ambition but it was the intention to close the plan as soon as possible.</p> <p>Gemma Hood feared that when this is published, managers may try to get ahead as keen to impress and implement and may run away before the actual plan is produced similar to what had occurred for the Reduced Working Week (RWW). There was a risk that people will start doing things to save money and processes will not be followed correctly. Gemma asked what assurances could be given that every relevant policy was followed. Phil advised that he had been brought in to have a sole focus for the organisation on clarity and structure on how we go through the process with the Value and Sustainability Group and Financial Recovery Board. Finding the balance, process and safeguards were to ensure no scheme was implemented until all 3 of these had been followed. We must be clear about conversations on RWW and work on unscheduled care and planned care with no 52-week waiting times by March 2026 and cannot inhibit this. Philip would be able to advise on workforce protocols as a member of these boards to ensure these are being followed. Philip thought this was referring to the Organisational Change Policy which needs to be worked through as a challenge but requires to be followed correctly.</p> <p>Jane Gibson was unassured, on behalf of RCN, of the scope of the KPMG report on the depth and breadth and awaited the publication. Jane felt that things were happening “about us, without us” and going forward how to balance the financial with human cost. Staff were now on minimal staffing levels with savings made across bank and agency and were being stretched with increased risks. Jane queried how to bridge the gap between SLT, Scottish Government and the Assurance Board with frontline staff to give assurances and keep risk low to those delivering front line services. Phil replied that the key issue was how to engage staff to feel safe through the process and with 17,000 staff, this was a challenge. Different communication forums that are available to be maximised and looked at to ensure all available to staff to learn about what was being done. Adam’s briefing was a good forum. The KPMG report was still being worked through with opportunities and when published, there would be a more robust conversation around this. From a personal point of view, opportunities presented were always high level with difference on what was done from the bottom up which would be up to Grampian to decide with respective teams. Agency</p> |  |
|--|---|--|

|  |   |  |
|--|---|--|
|  | <p>and recruitment clinical posts would almost always be a like for like replacement staffing method or compliance with rotas. Updates would continue on how engaging with staff.</p> <p>Jamie Donaldson highlighted the GAPF Away Day on 18<sup>th</sup> September as the theme was about "Change" and everything that will have to happen to meet the Scottish Government demands and financial implications. The effect on staff would be a lot as not used to this level of change across H&amp;SC partnership and NHSG and how this was dealt with. Jason Nicol had put together an SBAR for TRIM (Trauma Risk Management) and Peer Support Programme to be continued as important for senior levels to make decisions about teams and how they are supported. This was a real opportunity for very senior people to be on the ground to speak to staff and what it means for them. Phil was trying to meet as many people as possible and would accept any invites from IJBs and acute services. The investment made in staff around peer support, training, having difficult conversations and change were pivotal going through the change process and critical to keep staff engaged. Cutting of these would not be supported as skill set was required to manage teams. Phil has worked with Laura Skaife-Knight previously who was very much of the same view with investments and staff development being critical. Steven added that finance was important, and service was equally important but should be carried out on budget with safe and effective care, complying with staff governance standards to find a balance which continues to be fundamental. There should be "no change about me, without me" with all to be involved. Steven thanked Phil for attending.</p> <p>c. July Staff Governance Report – Joyce Duncan advised that Estates support services were presenting for the third time and were assured by the work done and had tackled areas of staff governance well. The final delivery plan for improvement was being worked on and being discussed. This will follow in future reporting of staff governance.</p> <p>d. Diversity Monitoring Report and Gender Pay Gap – Roda Bird had provided 2 reports ahead of the meeting. Stuart Humphreys updated that all should retrospectively look at reports to use as a tool going forward on where the organisation can improve.</p> <p>e. Portfolio Reviews (Monthly) - Geraldine Fraser/Paul Bachoo/June Barnard</p> <p>Geraldine Fraser updated the transition of portfolios into the new Acute sector and mapped out all elements:</p> <ul style="list-style-type: none"> <li>• This was introduced at the start of May and options on how to work together in the future as an acute sector leadership</li> </ul> |  |
|--|---|--|

|  |  |  |
|--|--|--|
|  | <p>team was being built on what has been working well and opportunities for cross sector working.</p> <ul style="list-style-type: none"> <li>• There was a big focus on governance arrangements as optimal which had been well attended by colleagues around the 5 pillars of governance and how this should be viewed with consistency and support of information colleagues want to bring.</li> <li>• Line manager arrangements had changed this week in keeping with professional relationships. There was a clear understanding of roles and responsibilities and structure in terms of support to delivery. What this looks like was still to commence by following organisational change policies if appropriate.</li> </ul> <p>Paul Bachoo was keen to take any questions on this if necessary.</p> <p>Jamie commented that he was worried that the reporting structures in the past for H&amp;S committees were not well attended around any change in portfolios for the Acute sector. Sue Swift was the lead on this but struggled to get support previously. A Co-chair would need to be found for this. Paul replied that this was an important point as one of the issues learned after coming out of Covid and returning to portfolios, the H&amp;S Committee didn't stand back up immediately and there was then a scramble to reestablish this. Paul was clear on this as the first workshop was set up and a second to ensure we have appropriate sub committees identified and thinking around this. Committees did not connect from one portfolio to another which was a shortfall. Ian Cowe made a plea in terms of H&amp;S governance arrangements that the H&amp;S team and Jamie were involved in this and any changes to structures and agendas, to ensure proper coverage.</p> <p>Geraldine added that this was a helpful reminder as aware there were some gaps and issues on attendance at H&amp;S meetings. This was a good opportunity to refresh and make sure they had got this right with early thinking on the follow up workshop and to engage with support colleagues to see what will work, with a clear understanding. There was a good appetite from colleagues responsible for their own area of management and others with a broader corporate lead role, across Acute and Sue had agreed to take the H&amp;S aspects to ensure working well in an integrated way to share responsibilities and learning.</p> <p>Steven thanked Geraldine and Paul for attending the meeting.</p> <p>f. Finance Update – Sarah Irvine provided an update:</p> <ul style="list-style-type: none"> <li>• There had been a small increase in the overall monthly out-turn deficit reported in July largely due to phasing of</li> </ul> |  |
|--|--|--|



|  |  |  |
|--|--|--|
|  | <p>the reserves deficit with an improvement seen in the operational position.</p> <ul style="list-style-type: none"> <li>• NHS Grampian outturn year to date was £23.4m.</li> <li>• The forecast outturn based on the July position shows an estimated forecast of £53.9m with a gap of £8.9m to the financial recovery plan outturn. Work is ongoing to identify opportunities for further savings and remain confident that we can bridge the £8.9m gap in the remaining months of the financial year.</li> <li>• Focus has increased on areas with deteriorating positions with reports provided to the CET on these areas.</li> <li>• The IJB positions are reviewed at monthly meetings with forecasts indicating a small improvement in the provision for IJB overspends which is anticipated to reduce to £23m.</li> <li>• Pay Award Funding for pay deals agreed to date has been received which mitigates risk highlighted on pay funding.</li> </ul> <p>Jamie commented on the challenging financial position as we move into winter with risks around increased demand for surge capacity and the need to ensure appropriate staffing levels in line with Health Care Staffing Act (HCSA). It was also highlighted that the key thing was to ensure staff remained informed of what was going on in terms of the financial situation. Sarah confirmed that the Board are anticipating unscheduled care funding to improve performance but the level of funding was still to be confirmed. Sarah updated on the work underway to rebaseline nursing budgets to match outputs of the common staging tools with this completed for MUSC. This aims to ensure sustainable staffing models could be put in place. Work was underway to complete for other areas.</p> <p>Martin McKay advised that Mental Health was highlighted as an overspend due to patient acuity which resulted in the requirement for extra staffing and shared the scale of the operational challenges faced within the service during quarter 1 of the financial year. Sarah confirmed that the revised approach aims to focus on the causes of the deterioration and actions in place to address.</p> <p>Jane echoed colleagues' comments. RCN observation welcomed looking to a more sustainable workforce and substantive posts rather than agency and bank nurses. From an RCN point of view, safe staffing was very welcome in alignment with safe care. There is a need to focus on both the staffing numbers and ensuring appropriately skilled staff in appropriate areas at the right time.</p> |  |
|--|--|--|

|   |  |  |
|---|--|--|
|   | <p>Sandy Reid highlighted, as lead on the vaccination programme, the link between reduced staff absences and associated additional costs and increased flu vaccination uptake with appointments available. Steven added that this was a good point well made.</p> <p>Steven thanked Sarah for presenting the financial position.</p>   |  |
| 5 | <p><b>Involved in Decisions</b></p> <p>a. Policies for Approval by GAPF:</p> <p>Freedom of Information – Alan Bell had provided the updated policy. There were no issues and GAPF approved the policy. Steven thanked Alan for his work on this. This would now go back to the Policy Sub Group to action further.</p> <p>b. British Summer Time Clock Changes – Lorraine Hunter and Diane Annand had provided a paper ahead of the meeting which Lorraine hoped explained the options and those that had been discounted.</p> <ul style="list-style-type: none"> <li>• Decision required to be enacted before the next clock change in October 2025 to give sufficient notice to staff.</li> <li>• There has been custom practice in NHSG for years to pay staff for an extra hour's pay for working a shift that spans when the clocks change by going back by one hour in the Autumn but make no adjustment to pay where clocks go forward an hour in the Spring and staff on shift are working one hour less.</li> <li>• STAC (Scottish Terms and Conditions Committee) had provided guidance that neither the clock change adjustment in the Autumn (end of British Summer Time) or Spring should be taken into account for pay purposes, a swings and roundabout approach.</li> <li>• The STAC guidance differed from the current NHS Grampian practice.</li> <li>• The T&amp;Cs Sub-group had debated several options, some of which did not comply with the STAC guidance. Within that discussion there had been a reminder that the remit of the sub group was to ensure appropriate application of national guidance.</li> <li>• The recommendation was to apply the STAC guidance so that neither the clock change adjustment at Autumn or Spring would be taken into account for pay purposes. This would mean that staff rostered to work the shift spanning the end of British Summer Time would be working an additional hour with no additional recompense.</li> </ul> |  |

|  |  |  |
|--|--|--|
|  | <p>Sandy agreed to this recommendation in the context of where NHSG were financially and scrutiny of the Scottish Government.</p> <p>Philip thanked Lorraine for navigating through this and the recommendation to fulfil STAC recommendations. There was no option, other than to agree to apply this.</p> <p>Martin McKay added that staff communications need to be carefully worded given the custom and practice previously. The time clocks change would apply to night shift workers in the main. There would require to be full Partnership involvement in the communications so they could take questions from members. Lorraine commented that the T&amp;C sub group were aware of the sensitivities around this and Emma Pettis from Corporate Communications would be involved with the communication, which would not be linked to financial savings, already highlighted in the paper.</p> <p>Jane Gibson advised that she was unaware of any change to pay from her previous NHS Scotland employers and agreed with Martin that communication requires to be looked at and queried whether this would be applied to all AfC staff across the whole of NHSG or only within certain areas. Lorraine replied that it had been custom practice for many years and that managers were advised consistently to provide excess hours in rosters for payment purposes, with no deduction if the shift was shorter. The paper provides the numbers of staff to give context to the numbers involved. Jane asked if the pay adjustment was dependent on managers to apply and could this therefore open the door to others once they had awareness. Lorraine remarked that this was reliant on managers updating rosters to this effect for excess hours or overtime payment. There was no oversight if managers had not done this to confirm or otherwise.</p> <p>Olive Davies thought some staff may be annoyed if communications not worded properly and it was important to highlight the hour was not taken off when worked a shorter shift and this was a fairer way.</p> <p>Steven appreciated communications required to be sensitively handled but had not heard any dissenting voices therefore GAPF agreed with Option 1 to move and comply with STAC guidance for reasons articulated. Steven thanked everyone for input to this.</p> |  |
|--|--|--|

|   |   |  |
|---|---|--|
| 6 | <p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>a. Once for Scotland Policies Phase 2.2 partial release</p> <p>Diane Annand updated and shared a presentation:</p> <ul style="list-style-type: none"> <li>• This has been a national programme since March 2020. Diane reminded everyone of all the Once for Scotland policies, the last batch released in November 2023 were work life balance policies.</li> <li>• Phase 2.2 was a partial release effective from 6th August 2025 and all were recommended to read the policy, provided guides and reference to other policies.</li> <li>• 7 refreshed policies were listed under equalities (Gender Based Violence), foundation (Facilities Arrangements for Trade Unions and Professional Organisations) and employment contract (Personal Development Planning and Performance Review; Employee Checks; Redeployment; Secondment; Fixed Term Contract) with 3 guides on Racism, Reasonable Adjustments and Sexual Harassment. The guides were accessed on the internet site as supporting documents.</li> <li>• Equality, Diversity and Inclusion Policy and Transitioning Guide were not released. Scottish Government have already undertaken an additional review and assurance exercise following the supreme court ruling on the definition of sex for the purpose of the Equality Act 2010. There may be further impact from the Equality and Human Rights Commission revised code of practice, therefore publication had been paused until the Scottish Government are assured that the policy and guide fully reflect the finalised code of practice, which may not be until 2026.</li> <li>• There had been Daily brief articles on 5 and 6 August and the intranet updated with links.</li> <li>• A presentation outlining the main differences between the policies will be uploaded to the intranet and highlighted through the Daily Brief. The presentation will also be circulated to GAPF, ACF and BMA JNC.</li> <li>• Phase 3 was based on the Managing Health at Work PIN policies. Steven highlighted that the consultation period has taken place for Phase 3 as this carried on when 2.2 was paused.</li> </ul> <p>Jamie had been approached regarding a Medical Cannabis and Vaping Policy and the right for staff members to administer medication in appropriate areas. Jamie asked whether this had been considered in the new policies. Diane responded that currently this was handled on a case-by-case basis with the appropriate people, e.g. Occupational Health and H&amp;S team involved. There was no policy change locally. Martin added that</p> |  |
|---|---|--|

|  |   |  |
|--|---|--|
|  | <p>comments had been put forward to the Once for Scotland programme regarding medical cannabis and any other inhalation of medicines in the Smoking and Vaping Policy which has been discussed recently. It was a medication that required to be supported and managed. Steven advised that Phase 3 required subject matter expert input with Ian Cowe, as an H&amp;S specialist, providing specialist help.</p> <p>Philip thanked Diane and Keith Grant on guiding the group through this. Philip commented that there were concerns raised on how workable some of the policies were and feedback was to be given through the HR Director community making appropriate representation to the Programme Board. These were in relation to the challenges the Fixed term Contracts Policy presents in relation to resident doctors and Colin McNulty had concerns regarding the implementation of the Personal Development Planning and Performance Review policy for all bank workers.</p> <p>b. 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 and this was progressing well. The Dail Brief contained output of the staff survey and RWW experience.</p> <p>ii. Systems Group Update – No update.</p> <p>iii. Reduced Working week – Faye Dale reported that there had been significant progress and now at a critical point in terms of information going out soon to services. The final piece of lessons learned from the staff survey were reviewed and incorporated into other strands of actions in reviewing options under phase 2 to reduce to 36 hours and backfill criteria for funding. This has been agreed and signed off by the Programme Board and final versions to be updated to a Microsoft Form to launch to services to review, consider, discuss and decide on how they intend to implement the reduction. Form process and governance was in progress and looking to get agreement in the coming week pending sign offs and approvals. The Implementation Plan requires to be submitted to the Scottish Government by 1<sup>st</sup> October and a national reference group were looking to put out guidance for Health Boards on what these conditions will look like. Guidance was awaited but, in the meantime, this was forging ahead and being put together to involve details of process, governance and how to support to get assurance for all relevant staff working a 36-hour week on 1<sup>st</sup> April. Faye added that all were mindful of making sure there was sufficient information for opportunity and guidance available. There was</p> |  |
|--|---|--|

|  |   |                   |
|--|---|-------------------|
|  | <p>a dedicated email address and information on drop-in sessions planned with regular opportunities for services to come and understand and ask questions to make this as efficient as possible for them was available on the intranet. Steven highlighted that this required to be approved by no later than 1st October and would be signed off electronically and submitted by Steven and Adam as Co-chair.</p> <p>Jamie asked that guidance from Scottish Government is rolled out as soon as possible to Staff Side for all to have meaningful conversations with a Partnership rep which would require to take place in a short period of time. Faye advised that there was a clear timeline for services to come back and submit forms. The detailed implementation plan would run in parallel. Services were keen to know the options and pulling this together as quickly as possible. Philip thanked the RWW sub group and Faye. Feedback had been helpful for next steps and commitment to staff governance. NHSG was the only Health Board who had sought this and were continually reinforcing the commitment to staff governance. All to read the Daily Brief update and any comments to feedback to the RWW sub group to be captured as soon as possible.</p> <p>iv. Protected Learning – Jason Nicol had provided a written report which was added to the Teams group for the group's awareness. Steven advised if there were any concerns to contact Jason or Keith Grant outwith the meeting.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – June Barnard provided an update:</p> <ul style="list-style-type: none"> <li>• There has been continued success with 79% of colleagues who have submitted an application and have been successful. The process has been ongoing since June and NHSG has remained 3<sup>rd</sup> or 4<sup>th</sup> which was unchanged.</li> <li>• 396 submissions to date, 63 processed and proceeded to payroll. Successful outcomes allocated to 50 who have been upgraded to Band 6 and 11 remained as Band 5. There was an appeals process in place and a number were ongoing.</li> <li>• There was a requirement to continue to progress job evaluation panels and job matchers were required for this. Training was in place for September.</li> <li>• No end date yet and if this continued at the current rate of processing applications, it would take 18-24 months to get through.</li> <li>• Communication was key to this work and reminding of the process and to use. Working in partnership with Partnership colleagues to ensure staff feel supported and applying for the upgrade. Conversations were taking place at local level to give staff time to submit.</li> </ul> | <p><b>All</b></p> |
|--|---|-------------------|

|  |   |  |
|--|---|--|
|  | <p>Steven thanked June for the update. 18-24 months to get through the submitted 396 applications was a much larger number and there was always potential that those successfully rebanded, by word of mouth, expected numbers could go up. Philip had made the same observation on this.</p> <p>Jane added that there had been a lot of bad press as NHSG were now under Level 4 but working well to progress this and having really good conversations in Partnership and responsive conversations. Jane was slightly worried that there were still low numbers and unsure what to do as the steering group had put out communications, messages of support and could not have done anything differently or better. There was not a backstop or closing date but a lot of chat could lead to areas around recruitment retention problems in some areas as Band 5s and Band 6s were not applying at all but may be waiting and watching to see what happens first. Philip thought this was an interesting observation and was not sure if mapping had already been carried out where existing submissions have come from and any gaps in this which may be something to look at and explore. June advised that conversations had taken place at the last meeting and was keen to get information out e.g. Theatres, Emergency and ICU had been really successful with less numbers from inpatient wards. There were multiple avenues and ways to communicate and continued to do so. If a closing date was applied, a flurry of submissions might be seen. Jamie was due to carry out workplace inspections at ARI and would promote while doing that if there was an opportunity to speak to staff nurses.</p> <p>Martin reflected on this month's Nursing Midwifery Advisory Committee (GANMAC) meeting as this was on the agenda. There was some discussion from attendees as some confusion on what was being applied for as some were under the impression this was a new post with managerial responsibilities as Band 6 level as opposed to current and existing role. Some areas had issues on what happens now with existing Band 6 roles and if there will be a changeover in their role as this was confusing. Issues around this were filling out into the workplace from Martin's perspective for staff applying as don't want to upset or change their way of working and thinking twice about applying. Steven thought the Band 6 and existing Band 5s disincentive could become as Band 2/3 HCSW process which was similar and the Band 7 Health Visitor process on how it impacts on other colleagues in other bands. Jane had heard this a lot from staff in Foresterhill and the community and may need to go into these areas.</p> |  |
|--|---|--|

|    |   |                            |
|----|---|----------------------------|
|    | <p>These were 3 separate roles and involved not stepping up and taking up more management. It was important that people read the information that was coming out as well as within RCN and other Trade Unions and need to educate themselves. This was being carried out as it had been recognised that the nurse's role had grown and this review had not been carried out previously. Jane was happy if there were areas of concern, to let her know.</p> <p>June acknowledged concerns had been raised and there was work to be done around this and a need to see what was happening at a national level also. There had now been a request to change the name of the roles to be worked through. Philip suggested that the GAPF Agenda Setting group look at the finance update balance between this and the capacity to deliver change. The Programme Board was an important resourcing for HR centre colleagues to deliver programme of change with financial implications to be included in agenda items. Jane added that RCN had some concerns around movement of money for backfilling certain roles and was happy to discuss later and more fully.</p> | <b>GAPF Agenda Setting</b> |
| 7  | <p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b></p> <p>a. Concerns re staff experience (Monthly) – Jason Nicol had provided a written report was added to the Teams group for the group's awareness.</p>   |                            |
| 8  | <b>Appropriately Trained and Developed</b>  |                            |
| 9  | <b>Any Other Competent Business</b>   |                            |
| 10 | <b>Communications messages to the Organisation</b>  |                            |
| 11 | <p><b>Date of next meeting</b></p> <p>Jill Matthew promoted the GAPF Development Event and all were encouraged to attend this on Thursday 18<sup>th</sup> September at Curl Aberdeen and to bring others along. This will be Adam's last participation at GAPF.</p> <p>The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 16<sup>th</sup> October will be held on Teams.</p> <p>Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 29<sup>th</sup> September 2025.</p>   |                            |



---

Audrey Gordon - [gram.partnership@nhs.scot](mailto:gram.partnership@nhs.scot)

