



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 16th October 10.00 am to 12.30 pm
Microsoft Teams

Present:

Laura Skaife-Knight, Chief Executive (Chair)
Diane Annand, Staff Governance Manager
Ian Cowe, Head of Health & Safety
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Alison Evison, Board Chair
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services
Lynn Morrison, Director of Allied Health Professions
Sandy Reid, Lead People & Organisation, Aberdeen City HSCP
Philip Shipman, Interim Director of People and Culture
Gerry Lawrie, Head of Workforce
Kathleen Tan, CSP
Janine Legge, UNISON
Karen Watson, Unite
Michael Forbes, RCN
Kirsten Stewart, RCOP
Natalie Jeffery, Business Manager to Head of Service, Moray HSCP
Grant Burt, Senior Finance Manager, Deputy for Sarah Irvine
Mark Burrell, Service Clinical Director/Chair of ACF
June Brown, Executive Nurse Director

In attendance:

Catriona Downie, Secretary
Phil Tydeman, Interim Director of Improvement (part)
Item 4c – Clare Houston, Programme Manager, USC and Pam Milliken, SRO
Unscheduled Care Improvement Programme
Item 4f – Judith McLennan, Head of Specialist Mental Health and Learning Disability
Services
Item 4h – Ann Robertson, Childcare Co-ordinator
Item 4l – Elaine McConnachie, Public Health Manager
Item 5a – Jamie McNaughton, Corporate Records Manager and Alan Bell, Head of
Information Governance and Data Protection
Item 5b – Catriona Robbins, Chief Nurse, Medicine and Unscheduled Care
Item 5c – Emma Pettis, Deputy Head of Communications
Item 6 – Matt Jobson, AfC Non Pay Reform Programme Manager
Item 6iv – Keith Grant, Unison
Item 6v – Jenny Gibb, Nurse Director, Health and Social Care Partnerships

	Subject	Action
1	Welcome and Apologies Laura welcomed all to the meeting and apologies were received from the following:	

	<p>Audrey Gordon, Partnership Support Officer</p> <p>Steven Lindsay, Elected Chair of Staff Side/Employee Director</p> <p>Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee</p> <p>Jane Gibson, RCN</p> <p>Martin McKay, UNISON</p> <p>Cameron Matthew, Divisional General Manager Surgical Services</p> <p>Jill Matthew, Head of Occupational Health Service</p> <p>Jason Nicol, Head of Wellbeing, Culture and Development</p> <p>Alan Wilson, Director of Infrastructure and Sustainability</p> <p>Stuart Humphreys, Director of Marketing and Corporate Communications</p> <p>Sarah Irvine, Deputy Director of Finance</p> <p>Dianne Drysdale, Smarter Working Programme Manager</p>	
2	<p>Minute for Approval</p> <p>Minute of the previous Meeting held on 21 August 2025 was approved as an accurate record. It was noted that the draft minute from the Extraordinary Meeting held on the 5 August is still to be approved. The decision was made not to share this in advance of the KPMG Report being published. As this is now in the public domain, all agreed that it would be appropriate to bring this to the next meeting for approval.</p>	AG
3	<p>Matters Arising</p> <p>There were no matters arising.</p>	
4	Well Informed	
	<p>4a Incoming CEO Reflections</p> <p>Laura Skaife-Knight expressed her thanks to all for the very warm welcome she has received since taking up post and reported that she is delighted to be here and lead the organisation in its next chapter.</p> <p>The highest priorities remain unchanged - Value and Sustainability, Planned Care and Unscheduled Care plans but critical to this is a focus on putting people first, which includes our staff in terms of improving organisational culture and staff morale and engagement.</p> <p>In her first few months in post, Laura's focus will be to listen to staff views, engaging with colleagues and getting feedback from Chief Executive Team (CET), wider SLT and external partners to understand strengths and areas and opportunities for improvement.</p> <p>Laura emphasised her commitment to partnership and whole system and collaborative working, and further strengthening relationships with our partnership and staff side representatives and encouraged anyone with any suggestions for improvement.</p>	

	<p>Laura continued that she is committed to delivering the agreed plans and ensuring we follow through on our organisational promises. This will help strengthen confidence and build credibility, including with Scottish Government.</p> <p>She highlighted the need for a balanced narrative, celebrating the everyday successes and recognising the importance of small, meaningful steps forward whilst not shying away from the improvements we need to make for our patients, communities we serve and staff.</p> <p>The following points were noted by the forum:</p> <ul style="list-style-type: none"> • Laura's engagement on social media supports communication and good way to stay interactive and visible • Ongoing commitment to partnership relationships and suggestion that summary of GAPF Development Day be shared at next meeting • Importance of celebrating success and sharing key messages with teams <p>Gerry Lawrie confirmed that an evaluation of the day and actions are being progressed.</p>	GL
	<p>4b Plan for Sustainability and Performance Improvement (External Report and Scottish Government Assurance Board for NHSG)</p> <p>Laura advised that the publication of the External Report from KPMG was welcomed, and the recommendations provided further opportunity for improvement. This was part of a wider package of support NHS Grampian is receiving, which includes financial support from the Scottish Government and mutual aid from other Health Boards. Learning has been taken from other Health Boards, including learning from NHS Lothian and NHS Lanarkshire in relation to Unscheduled Care.</p> <p>Three Programme Boards have been stood up aligned to the three priority areas and a new Finance Recovery Board (chaired by a non-executive Board member with IJB representation to support monitoring IJB finances) has been established to further strengthen governance.</p> <p>The new Acute Triumvirate is now in place and moving forward with new governance arrangements, to be launched in the coming weeks. Work has already commenced on the integration of acute clinical pathways, with an initial focus on three specialties.</p> <p>There are just under 100 recommendations in the KPMG Diagnostic Report, and although not all requiring action, these provide the</p>	

	<p>opportunity to consider what should be done, determining prioritisation, timescales and Executive leads. A single improvement plan is being developed and will be shared with CET, our Health Board and the Assurance Board along with proposals for governance to ensure oversight and progress.</p> <p>It had been beneficial to brief GAPF/ACF prior to the publication of the report with the need to keep GAPF/ACF involved in the improvement work. The media coverage has focussed on the workforce elements which has caused anxiety across the organisation. Laura has tried to address this by a communication to all staff which confirmed there will be no redundancies and that the organisation is exploring opportunities as well as working with the Scottish Government on a commission relating to Workforce and Redesign, which is currently being drafted. Workforce redesign is something all Boards are looking at, and this isn't something unique to NHS Grampian.</p> <p>The three areas of focus in the report and with this opportunities for improvement were:</p> <ul style="list-style-type: none"> • Leadership and Governance • Financial Assessment & Drivers of the Deficit • Opportunity Identification <p>In addition to the publication of the KMPG Report, the minutes from the fortnightly Assurance Board Meetings chaired by the Scottish Government are also now in the public domain, which Laura welcomed for transparency.</p> <p>Phil Tydeman highlighted that 26 of the 100 recommendations related to financial savings and 14 to Unscheduled Care, which were already being taken forward. An enhanced assessment of the recommendations was taking place with the Nurse Director, Director of Public Health and Medical Director to ensure there were no negative effect on staff wellbeing as part of our QIA/IIA processes.</p> <p>In relation to workforce matters, any processes proposed for implementation will be agreed with the 3 Clinical Directors, Medical Director, Executive Nurse Director and Director of Public Health prior to implementation.</p> <p>Philip Shipman suggested that population demand should help inform future workforce planning, with input from trade unions and professional organisations.</p> <p>June Brown recently met with a number of nursing and midwifery and AHP staff and echoed the concerns and anxiety caused by the report and will reiterate Laura's message from earlier this week.</p> <p>Concerns were raised in relation to the pressure that colleagues feel when required to make financial savings. Janine Legge highlighted that if service redesign is required, a formal Organisational Change process should be followed rather than a test of change as this causes</p>	
--	---	--

	<p>significant concerns for staff. She continued to highlight the increasing demand for Trade Union and partnership support and given there is not enough facilities time to support existing commitments, made the plea to consider this when going through any future redesign of service.</p> <p>Having read the report, Jamie Donaldson expressed his disappointment, describing it as a “damp squib”, noting that no new recommendations had been identified and felt that the funding used for creating the report could’ve been utilised elsewhere. Feedback from staff highlights the lack of awareness of the report with the most asked question being “is my job safe?” Clear messaging is needed to address the concerns and Jamie echoed Janine’s point in relation to Organisational Change and the increasing demands on partnership working requires support.</p> <p>Alex Stephen confirmed that compilation of the report was funded by the Scottish Government, with no impact on our budget. The report was informed by a number of interviews with colleagues across the system, many of whom had already fed back. In relation to the opportunities for savings, KPMG have extensive experience working throughout the UK so used their expertise to propose opportunities to make savings which were already being considered.</p> <p>June outlined that in relation to the HCSA, feedback from health workforce is that Grampian is seen as a front runner in relation to processes and governance and whilst agreeing that new workforce models are required, we must remain mindful of the requirement to meet legislation.</p> <p>Sandy Reid noted public expectation as a key pressure for staff and suggested using social media to manage messaging, He suggested that communication is shared with a nuance, reassuring staff that their salary is safe, but their job and role may change.</p> <p>Linking into a couple of key points relating to governance and the need to follow the Organisational Change process, Philip advised that in order to improve governance including operational governance, there is currently work being undertaken to update the Organisational Change Policy.</p> <p>Laura provided a summary of the key points from discussion:</p> <ul style="list-style-type: none"> • Phil is already progressing actions based on recommendations, whether from Value and Sustainability, or USC and new recommendations will be given careful consideration • There is a clear need for further communications about job security, with the caveat highlighted by Sandy. The Chief Executive Team will give this further thought and will lead in this space • June had reiterated the message from Laura earlier to help alleviate anxiety caused by the report but this will require to be more of a collective approach from the Chief Executive Team • Distinction required between a test of change and formal Organisational Change 	<p>CET</p>
--	---	-------------------

	<ul style="list-style-type: none"> • Strengthening of flow arrangements in Aberdeenshire • Reduce delayed discharges <p>The governance around the programme has been strengthened, with weekly USC Programme Board meetings being held. Reporting will be via the HAWD report to PAFIC and Board Meetings, with more frequent (2-weekly) reports to CET, with the IJB Chief Officers and the Acute Triumvirate having shared accountability on delivery.</p> <p>There will be agreed communications internally and externally to increase awareness of how this plan will be delivered and well as a weekly report on the USC Plan delivery for awareness and learning.</p> <p>System Wide Winter Preparedness Plan:</p> <p>The above plan has been prepared as a strategic and operational response to winter 2025/26 and is integrated with the Unscheduled Care Plan to ensure safe, person centred care.</p> <p>In preparing the plan, feedback was sought via members of the Unscheduled Care Groups. Identified was a need for broader planning that includes the full spectrum of unscheduled care not just hospital services.</p> <p>Collaboration with the H&SCP is important in relation to service delivery for all year round, and learning was taken from last year ie opening additional surge, the use of social media and the introduction of Dr Gray's Hospital discharge lounge.</p> <p>Limited access to peer to peer vaccinations was also noted, along with the missed opportunity of a Boarder Team to include a full multi-disciplinary team.</p> <p>Some of the priorities identified included:</p> <ul style="list-style-type: none"> • Prioritise care for all people in our communities, to ensure safe, person-centred care • Prevention to keep people well which includes various initiatives e.g. vaccination programmes, managing outbreaks, warm homes <p>Jamie complimented the report and acknowledged the value of the lessons learned work especially in relation to front door services. The current steps outlined seem more reasonable in relation to ED performance data and ambulance stacking as previously these were too ambitious. While establishing care packages can be complex these will provide support to the front line services.</p> <p>Sandy expressed support for the plan and speaking as the lead for the vaccination programme within Aberdeen City, highlighted that flu and cold viruses are expected to be the main cause of sickness absence and given that 85% of staff have not yet booked an appointment for a vaccination, can foresee a spike in sickness absence.</p>	
--	--	--

	<p>Additional concerns were also noted in relation to delayed discharge, for example where an individual waited 3 hours for a letter to be printed which could possibly have been emailed.</p> <p>Mark Burrell emphasised the importance of a whole-system approach. He highlighted the critical role of primary care practitioners across the system. The Area Clinical Forum is engaging with the Director of Public Health on preventative measures of medicine that could contribute going forward.</p> <p>Pam advised that aspects of the plan have been developed based on evidence, drawing from national work which highlights the importance of clear discharge planning to streamline the system. Learning from other areas was taken into consideration, to support consistency.</p> <p>Implementation is being approached through upstream groups, to manage flow effectively. Downstream efforts are focussed on improving discharge planning with links within primary care being key. GP representation is being sought to ensure a whole system perspective.</p> <p>Clare highlighted that the report does not fully reflect the level of clinical and operational engagement. Staff health and wellbeing is very much part of this work, with GP involvement in project groups to help provide support and preventative measures. Communications both internally and externally are being developed, keeping these very much Grampian focussed, with staff and patients key. The aim is not just to improve discharge process, but how to integrate flow that enables more effective navigation of the care across the system.</p> <p>Laura summarised the key points:</p> <ul style="list-style-type: none"> • The Unscheduled Care Plan was whole system focussed which is welcome and necessary re: ownership and recognising this is about improving system flow • The plan is more realistic and deliverable • All Boards will be written to this week by SG, with performance improvement target of 5% by March 2026. This plan sets out how to address this • Work is required to promote vaccinations amongst staff and in the community. This will be picked up with the communications team to ensure co-ordinated messaging and engagement 	
	<p>4d Planned Care</p> <p>Phil advised that planned care is one of the 3 core plans, with a key objective to meet the Scottish Government's programme target of zero patients waiting over 52 weeks for an appointment. Long waits do not provide a good experience for patients so this plan aligns with the currently priorities identified.</p> <p>Additional funding of £11.8M has been received to increase capacity and see more patients. In addition, 6 other Health Boards have agreed</p>	

	<p>to mutual aid, by providing support with a number of outpatient appointment and day case patients to help reduce the waiting times.</p> <p>A written report outlining projected improvements is to be submitted to Scottish Government and will be brought to the next meeting of this group for awareness.</p> <p>The Scottish Government have weekly meetings to review the plans and ensure that the trajectory is heading in positive direction. The first meeting of the Programme Board is taking place next week, which will provide an additional level of scrutiny.</p> <p>The key message is that we are starting to see improvement in the wait times to help patients with their clinical outcomes however also remain thankful to other health boards for their continued support.</p> <p>Laura confirmed that the external review into planned care, supported by Scottish Government is nearing completion. The review is focussing on finance, productivity and efficiency and to determine if we are delivering in line with the best performing Boards and following expected practice re: managing our waiting lists. It would be remiss not to mention the trajectories and not acknowledge the impact of postponed procedures due to the issues within the CDU. Due to over 700 procedures being delayed, mutual aid is being pursued. Laura extended a special thanks to the 4 CDU staff currently working in Glasgow and updated that work is ongoing to repair where possible or procure new equipment where required.</p> <p>Whilst we are making progress with our longest waiting times (52-weeks), the CDU shutdown has created an unfortunate setback which could impact/stall progress we have made.</p> <p>Mark highlighted that the other aspect relates to sustainability of the 52 week target. Achievement had been due to the increased input from staff which was not sustainable going forward.</p> <p>In response to a point raised by Jamie in relation to the importance of thanking all staff groups who had gone above and beyond, Laura highlighted the need wider, more inclusive communications bearing in mind the impact on community-based colleagues and the excellent teamwork and response we have seen to minimise disruption.</p>	PT
	<p>4e Value and Sustainability Plan</p> <p>Phil provided a summary of the slide pack that was shared in advance of the meeting.</p> <p>Focussed efforts have been made to close the gap in order to achieve the £61M target, with additional savings being proposed for next year.</p> <p>We are currently where we need to be to deliver the plan, with confidence in our position as we enter the second half of the year.</p>	

	<p>There are some risks within the programme, in particular to medical pay, which is being reviewed by our Medical Director in a bid to reduce additional pay.</p> <p>Within the programme timetable, the delivery group has been launched and there is an ambition to achieve the full plan ready for Board approval by March 2026.</p> <p>The V&S Team have been working with finance colleagues and will continue to engage with different teams over a period of 20 weeks. This will allow next year's focus to be on implementing the agreed schemes. The governance on all programmes will be strengthened to ensure oversight and accountability, and GAPF will be provided with a regular update on the plan delivery and implementation.</p> <p>In response to a query raised in relation to our trade union representatives involvement in these work streams, Phil confirmed that they are not yet involved but would welcome future engagement to ensure decisions are inclusive of staff perspectives.</p> <p>The 15 box grid has been introduced as a framework to explore key components of service delivery and improvement. Teams are encouraged to develop their own ideas and communications will be implemented in order to reach as many teams as possible.</p> <p>Phil encouraged colleagues to share any suggestions or ideas on how to improve engagement via this forum or by email directly.</p> <p>Jamie advised that in order to identify a suitable staff side representative to support the V&S programme it will be taken to the staff side reps meeting and advised to Phil directly following this.</p>	
	<p>4f Specialist Mental Health and Learning Disability Services Governance Report</p> <p>The paper shared in advance of the meeting was a report compiled by Martin McKay and Amanda Farquharson, which was presented at Staff Governance Committee at the 28 August 2025 in relation to meeting the requirements of Staff Governance Standard Assurance.</p> <p>The report wasn't reviewed during the meeting, but discussion was opened up for questions from the forum.</p> <p>Jamie acknowledged the visibility of the Mental Health and Learning Disability senior management team and noted a positive experience during a drop-in session in the canteen. He complimented the open dialogue he had with the senior managers. From the H&S perspective, there is often a triangulation between mental health colleagues and increase of violence and aggression incidents. He queried if this rise in cases of violence and aggression are linked to the use of semi secured accommodation.</p>	

	<p>Judith McLennan responded that forensic patients are responding well in rehabilitation where they wouldn't have been placed before, which is opening up opportunities for clinicians.</p> <p>She acknowledged the high volume of Datix reports and encouraged colleagues to continue reporting incidents. A noticeable spike in RIDDOR reports related to violence and aggression was observed in June 2025, coinciding with a period of heightened activity. Judith emphasised the importance of understanding the impact of these experiences on both staff and patients. A workshop was held with wider representatives to review V&A incidents, ensure up-to-date practices, and benchmark against standards. Level 3 training is being promoted, and there is foresight planning for the induction of new HCSWs, including additional support measures to help retain and care for staff.</p> <p>June advised that PMVA data is being monitored from a CRM perspective. An update from health and safety colleagues highlighted that incidents often relate to individual cases rather than multiple individuals. She acknowledged that managing one high risk person can be more of a challenge.</p> <p>Ian Cowe reported a positive level of engagement with the senior managers within Mental Health services however there is evidence of the health and safety team spending more time assisting in relation to V&A instances, not just within mental health services but across the wider organisation.</p> <p>The 5-day training for HCSW was highlighted and Jamie queried if once completed, these staff members can be moved due to clinical activity which could be beneficial in other areas to allow greater flexibility and movement across sites.</p> <p>Philip, along with support from Jamie as the main H&S Representative, will be looking at undertaking deep dives as part of the H&S Committee, one of which will be PMVA.</p> <p>Judith advised that something not included in the report, was the celebrations in Kildrummy Ward. A number of events were organised where staff were invited to talk about areas of excellence. During these events, staff also had the opportunity to receive their flu vaccination.</p> <p>Janine highlighted recent posts on social media, highlighting staff engagement in football and healthy breakfasts and described it as "lovely" to see what is happening with staff.</p> <p>Judith concluded that staff thrive on these kinds of activities, and the importance of creating joy at work.</p> <p>Laura thanked Judith for the excellent report and noted the update.</p>	
--	---	--

	<p>4g H&S Update</p> <p>Ian provided a summary of the headings noted in the paper that was provided in advance of the meeting.</p> <p>The co-chairs of the Occupational Health Safety and Wellbeing Committee and the Head of Health and Safety met recently to review the H&S process in the aim to compile as standard agenda and identify any gaps. Deeper dives into various topics will be undertaken based on available data to support enhanced reporting.</p> <p>An Acute Sector workshop was held early October 2025 to address governance concerns, including those related to health and safety. As a result, an overarching H&S group is to be established with the aim to be legally compliant, whilst keep staff and users safe.</p> <p>V&A continues to be the most widely reported type of health and safety related adverse events affecting our staff. Since the HSE intervention back in 2022, 180 areas have completed a training needs analysis in relation to PMVA training, for which reports are now available in Turas. A paper was submitted to CET in May with a written follow up shared with Nurse Directors recently, which is based on nursing and bank staff.</p> <p>There is a significant challenge in training capacity with an estimated 12-month backlog. Current resource utilisation sits at 71% but this is impacted by ongoing operational pressures.</p> <p>There is a gap in training compliance in relation to medical staff, which needs to be rectified by NES however no timeline has been forthcoming.</p> <p>Last year, H&S Training for managers eLearning was introduced to ensure managers met the minimum standard. Current compliance is 61% but there is need for greater update by senior leaders. A plea was made to encourage senior managers to complete the training.</p> <p>In relation to Face Fit testing, compliance rate is currently at 46% for the 4 yearly re-testing requirement. A National group has been established and is reviewing whether a single re-test frequently should be adopted and whether boards should be testing based on business as usual requirement or to be pandemic prepared. NHSG is working on the basis of being pandemic prepared which requires fit testing of a larger group of staff, however a key factor would be availability of the masks in the event of a pandemic.</p> <p>Jamie highlighted the concerning PMVA training figures noted in the paper, with MUSC and ISC Level 2 training currently at 46%, and stated that he will highlight these figures at the ARI huddles to allow deeper dives to take place, along with the H&S Toolkit numbers to help with increase participation.</p>	
--	--	--

	<p>Philp agrees with the recurring theme in relation to H&S governance, which is part of the review of the ToR and looking at where in the current arrangements the gaps are eg H&S doesn't currently report to the CET. This issue is being addressed urgently to ensure services that are not engaging or showing lower levels of compliance can be addressed. This is being taken to CET Business Meeting on Tuesday followed by Staff Governance Committee and the next Health and Safety Meeting in November, which provides assurance that this is being addressed.</p> <p>Philip expressed his thanks to Ian and Jamie for their support.</p> <p>Sandy highlighted that PMVA Policy states that we will not tolerate aggressive behaviour, however raised concerns that this behaviour is being tolerated.</p> <p>Jamie had a discussion with senior HR colleagues this week and a very valid point relating to managing abusive behaviour from relatives was discussed. In one case, an acceptable behaviour contract was proposed, however the advice from the legal team was that this isn't legally binding.</p> <p>A soft launch of the Work-Related Violence and Aggression Policy is due soon as part of the Once for Scotland NHSScotland Workforce Policies Phase 3.</p> <p>Ian noted that some staff perceive V&A as part of their job, and there are often underlying reason for the patient's violent behaviour. Behavioural contracts have been considered, the biggest challenge at the moment is in relation to training. There has also been some discussion about withholding care which is not for wider discussion at the moment, but updates will be shared soon. Ian clarified that in relation to behavioural contracts, there is a need for these to be reviewed by a full multi disciplinary team, not just health and safety colleagues.</p> <p>June advised that behavioural contracts are managed by the Public Protection Team, but these are only applicable to patients and there is no legal framework in place for staff. Mental Health Services have explored approaches for managing behaviours when a patient is unwell. She clarified that the most appropriate forum for the policy to be ratified would be via the Professional Clinical Directors Meeting, attended by both Hugh Bishop and June.</p> <p>Janine added that enforcing contracts is challenging when patients require care and highlighted one particular incident when 4-6 colleagues were required to manage one patient.</p> <p>June discussed with Luan Grugeon, in her work for putting people first, the need for a different approach with recurring individuals and why they present as they do in order to be more proactive as avoid is not ethical.</p>	
--	--	--

	<p>Philip stated that this discussion clarified the need to address PMVA within the H&S deep dive, including zero tolerance and how to address individual strands in a planned way with limited resource.</p> <p>Karen Watson thanked colleagues for their support in this subject. Having worked in ITU for 25 years, was subject to regular abuse, which was usually drug induced.</p> <p>Ian concluded with agreement that there may be reasons for aggression, staff should not have to tolerate abuse under any circumstances.</p> <p>Laura thanked Ian for the paper which prompted good discussion and summarised next steps:</p> <ul style="list-style-type: none"> • Zero tolerance approach to be revisited • Professional Clinical Directors Forum correct space for policy ratification • Governance – 2 key aspects: Health and Safety Committee route into CET and the Acute governance work to help close any gaps • H&S Toolkit for managers should be promoted by managers with wider communications to be considered via CET 	
	<p>4h Nursery Fee Review</p> <p>Ann Robertson, Nurseries Childcare Co-ordinator attended to speak to the paper shared which was for noting.</p> <p>The fee increase has already been approved by the Employee Director and Interim Director of People and Culture.</p> <p>Fees are reviewed on an annual basis to ensure a break even financial position. The fees are reviewed in April with a further review in October to ensure the fee rates are sufficient.</p> <p>The nurseries fees are at the lower end of the cost range across Aberdeen City and provide a quality service and environment, which is part of the Care Expectorate review.</p> <p>The increase in April 2025 was approved on the basis of a 3.5% pay uplift, however as the increase was confirmed as 4.25% with a further 3.75% next year a gap of 0.75% exists. The financial model is currently showing an overspend of £41k, primarily due to the pay award and an increase to costs from the catering department.</p> <p>A daily rate of £72 was implemented from 1 October 2025, and with the salary sacrifice schemes, this can be reduced by 35%.</p> <p>The increase has been shared with all the current nursery parents and will be implemented in November payroll.</p> <p>Laura thanked Ann for her paper.</p>	

	<p>Jamie acknowledged the rationale for the price increase and suggested using the Daily Brief to explain the reasons, especially for those considering future use of the service. Philip added that part of the consideration for the increase was the full price comparison which had not been provided as part of the paper, and to reiterate that these nurseries remain one of the lowest cost care providers with the price increase being unavoidable. This could form part of the communication.</p> <p>Ann confirmed she is happy to arrange the communication as they have places available from January.</p> <p>Ann confirmed that no feedback was received from parents with regard to the increase and are aware that the standard should be reviewed every 6 months.</p>	
	<p>4i Cervical Screening</p> <p>This work aims to improve equitable uptake of cervical screening, with a national target of 85%. Current data show uptake at 64%, dropping to 49% in areas of deprivation. All boards are required to submit plans and NHS Grampian is currently in year 2 of delivery. In order to support this work, the Scottish Government has allocated a small funding allocation to boards.</p> <p>A staff clinic was trialled during Covid, which was evaluated positively. A similar model is proposed at ARI (Women's Day Clinic) with plans to expand to DGH and Aberdeenshire, allowing staff to attend based on service needs. A weekly clinical is planned for those overdue by 6+ months and this paper is seeking endorsement from managers to allow staff to attend the clinic when service allows.</p> <p>Diane Annand was very supportive of the proposal, but emphasised that communications should be clear that there is no expectation on staff to work back the 30 minutes allowed to attend the clinic.</p> <p>This was endorsed by colleagues attending the forum.</p> <p>Elaine McConnachie confirmed that this clinic is ready to go with appointments commencing in November 2025.</p>	
5	<p>Involved in Decisions</p> <p>Policies for Approval by GAPF</p>	
	<p>5a Records Management Policy</p> <p>Jamie McNaughton and Alan Bell expressed their thanks to Roda Bird for her contributions to the revision of the policy.</p> <p>GAPF approved the policy.</p>	

	<p>5b Dress Policy</p> <p>This policy was updated following the implementation of the menopause policy and a full consultation process has been completed, with thanks to Roda for her contribution.</p> <p>Alex Stephen raised that it would be helpful that in the next review of the policy consideration be given to being more specific about the principles that should be followed for non-clinical staff.</p> <p>The policy was approved, following a minor amendment on to the contents page.</p>	
	<p>5c Social Medial for Personal Use Update</p> <p>Emma Pettis informed that this policy was presented to GAPF in May 2025 however received a late comment from trade union colleagues. After consideration these comments were not taken forward so the policy has returned for final approval. Emma Pettis expressed thanks to Roda Bird for her input.</p> <p>Jamie suggested reinstating the upwards (Upfront) magazine which was previously available for staff to read on breaks.</p> <p>Mike Forbes, attending in Jane Gibson's absence, acknowledged the comments were from the RCN. Diane had updated the RCN on the outcome which he had discussed with RCN colleagues. The RCN appreciated that due process was followed, but still felt that the document is guidance, as it encroached on employees private life, which could be underpinned by the Conduct policy.</p> <p>Laura noted the RCN's position.</p> <p>Philip thanked Emma and colleagues for navigating a complex issue. It was agreed that the policy would be tested over time and if needed revised based on experience and feedback.</p> <p>The policy was agreed with RCN views noted.</p>	
6	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>Non Pay elements of Agenda for Change Pay Awards.</p>	
	<p>Overall Group</p> <p>Matt Jobson updated that the detailed Implementation Plan for RWW was submitted to Scottish Government prior to 1 October 2025 deadline, following approval via CET and GAPF with thanks to all involved. No feedback had been received to date.</p>	

	<p>Systems Group Update</p> <p>No update shared.</p>	
	<p>Reduced Working Week</p> <p>Matt informed that the RWW intranet page is live and accessible from the home page, following Phase 1 feedback in relation to difficulty accessing information and provides a central point for queries.</p> <p>Regular updates are provided via the Daily Brief with further information being shared via operational leads for further cascading.</p> <p>The MS Form has been shared and 14 submissions received to date, with most not requesting backfill. This will close on 30 November 2025.</p> <p>Scrutiny panels are being set up and will meet weekly to review submissions: One for standard no backfill requests One for backfill requests</p> <p>The subgroup meets fortnightly and is looking at how scrutiny panels will be supported. A flash report is being produced to highlight submissions, backfill vs non backfill etc.</p> <p>June said that although communications have been shared via the Daily Brief further communications was suggested for wider reach. Professional oversight is required for the panel decisions ensure alignment with professional standards and HCSA requirements.</p> <p>Karen raised concerns about the 24/7 services potentially triggering organisational change, which may extend beyond April 2026.</p>	
	<p>Protected Learning</p> <p>Keith Grant advised that there are 4 aspects of the PLT DL that require implementation. The sub group has acknowledged the need to raise awareness of PLT across NHS Grampian and have submitted an SBAR for discussion at the Agenda for Change Non Pay Reform Programme Board.</p> <p>There is concern that, although PLT is already in place, some teams are finding it difficult to implement due to competing priorities. Additionally, there is a risk that PLT may be overshadowed by RWW. It is therefore important to ensure PLT remains a central focus and stays firmly on the agenda.</p>	

	<p>Jamie queried if there was any way to map PLT utilisation to identify and reduce any barriers, ensuring staff are appropriately trained.</p> <p>Keith advised that feedback is similar to that of the RWW and NHS Scotland needs to take an all or nothing approach to adoption.</p> <p>Keith will explore options to provide any utilisation data suggested by Jamie.</p>	KG
	<p>Agenda for Change Band 5 Review</p> <p>Jenny Gibb provided some key highlights:</p> <ul style="list-style-type: none"> • 448 submissions to job evaluation with 63 processed to date. There had been no panels in August and September due to annual leave. • Application mapping exercise to be undertaken • Application to Bank workers to be agreed locally • Job Evaluation training completed, with 10 staff which included 1 staff side and 1 soon to be staff side with more panels set up for October – December • SLWG to be set up to address concerns re Band 6 job titles • After a HR and Staff Side session at RACH, to be extended to other Chief Nurses to encourage and make progress with the band 5 review 	
7	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community	
8	Appropriately Trained and Developed	
9	<p>Any Other Competent Business</p> <p>Ministerial Annual Review is taking place on 1 December 2025, to be held at Curl Aberdeen. The Cabinet Secretary Neil Gray and Christine McLaughlin will be in attendance.</p> <p>Steven Lindsay is leading the agenda item from 11.15 – 12.15 and GAPF members are welcome to join the public meeting at 2pm with more details to follow.</p>	
10	<p>Communications messages to the Organisation</p> <p>Encouragement to engage in the vaccination programme Update on CDU with thanks to wider colleagues for additional support Reiterate reassurance of job security with caveats New cervical screening clinic for staff Further comms in relation to RWW</p>	

	Nursery fee's increase New policies approved	
11	Date of next meeting – 20th November 2025 Agenda items to be sent to: gram.partnership@nhs.scot by 3 November 2025	

Audrey Gordon - gram.partnership@nhs.scot