



**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)**  
**Thursday 20<sup>th</sup> March 10.00 am to 12.30 pm**  
**Microsoft Teams**

Board Meeting  
12.06.25  
Open Session  
Item xx.7.1

**Present:**

Steven Lindsay, Elected Chair of Staff Side/Employee Director (Chair)  
Adam Coldwells, Interim Chief Executive (Co-Chair)  
Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
Ian Cowe, Head of Health and Safety  
Jamie Donaldson, Elected Chair of Health & Safety Reps  
Alison Evison, Non Executive Board Member  
Jane Gibson, RCN  
Sarah Irvine (part), Deputy Director of Finance  
Natalie Jeffery, Business Manager, Moray CHP  
Martin McKay, UNISON  
Deirdre McIntyre, RCOP  
Cameron Matthew, Divisional General Manager  
Lynn Morrison, Director of Allied Health Professions  
Jill Matthew, Head of Occupational Health Services  
Jason Nicol, Head of Wellbeing, Culture and Development  
Rachael Melvin, Deputy Service Manager  
Gavin Payne, General Manager of Facilities & Estates  
Sandy Reid, Lead People & Organisation, Aberdeen City CHP  
Michael Ritchie, Unite the Union  
Philip Shipman, Acting Director of People and Culture  
Kathleen Tan, CSP  
Alan Wilson, Director of Infrastructure  
Audrey Gordon, Partnership Support Officer

**In attendance:**

Geraldine Fraser, Integrated Family Executive Portfolio – Item 4b  
Susan Harrold, Senior Planning Manager – Item 5b  
June Barnard, Nurse Director Acute – Item 6v

	Subject	Action
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Diane Annand, Staff Governance Manager Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee Gerry Lawrie, Head of Workforce and Development Karen Watson, Unite the Union</p>	

2	<p><b>Minute for Approval</b></p> <p>Minute of the previous Meeting held on 20<sup>th</sup> February 2025 was approved.</p> <p>Jason Nicol asked for a post meeting note to be added on Page 3 concerning the Green Car Salary Sacrifice Scheme arrangements. Communication had come out that there was now an option to purchase in the process. Steven Lindsay added that the Minute was accurate at the time and has now been superseded by communications.</p>	
3	<p><b>Matters Arising</b></p>	
4	<p><b>Well Informed</b></p> <p>a. February Staff Governance Report</p> <p>This report had been added to the Files tab for the group. There were no issues on this.</p> <p>b. Staff Governance MUSC Report</p> <p>The MUSC Report had been added to the Files tab for the group. Geraldine Fraser advised that this was a detailed report and starting to see stability in the structure and support. There had been engagement between the Senior Leadership Team (SLT) for development sessions and building up the team. The new structure had been created on feedback from colleagues on what would be helpful and this was being tried for 6 months. Operational challenges continue to add pressure to colleagues on a daily basis and could not always be resolved within the teams dealing with issues. A whole system approach was welcomed by colleagues. Steven agreed that this was part of the system that continued to be under sustained pressure. The report and progress made was well received at the Staff Governance Committee. Jamie Donaldson planned to meet with Stuart Stephen, Operational Manager and the Corporate H&amp;S Team to look at the health and safety aspect of the portfolio. A plan was being worked on to come up with a formula for the portfolio.</p> <p>c. Process to end a Fixed Term Contract</p> <p>Papers had been added to the Files tab for the group. Philip Shipman advised that the process to terminate a Fixed Term Contracts by presenting the case to a Grandparent Manager was not person-centred and takes up a lot of time to organise. The new Once for Scotland policies include provision for this so, there was a</p>	

	<p>proposal to bring forward the change in practice to reflect this more person centred policy. When a fixed term was coming to an end, the person would meet the manager to thank them for their service and guide them on the redeployment process which this Policy highlights. It was for GAPF to approve such a change of practice. The launch date for Phase 2.2 NHS Scotland Workforce Policies had not been advised yet as these were on pause. Steven or Philip were happy to take any questions on this simplified approach to Fixed Term contracts which were due to expire.</p> <p>Martin McKay updated that discussion from a policy, Once for Scotland and UNISON perspective, these were normally only changed before the review date if there was an alteration in legislation required. This was a technical change to process around terms and conditions of contract, viewed as one of the core aims of the Once for Scotland Programme to have a more person centred approach. This was a reasonable improvement process on how we treat staff and the approach to end a contract.</p> <p>Steven updated that GAPF agreed with this change and thanked Philip and colleagues for steering the group through this.</p> <p>d. Health and Safety Update</p> <p>A paper had been added to the Files tab for the group. Ian Cowe advised on main points below:</p> <ul style="list-style-type: none"> <li>• This was an overview of a large piece of work to use more data across the organisation to measure performance on a range of health and safety related topics. The purpose was to see where compliant, where improvement was required, and foster greater accountability and engagement.</li> <li>• The H&amp;S Expert Group previously agreed a list of items to report on to ensure staff were safe and comply with the law.</li> <li>• Identifying data that already exists as well as a means of reporting on that data. Looking at solutions where data doesn't exist, or there was not a means of reporting. A significant piece of work involving the H&amp;S Team with others such as the Wellbeing, Culture and Development Team (WCD) Business Hub and OHS Team.</li> <li>• Examples of areas to measure include training compliance, adverse events, adverse event reports and sickness absence due to work related issues.</li> <li>• Ensuring Agendas for Health and Safety Governance meetings reflected the data as it becomes available and focus on the right things. H&amp;S Specialists from the H&amp;S Team have met with the Chairs of H&amp;S portfolios to discuss improvements to the agendas. The Chairs of two of the Portfolios have still to respond.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• There had been progress on reporting the items in red which was ongoing. The main obstacles were developing functionality by NES for example and own team. Capacity issues in some of the portfolios had also slowed this down.</li> <li>• H&amp;S Toolkit for Managers was introduced as essential training with a target of 50% compliance by the end of March. 28% of managers have completed since launched in June. This Toolkit has also been included in the Management Development training prior to this so that actual completion figure is above 60%. The content of training for managers employed by other organisations in the Health and Social Care Partnerships was being mapped against the content of the H&amp;S Toolkit. At the moment NHSG are providing more training than our partner organisations and this was being discussed.</li> <li>• Violence and aggression continues to account for the highest number of adverse events affecting staff. A survey was carried out last year to look at attitudes towards reporting violence and aggression. The results have now been collated and analysed along with a set of recommendations to be brought to a future meeting of GAPF.</li> <li>• There was a need to improve Prevention and Management of Violence and Aggression (PMVA) compliance for Bank Workers who may be taking on shifts where violence and aggression was an issue.</li> <li>• Initiatives introduced by other Trusts and Boards to help empower staff who have been subjected to violence and aggression were being looked at.</li> <li>• Staff who are required to wear an FFP3 mask must be re-tested at least every 4 years. There will be a large number of staff to re-test this year and Ian asked managers to encourage staff to engage with this when they receive a request to make an appointment.</li> </ul> <p>Steven added that Scott Middleton had come along to the GAPF Development Days in 2023 and 2024 to discuss the survey on attitudes to staff around PMVA. Ian to send on the completed report to Audrey to include in the GAPF meeting in May.</p> <p>Jane Gibson welcomed the report around PMVA training but felt that Bank workers at Cornhill were missing out on appropriate training. Jane queried the timeframe on this as RCN had seen an increase in cases involving people not properly trained within the clinical setting. RCN had significant concerns on H&amp;S in correlation between bullying, harassment and safety in culture and asked if this would be monitored. There was no transparency around the length of processes, what was taking place and how many. Outcomes were required to be monitored.</p>	<p><b>IC/AG</b></p>
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	<p>Ian replied that the Staff Nurse Bank had now added PMVA training as a skill on the Optima system (previously Health Roster). Shifts were not being given to those at Cornhill if they were not appropriately PMVA trained. It was currently difficult to get information from Turas on who had completed the PMVA training due to an outstanding requirement for NES to develop reporting functionality. A PMVA skill could be added for staff on Optima but there may be a resource issues. Jane advised that there was a limited pool of resources with colleagues working extensive hours who have the skills. There had been cases of safety incidents in the RCN around lack of appropriate training and skills which Jane had also been involved in.</p> <p>Philip agreed that this was a helpful reminder that Staff Governance highlighted a potential gap on the information being looked at. Philip had noted that Bullying and Harassment should be on the Agenda for the next Staff Governance Agenda setting on 1st April to discuss.</p> <p>Martin updated that Mental Health Nursing at Cornhill was a different environment with a fixed number of beds but patients may need a number of staff assigned to them. There were concerns around staffing numbers in this environment. Martin was aware of prioritising PMVA training after HSE report and it was good to see numbers trained were rising. Martin asked if the Nurse Bank was a priority for training spaces. Ian advised that there was training available but managers need to book staff on. Ian would check with the team.</p> <p>Sandy Reid reflected that this was a key metric in the organisation but staff health/sickness absence was not looked at. NHSG collect quarterly sickness absence data and suggested it may be worthwhile to look at this on what has impacted and improve health and wellbeing. Some meetings build in a mini wellbeing check in at the start. Steven was happy to look at what GAPF covers at part of the portfolio to Staff Governance to include the sickness data. Steven would have a conversation with Ian and Philip on which committees were most appropriate to bring this to such as H&amp;S, Staff Governance or GAPF. Ian advised that some absences due to work related illness or injury, were being measured on SSTS and it was an idea to look at this in more detail.</p>	<p>IC</p> <p>SL/IC/PS</p>
5	<p><b>Involved in Decisions</b></p> <p>a. Finance Update</p> <p>Sarah Irvine shared a presentation on the current position. Main points:</p>	

	<ul style="list-style-type: none"> <li>• February overspend of £2.23m. Year to date overspend £58.2m</li> <li>• Improvement in the month due to improvement on medical pay budgets and reduced spend on drugs driven by the shorter month and generic drug switches.</li> <li>• Continuing to see reductions of spend against Medical Agency locums and Agency Nursing along with savings from prescribing switches and overtime reductions.</li> <li>• At the end of February savings achieved of £46.2m against a target of £30.1m with £22.9m of savings on a recurring basis, £23.3m non recurring.</li> <li>• 2024/25 forecast: <ul style="list-style-type: none"> <li>○ Remains at £67.5m</li> <li>○ NHSG non delegated forecast is below the level Scottish Government expected overspend at £42.8m.</li> <li>○ Inclusion of IJB overspend contributions total £24.7m, overall forecast was still above the Scottish Government overspend level of £59m</li> </ul> </li> <li>• 2024 Financial Risks – IJB overspend remains a risk. The financial plan assumes a rate of overspend at Portfolio level of £5m a month (£60m for the year)</li> <li>• The Finance Plan 2025/26 plan has now been submitted to the Scottish Government. S Irvine highlighted movements from previous updates to GAPF which resulted in the anticipated deficit for 2025/26 reducing to £68m.</li> <li>• The Financial Plan will be presented to the NHSG Board for approval on 10th April.</li> </ul> <p>Steven reflected on the improvement in Resident Doctor non compliant rotas and was encouraged by the spread across most, if not all Portfolios on savings proposals. It was noted that a significant proportion of the savings sat with Facilities and Estates.</p> <p>Jamie highlighted minimal delivery against renal transport saving and expressed concerns this remained high risk. Sarah highlighted that there remained significant spend on taxis. Home haemodialysis machines were being rolled out and consideration was being given to how the shuttle bus could support this patient group. Examples of how volunteers could be used to support patient transport were shared noting the need to be mindful of concerns Trade Union and Professional Organisations have around volunteers and workforce. Jason Nicol asked if the presentation could be shared and Sarah was happy to send this on. The report to the Board in April will be available.</p> <p>b. Update on progress of the NHSG Delivery Plan 2025/26. Susan Harrold updated the group. Main points:</p> <ul style="list-style-type: none"> <li>• Focusing on one year plan for 25/26 with the aim of stabilising and optimising the system and also reflecting the extremely challenging financial position.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Board members, CET and colleagues focused on ensuring what is in the plan is realistic and deliverable.</li> <li>• 3 high level objectives aligned with SG and First Minister priorities <ul style="list-style-type: none"> <li>○ Objective 1 - balance system capacity to meet healthcare and population needs whilst delivering financial targets</li> <li>○ Objective 2 - deliver year 1 outcomes as set out in the route map for strategic change</li> <li>○ Objective 3 - optimising system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk</li> </ul> </li> <li>• This will demonstrate alignment with the Finance Plan</li> <li>• Draft Delivery Plan submission planned for 27th March. Work ongoing with respective leads to refine deliverables in the plan.</li> <li>• Susan highlighted additional Scottish Government ask in terms of planned and unscheduled care linked to the Scottish Government Operational Improvement Plan and additional funding to reduce waiting times and improve flow.</li> <li>• Route map development is ongoing and due to go to the Board in the summer</li> <li>• It is anticipated the Delivery Plan will go to the public Board on 12th June, pending approval by the Scottish Government. This would be added to the NHSG Plan for the Future website with a summary version for ease of communication.</li> </ul> <p>Steven asked if GAPF members could see a copy of the draft or final plan in due course. Susan was happy to share and would welcome any comments.</p> <p>Steven asked GAPF members to feedback any comments and thanked Susan and colleagues for this.</p> <p>Sandy was supportive of the Scottish Government objectives and queried in terms of prevention how much of our system was focused on this. Aberdeenshire partnership had suggested to support prevention that blood pressure monitoring was available for free access. Vaccinations were evidence of prevention. Flu uptake had been half since Covid hit.</p> <p>Steven asked all to feed into this document as further development and thanked Susan and colleagues for this.</p>	<p><b>SI</b></p> <p><b>SH</b></p>
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6	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p><b>a. Non-Pay Elements of Agenda for Change Pay Award</b></p> <p>i. Overall Group - Philip and Steven were now co-chairing the Programme Board. Philip had been on leave but the main focus was on RWW.</p> <p>ii. Systems Group Update – No update</p> <p>iii. Reduced working week (RWW) – Philip updated that the Directors Letter (DL) new circular had come out from the Scottish Government on Phase 2, reducing to 36 hours on 1.4.26. An outline plan was required by 1<sup>st</sup> May and final plan by 1<sup>st</sup> October to be agreed in Partnership. Key things required to be understood was the model of lost capacity and the impact on services and users. To understand lessons learned on the first half hour reduction from services and to look inward. This reduction would happen with meaningful conversations in Partnership and what capacity was needed to manage the loss. Options would be looked at and whether the governance process needed to be reconsidered, late adopters and what changes were required for this process. Backfill arrangements work and transitional arrangements for RWW should be complete before or on 1<sup>st</sup> April. The Chief Executive Team were looking at and forming a headline plan which will come back to the April meeting for GAPF. Philip advised that there would be opportunities for all groups to be involved.</p> <p>Jamie added that the last set of RWW caused a lot of chaos and work for the Partnership team involved. There was a need to increase Partnership reps around this to cover 17,000 employees. Philip agreed with Jamie as Karen Watson had flagged this up previously. The requirement for organisational change was questioned on how this factored into the long list of existing organisational changes. The Organisational Change Management Oversight group required to be looking at this as a complex picture.</p> <p>Jane explained that when reflecting on capacity, the people who were relevant should be recognised to take part in this for certain areas on those impacted. Philip replied that all stakeholders would be involved to have a balanced risk assessment and to be collaborative across the entire system. When backfill arrangements and criteria were being considered, a balanced approach to this needed to be looked at.</p> <p>Alan commented that concerns were raised about time to do this and the amount of support. Any learning from the first stage of RWW should be consolidated in decisions to help with consistency. In Alan's team, one of the biggest services, the later ones to implement the half hour were viewed as inconsistent across the organisation which had been raised. Steven added that to permit flexibility was</p>	
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	<p>the principal applied for the first half hour reduction. There were a number of fairly standard options that could be taken and governance standard followed if not. Steven was taking feedback from colleagues at the Programme Board with Partnership reps and Service Managers for those non 24/7 areas who were accommodated using the TOIL system. This was thought to be challenging enough to give back within 3 months or having to pay for. A consistent approach was being looked at but wary of trying to come up with one size fitting all. Philip added that other boards had used a less flexible approach and were now having to rewind and look at this. The standard options need to be reviewed as there may be a need to have a smaller number this time. Philip agreed with Alan to be mindful of these as different services have different needs.</p> <p>Jason asked about the finance side as money had been set aside for the previous RWW and assumed that there was no new money and anything left previously would be used for this. Steven advised that there was funding of £19.6m for all 3 elements and not all of this had been used. <b>(Post Meeting Note – Sarah Irvine commented that spend of £5m had been incurred to date on the non-pay reforms which excluded any costs relating to Band 5 to 6. In light of the low number of applications received it was expected that there would be minimal costs for this in 24/25. The balance of funding remaining will be used to support the financial position in 24/25. A recurring allocation of £14.6m for 25/26 has been received with £2m committed to date. This allocation is expected to cover the cost of the non-pay reforms with the Band 5 to 6 regrading, and backdated pay anticipated to be a significant element of the cost. There remains concerns that this may not be enough as it may take 2-3 years to see what the actual financial cost will be on an ongoing basis.)</b></p> <p>iv. Protected Learning – Jason updated that the PLT subgroup had met last week as started up again. This had been paused due to a variety of national workstreams that were underway. There was now more clarity for RWW and the group had reconvened. This was connected to national work with standardising 9 modules. Staff Side representation would be required on scoring of existing modules and starting with reduced different versions of these. A Once for Scotland approached in each of the 9 modules to be created. Professional and job family specific mapping was underway across Scotland to understand this. The local PLT group were mapping on current approaches for services and teams to protect time for training and looking at what was being achieved on statutory/mandatory training and protected learning time within this.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – Steven updated that around 100 applications were now fully submitted and Band 5 review panels were being arranged more frequently with plans in place for them to be weekly beginning next month.</p>	
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	<p>Jane added that the RCN Roadshows had gone well from feedback from members and thanked Sandy Reid for attending in Peterhead. Members who attended, noted that there had been no visibility of Nurse Managers attending and reflected that this validated their view of actions speak louder than words. This had been fed back.</p> <p>There were concerns around attitudes at Dr Grays and Woodend with lack of support for staff. Philip commented that this was a helpful observation regarding the Roadshow and asked if this was being summarised and taken forward for Jane to raise at the Band 5 Review Group to reflect back. Jane explained that Nurse Managers do support but they require to connect with the group going forward. Adam shared an email from Philip Coghill, Head of Pay Terms and Conditions at RCN which had just arrived and had been sent to June Brown to clarify attendance at roadshows. There was 2 planned sessions specified for managers at ARI and Dr Grays and advised on positive feedback, that this had been well attended but managers may not have been aware of their attendance at this.</p> <p>June Barnard joined the meeting and updated that the group last met on 6<sup>th</sup> March and submissions were increasing. There was progress with panels and review of those with 8 submissions going through consistency checks. Panel members had been congratulated by the national team on the process. The panels were increasing for April with 4 half day panels and every week in May. In terms of the national numbers, Grampian was sitting 4<sup>th</sup> or 5<sup>th</sup> nationally. The subgroup will monitor numbers successful of those achieving Band 6 status and completed numbers of those that did not. June was aware of the Roadshow and did encourage all colleagues to join. Senior staff had been supported to attend but were operationally challenged. There was work for the subgroup to speak to Jane and bring back outcomes. Further questions were raised nationally around job descriptions being used and feedback for bank colleagues on what happens to build a process. The next meeting was due on 3<sup>rd</sup> April and no closing date as yet. Steven acknowledged that feedback would be taken to the next meeting of the Band 5 subgroup from Jane and via the Programme Board. Jane added that there were Senior Charge Nurses who attended and there was a lot of work to do in this process in trying to support and make sure they had more information on the process. Senior Nurse Managers rather than Charge Nurses support for this was not getting through to frontline staff as the reflection had come back to Jane. Physical presence was required on supporting them and how we connect as Senior Nurse Managers Band 8 and above were not at the Roadshow.</p>	
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>No items</p>	
8	<b>Appropriately Trained and Developed</b>	

	No items	
9	<p><b>Any Other Competent Business</b></p> <p>a. Facilities Time for UNISON Branch Secretary – Martin McKay had provided a paper for the group. This was an indicative issue for all Staff Side organisations who provide a vital service not only to members. They had been instrumental in reducing the number of working days lost to almost zero and protected terms and conditions of all staff in NHS Scotland. All Unions and Professional Organisations have mature structures to provide services to members and responsibility within the Partnership model in NHS Scotland. Without being supported by volunteer reps and support from employer, structures would not deliver what was required. Pressures across the system were exactly the same as Staff Side organisations with increase in workload and support for members. Partnership requests have increased. A forum was required to recognise there was a breach in policy and process which impacts on both UNISON to deliver support and to the wider organisation. A resolution was required to be looked for as per policy. Steven had mentioned at GAPF on a number of occasions around the capacity available to support employment relations. There were close to 100 accredited reps who have a day job and support members. There was an issue on capacity to support areas.</p> <p>Jane agreed and supported UNISON as this problem was across all unions and governance safety was a critical part of what was carried out in Partnership. RCN was the biggest Nursing Union and the biggest workforce. There was a struggle to support members not just due to numbers but the complexity of cases which were increasing. This had been raised across various forums as members were coming with significant issues like suicide and self-harm. There was a need to be able to represent members and deal with problems. Some were not being given release time as not being supported into the Staff Side roles.</p> <p>Jamie, as Co-Secretary within the UNISON branch, was averaging 120 cases a month to go out to reps with some complex cases. Some were doing in their own time outwith work time as there was no capacity.</p> <p>Philip was unaware of the background to this situation and could not comment on whether it is a breach of policy or not. Philip required to understand the detail on the background and was happy to have an offline discussion around this to give an informed response. Jane explained that members had been told they could not be released as there were 26 full time equivalent vacancies within an area which seemed high. There were pressures on systems which puts pressure on elsewhere. Philip agreed that this was a good general point. Steven added,</p>	

	<p>from a partnership perspective, there had been a process in place since 2010 with clauses to allow services to bring reps back into the service for periods of time in extreme cases. Steven thanked Martin on presenting on behalf of the branch. Philip to meet with Jamie, Martin and any others required. Steven was happy to be involved. Philip raised an awareness that he was taking some annual leave so this might be a few weeks before this could take place but a request should be sent to Catriona Downie to allocate time to this as an in person meeting which may be better. Martin advised that this was the first time a request like this had come to GAPF and thought it had been reasonable to do and correct place to bring this as commitment to Partnership working. Martin thanked Philip for further discussion.</p>	<p><b>MMc/JD/ SL/PS</b></p>
10	<b>Communications messages to the Organisation</b>	
11	<p><b>Date of next meeting</b></p> <p>The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 17<sup>th</sup> April 2025. Catriona Downie will attend to take the Minute. Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 31<sup>st</sup> March 2025.</p>	

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