Approved

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

Board Meeting
12.06.25
Open Session
Item 13.6.2

Present:

Steven Lindsay, Elected Chair of Staff Side/Employee Director (Chair)
Adam Coldwells, Interim Chief Executive (Co-Chair)
Alison Evison, Board Chair and Non-Executive Director (part)
Jane Gibson, RCN
Sarah Irvine, Deputy Director of Finance (part)
Natalie Jeffery, Business Manager, Moray CHP
Martin McKay, UNISON
Deirdre McIntyre, RCOP
Cameron Matthew, Divisional General Manager (part)
Lynn Morrison, Director of Allied Health Professions
Jill Matthew, Head of Occupational Health Services (part)
Jason Nicol, Head of Wellbeing, Culture and Development
Rachael Melvin, Deputy Service Manager
Gavin Payne, General Manager of Facilities & Estates (part)
Sandy Reid, Lead People & Organisation, Aberdeen City CHP (part)
Michael Ritchie, Unite
Philip Shipman, Interim Director of People and Culture
Kathleen Tan, CSP (part)
Karen Watson, Unite (part)
Faye Dale, Interim Head of People and Change (part)
Gerry Lawrie, Head of Workforce
Diane Annand, Staff Governance Manager

In attendance:
Chris Coldwell, Workforce Transformation Programme Manager
Ted Reid, Head of Logistic Services
Keith Grant, UNISON
Janine Legge, UNISON
Lorraine Hunter, Head of HR Service Centre
Carrie Stephen, Programme Lead
Leigh Ewen, Senior Project Manager, Value and Sustainability Programme
Colin McNulty, Senior Nurse Manager
Mary Agnew, Programme Manager
June Barnard, Nurse Director Acute

	Subject	Action
1	**Welcome and Apologies** Everyone was welcomed to the meeting. Apologies were received from the following: Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership	
2	**Minute for Approval**	

	Minute of the previous Meeting held on 20th March 2025 was approved as an accurate record.	
3	**Matters Arising** None noted.	
4	**Well Informed** a. Planning Application Lady Helen Parking Centre Ted Reid advised the forum that although NHSG have applied for a permanent change for the use for the Lady Helen Parking Centre, consent was granted for a continued use for 2 years, with the opportunity to re-apply at this point. There are concerns within the council regarding the available spaces for patients and the public, so there is a requirement to provide evidence on the usage and how NHSG manage staff who misuse or mistreat this. The car parking SLWG will be reconvened to manage the registration scheme and plan the management of the car park. Written consent is still to be received and an update will be provided to GAPF at the June meeting. Steven expressed his thanks to colleagues on behalf of the forum for this positive news and queried how communications will be disseminated regarding the continued use of the car park. Ted confirmed that he will liaise with Emma Pettis regarding communications and advised that they are keen to evidence compliance before the winter pressures. Keith Grant highlighted that resource would be required to undertake the necessary work, including enabling the ANPR camera scheme. These spaces are essential and an increase to the car parking team will assist with flow to ensure staff are able to access so many services. In response, Ted advised that there are vacancies that have been carried that will now need to be filled. In addition, there has been a capital allocation for the ANPR to allow this to be upgraded across the site, include the plan to introduce this to level 6 and above. In response to a query regarding re-introducing the Shuttle bus provision, Ted advised that although these are currently being utilised elsewhere, these may be realigned to support the management of flow due to the finite number of spaces. b. T&C Annual Report	

	The Annual Report from the Terms and Conditions Subgroup was provided prior to the meeting and Diane Annand provided a summary as follows: Work complete: Diane highlighted the work with the support of the Value and Sustainability team – roll out of electronic payslips, revision of the overtime and additional hours framework, travel efficiency protocol and currently the green car salary sacrifice scheme. Last year saw the last change to T&Cs from the pandemic cease with the end of covid special leave and a successful application to continue the RRP in Estates (although more work for the service to do on this subject). Moving to the current workload – greatest focus on • Concluding the PAIAW exercise in Facilities and Estates • Launching the Green Car Salary Sacrifice Scheme • Finishing off work which has been delayed due to capacity e.g. Starting Salary guidance, implementation of the Dying to Work charter, consistency application of aspects of the organisational change circular • Some of our work is constrained by national work e.g. awaiting a revised Annual Leave policy which would allow us to update our best practice Q&A and clarification on the Annex 21 circular to allow implementation There was an echo of thanks from attendees for all the work completed by the group and presenting this in one single report highlights this. c. Nursery Fees 2025/26 and Operating Hours Papers were provided for information and Lorraine Hunter advised that is has been a number of years since a paper has been taken to GAPF regarding an increase of Nursery Fees. Nursery Services are offered to NHS parents at 2 nurseries which are Little Acorns and Woodend, both of which are self-sufficient and self-financing therefore achieve a breakeven position. These funds cover costs for both NHS staff and non-pay costs ensuring the nurseries are fit for standard. Finance colleagues provide support each year by looking at the income and expenditure, with budgets then based on 85% occupancy rate, which take into account AfC Pay uplift and rise in energy costs. There is a salary sacrifice scheme available to parents which creates significant savings, by reducing tax, NI and pension contributions.	

	Taking everything into account, an increase of 2.91% has been approved which will increase the day rate from £68.50 – £70.50 and doesn't include reduction for employer scheme. In comparison with private sector, 19 providers have not yet increased rates and out of that 19, NHSG is the 3rd most competitive. <u>Change in operating times</u> A year ago, a paper regarding derogations presented to Tom Power, in his role as Director of People and Culture, regarding proposed change to nursery times. Prior to this both nurseries were closed on all Public Holidays and during Xmas and New Year. The proposal put to Tom was to be open on 3 of the 4 designated Public Holidays and to extend the closure over the festive period. A survey was undertaken, and a test of change was agreed for a year. Nurseries have undertaken a further review via a survey and feedback received is as follows: Parents 79% of the 100% response felt that the opening on 3 or the 4 Public Holidays was beneficial or had no impact and 14% had no experience. 68% felt that the extended closure over the festive period had no impact or their role however some responses did feel the impact of having to take leave or rely on family members. Staff 97% of staff felt benefited by the extended period over Christmas which resulted in the opposite in relation to annual leave or reliance on family and felt that this contributed to their health and wellbeing. Having met with Philip Shipman and Steven Lindsay who approved both papers, the test of change will become permanent, and all dates will be advised to parents well in advance, who will also receive the results of the survey. Philip expressed his thanks to Lorraine and clarified that the closure is for 3 out of 4 public holidays and not all 4, which will mean that the days the nurseries remain open doesn't change therefore no need to recalculate fees etc. d. Whole System Acute Integration Update Carrie Stephen presented slides on the Whole System Acute Integration and highlighted the following: *<u>Current Position</u>*	

	• Multiple strategic change programmes intended to improve the sustainability* of services are currently underway *(*sustainability = service delivery, quality, workforce and finance)*
	• Among these programmes is the newly commissioned Integration of Acute Pathways Programme
	• The Strategic Change Board approved the Integration of Acute Pathways commission on 25 February
	• Workstreams supporting the first three Acute Services are being prioritised and accelerated to address known risks and move towards sustainability at pace:
	  • Cardiology
	  • Endoscopy
	  • Orthopaedics
	• Taking a whole system approach this work will
	  • Enable organisation of the whole acute system through horizontal integration at service and pathway level
	  • Support planning on a population health basis
	  • Focus on delivering services not buildings
	  • Provide a unified approach to management, systems, processes and governance
	
	To ensure focus is maximised, change delivery oversight, assurance and performance across six programmes of change has been organised, which are
	  • Value and Sustainability Programme
	  • Baird and Anchor Capital Programme
	  • Unscheduled Care Programme
	  • Integration of Acute Pathways Programme
	  • Planned Care Programme
	  • Maternity Programme Board
	
	The agreed ask from Chief Executive Team (CET) regarding the Integration of Acute Pathways was issued in March with core principles agreed, and a programme board was established to provide oversight. The Workstream leads for the pathways have been agreed with small groups now established to develop mandates on what is required and how to get there. The implementation is now at the co-production stage with the agreed plan expected mid-May and implementation of key aspects by end of June. The preferred models and delivery options will then be taken to the July Board Seminar for discussion.
	
	Stakeholder workshops are being delivered, with data packs being issued in advance. CET are supporting the release of colleagues to attend these, and the aim is to get good cross sector representation.
	
	Carrie will share the slides following the meeting for attendee's information.
	
	Adam expressed his thanks to Carrie for the update and stressed the urgency of the programme, which is evident within the slide content.	

	The board has 4 intolerable risks, and this work will contribute to reducing the risk. Following these 3 areas of priority, during the summer the next areas of clinical delivery will be identified, with learning taken from this. Jason Nicol highlighted the real opportunity in this work is to do more in the way across corporate services with clear direction of travel however, the aim to try and reduce functions that have been delivered in the past to create a different future. Sandy Reid raised that the 3 services identified are different types of services and components, 2 of which previously had a large footprint in the Health Village. All these pathways were no longer in a community setting, where they were previously and Sandy would be happy to chat through with any services wishing to return to the community. Adam advised that CET are cognisant of the need to be whole pathway including Primary care but aware of the urgency to reduce the risk in Acute. Carrie concluded by confirming that some of the conversations will look at the totality of the services ie sometimes space rather than staff so how will these services be delivered in Grampian with the resources we have.	
5	**Involved in Decisions** a. Finance Update Sarah Irvine provided the following update: 2024-25 • Expected to report deficit within £67.5m brokerage agreed with SG. • Three elements outstanding: 1. IJB positions known by 21stApril with contributions required for all three IJBs 2. Agreeing balances other NHS Boards 3. Final funding letter from SG to be received • Once position finalised the full report will be prepared and shared. • We will require to formally request brokerage. 2025/26 Update: • Financial plan presented to the Board last week – challenging picture with £68m o/s 25/26 as per March update and Board	

not anticipated to return to balance during the period of the MTFF.

- GAPF members will have been aware of the press attention given the scale of the deficit outlined.
- Scottish Government confirmed maximum level of overspend permitted for 2025/26 is £45m which is £23 million less than current overspend forecast.
- Financial recovery plan to be developed to cover this gap by the 7thJune
- Work underway to develop this plan
- Rapid diagnostic review is to be undertaken, commissioned by the Scottish Government, on the financial position of NHS Grampian
- Potential risk that we would be further escalated on NHS Scotland S&I Framework if we are unable to improve the financial position.

Adam emphasised the volume of help and support was needed via this forum, as well as via clinical forum and leadership routes, and highlighted that finding £23m is challenging when we have already found £46m but Scottish Government were very clear about the importance of this, so much so that Adam and Alison Evison were called to meet with the Director General. It is imperative to work together and go about this in a sensible way to help understand and support the decision making the best that we can.

b. Standard Operating Procedure for Establishment Setting Through Common Staffing Methodology

Leigh Ewen and Colin McNulty attended to provide an update on the SOP that has been created in relation to Common Staffing Methodology (CSM) and talked to the slides that had been shared in advance of the meeting.

This SOP was created to improve the governance process around the CSM by those involved in the process, and following approval at various groups and was signed off by the Executive Nurse Director, Medical Director and HCSA Executive Lead in March.

Staffing Level Tools (SLTs) are part of the entire CSM; the methodology must be completed a minimum of once per year as per HCSA requirements for departments that have a speciality staffing level tool.

CSM is a robust process for establishment review that ensures decisions are made to mitigate risks relating to staffing establishments for professions that have a specific staffing level tool. SLT is currently only applicable within Nursing and Midwifery, except for Emergency Care where medical colleagues are also included.

	By critically considering the evidence based SLTs alongside quality measures and local context, professionals can make a judgement on the establishment required for delivering safe and appropriate care. Where the establishment requirements and budgets are different portfolios must consider how risks associated with this are then managed. Workshops were held to engage with teams in relation to barriers for meeting the requirements to complete CSM. It was identified that there was no governance structure for this to fit into there no obvious routes of how to manage the establishment within the organisation and no assurance that this was being done robustly. The Sustainable Nursing Workforce project led by the Value and Sustainability Programme led a multi-stakeholder task and finish group to actively develop the SOP: Staffing Establishment Management through Application of CSM, which will ensure robust and consistent processes and governance arrangements. There is a SLWG being established to develop a dashboard for data to help produce triangulated critical analysis to support the CSM template and make it intuitive. A HCSA Sharepoint page is currently being developed, with specific CSM and SLT sections which will be in the form of a one stop shop to get all the info and support. The SOP covers roles and responsibilities and also what needs to be done where risks are identified. CSM has 2 tiers: 1. Understanding establishment and assessment of risk 2. Risk based prioritisation and decision making If a deviation from establishment is required, this will require an action plan then either to look for funding and a business case and if not redesign or reduction in service. Other aspects of the SOP include that the rosters are built based on the agreed establishments allowing grip and control over daily staffing. Professional assurance is gained by June Brown following risk reporting at Portfolio level and via The Nursing and Midwifery Workforce Council. Philip thanked Colin and queried how this would link to bank staff and vacancy control once the CSM is followed, and establishment updated? Colin advised that how many staff we can have on a daily basis, linked to the establishment feeds into rostering templates, which are already in place and look at absence data and performance. Current position has seen a significant amount of service creep which is financial risk due to supplementary staffing and this process once in BAU should help with the creep. Vacancy controls remain as they are as these are linked to budget.	**PS**

	Philip to link with Sarah Irvine to review vacancy controls to see how the CSM is/should be considered as part of the vacancy control criteria Lynn Morrison queried what next in relation to the risks identified and conditions for change so how do we help our leaders that manage think about redesign first? Thinking about what we can do differently will require culture change but will be good so see how this evolves via the process. Jason highlighted an example whereby the number of patients exceeds the number of beds, ie 25 beds but 29 patients so useful to have constraints but the service creeps up by necessity. Colin responded that via CSM for safe and appropriate care under the duty within the HCSA, if the level of patient acuity identifies 29 beds required, this must be provided to comply with the legislation, and although this won't prevent it happening, it will recognise that the establishment is significantly higher than it should be. Martin McKay acknowledged this necessary piece of work, which will support justification of baseline nursing establishment, and provide clear indication when staffing ratios needed to be increased due to peak times. Although this is a requirement of the legislation, this doesn't change the fact that budgets are based on mid-point pay. Lynn highlighted that the tools are limited and although this will support visibility within nursing, there are no tools currently for other professions including Allied Health Professionals, who will often have severe and enduring risks. Keen to learn from the nursing work in relation to Allied Health Professionals. Jane reported that the RCN and HIS are in discussion regarding the CSM due to flaws in the establishment algorism as these are in 4-hour blocks which results in the establishment not coming out where it should be. Colin concluded the conversation by advising that the use of the tools will support local conversations in relation to required establishment. Steven expressed his thanks on behalf of the forum to Leigh and Colin.	
6	**Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued** a. **Non-Pay Elements of Agenda for Change Pay Award**	

	i. Overall Group – The main focus of the last Programme Board related to the RWW ii. Systems Group Update iii. Reduced working week (RWW) – Headlines from the more recent circular regarding phase 2 of the RWW element of the AfC Non-Pay Reforms are that the standard working week is to reduce to 36 hours from 1st April 2026. An outline plan for implementation is required by the 1st May 2025 with a full plan to be in place and agreed by Area Partnership Forums by 1st October 2025. A request for GAPF to agree the outline plan was included in the papers. An outline plan was endorsed at the AfC Reform Programme Board, which identified a significant loss of capacity with a further 334 WTE coming out of the system. This will result in a total loss of over 500 WTE from the entire headcount which is a significant loss. The outline plan includes: • Identify the impact of reduced capacity from phase 1 and learn if this has had the intended impact of increasing the wellbeing of staff. • Standard options for phase one will be reviewed against the intent of the DL, with reference to TOIL. • The governance process will also be reviewed considering the number of late adopters and whether submissions should be by rosters rather that/as well as by staff group. • Will the reduction be a big bang on the 1st of April or transitional • Review the backfill arrangements including financial impact and criteria for backfill • Understand and model the impact of lost capacity across the system The ask for GAPF is to agree the outline plan which has been endorsed at the RWW Subgroup and AfC Programme Board Adam reflected on the transition period and is conscious that for the first 30 minutes reduction not only was there a lot of criticism from Trade Unions Nationally, but also being able to complete the reduction it in terms of having to chase up teams and a number that hadn't reduced. What is learning regarding the preparatory phase so there are no stragglers? Philip advised that the issue with previous reduction was that it was done by self-identified staff groups which was then difficult to then identify those that hadn't reduced whereby doing this by roster know which staff group have transitioned or hasn't. The Outline plan was agreed and Steven expressed thanks to all colleagues involved.	

	iv. Protected Learning – Jason advised that key part of the Protected Time for Learning is that there are 9 core modules being evaluated. One key criterion is that each module will only last 30 minutes and there will be one date for implementing all 9 with boards. Currently work is ongoing to ensure that a current module remains live for up to a year eg NHSG won't retire modules. Work continues in passporting, so modules transfer within other boards and measure of success is consistently measured. With previous NHS Grampian influence regarding merging of Adult Protection and Child Protection to allow one module for Public Protection. Complexity of agreeing job families and job specific mandatory training is taking longer than the 6 months requested in the original Directors Letter (stated as due in September 2025). Jason acknowledged the huge amount of work undertaken by Tracey Leete in relation to this. In addition to job family (and band profile specific) mapping of mandatory training that the professional revalidation time detailed in the DL will also require some standardisation across NHS Scotland. The current workstream has not begun any work on this and so adding this into the PLT calculations will add a further layer of complexity and impact of timelines to delivery. Locally mapping options via the subgroup has taken place on how to create of menu of how many have been undertaken across different staff groups and will take learning to the national group. Clarification requirements of DL re bank staff is required as they are referred to in the National Workstream, as they are classed as workers not employees. Gerry Lawrie acknowledged the work previously done that has seen the work re Public Protection coming to fruition. She continued to highlight that we are fortunate that some modules can just be reviewed or take the test, which is assisting with capacity to undertake the modules, helping to maintain an increase in level of compliance. Jason confirmed that he will check if it is built in as standard to take the test option only as well as frequency and process be standardised. Jane Gibson welcomed the clarity regarding bank staff and raised some concerns regarding who has responsibility for bank staff training, however, was advised to contact Colin McNulty as the Nurse Bank Manager with these concerns.	

	v. Agenda for Change Band 5/6 Nursing Review June Barnard updated that there has been an increase of 75% in applications, which are likely to be linked to the RCN Roadshows. Currently 143 have completed applications which places NHSG 3rd highest nationally. There are 12-15 submissions per month, with 555 currently on the portal. 9 reviews have been completed, of which 7 were successful. An increased number of Job Evaluation panels are being run with further shadowing in relation to the job evaluation process being completed in April and May so it is anticipated there will be a further increase in panels by summer. Future work is required in relation to Job Descriptions for successful applicants, which will be taken forward via a subgroup with a set Task and Finish group to get these completed. The Roadshows were successful with colleagues being released to attend. Our Exec Nurse Director received a letter from RCN colleagues making reference to the warm welcome received by the team. Jane updated that there have been positive discussions after the feedback from the Roadshows, at which the RCN had been delighted to support. Some managers were not aware of funding for this programme so perhaps work in some areas but on the whole people are starting to support the process and people are submitting their applications. Jane highlighted concerns regarding some language used relating to nursing colleagues and banding which is unacceptable. Philip thanked the review group for the work done and updated that he has just had informal conversation and recognised that the updated requests on portal are due to roadshows and grateful able to do. This is still small number in terms of overall, but work is continuing to encourage submissions. Diane advised that there was no end date at present, but this has been raised at STAC Job Evaluation Subgroup and will be discussed at a full STAC. Lynn referenced the comment regarding banding and highlighted that we need to be mindful of the terminology that we use as a system where we often refer to staff by their pay grade/ banding rather than by role and this is something to be considered as part of the culture we are trying to create, as everyone is of equal value as we continue to work in a complex system where everyone plays a part no matter what their banding is.	
7	**Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community**	

	a. Concerns re staff experience A group has been convened following concerns raised at a previous GAPF, which includes management and staff side colleagues. Jason confirmed the 3 areas being considered are: Non-public facilities for changing Secure storage Access to suitable spaces for breaks and meals The group has come together to understand the baseline across these areas and how we improve this position. Progress is being planned via a survey to identify an area of focus and to seek to address the issues we are aware of. A decision of the subgroup is to focus on a specific area and the decision was made to progress this with MUSC. The subgroup has connected with Stuart Stephen, Unit Operational Manager, who is socialising this work within teams, but this is taking longer due to the Integration of Acute pathways. Jason hopes that the work will progress after he meets with Stuart today. Philip thanked Jason for the helpful update and requested that a realistic version of this, to provide an understanding and timescales, including lessons learned to come to next GAPF to help identify how to take this to the wider organisation. Jason was happy to and advised that an iteration had been through the subgroup, and looking towards implementation has allowed them to get behind the work. Hearing from people and driving the work and hearing their views, provides greater ability to create what is realistic.	**JN**
8	**Appropriately Trained and Developed** <u>Agenda Setting Discussions Reflections</u> In Agenda Setting, what has been custom practice has been to link the various items on the agenda to one of the strands of the Staff Governance Standard and recently some have been more informed than others. Adam had made the ask that we share these reflections and as a reminder, the Agenda Setting takes place with Adam Coldwells, Audrey Gordon, Faye Dale and Steven Lindsay and any helpful perspectives would be welcome.	
9	**Any Other Competent Business**	

10	**Communications messages to the Organisation**	
11	**Date of next meeting 15th May 2025** gram.partnership@nhs.scot by 2nd May 2025	

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