



**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)**  
**Thursday 15th May 10.00 am to 12.30 pm**  
**Microsoft Teams**

**Present:**

Adam Coldwells, Interim Chief Executive (Chair) (part)  
Philip Shipman, Acting Director of People and Culture (Chair from 11.30)  
Adeyinka Adewumi, Deputy Service Manager, Royal Cornhill Hospital (part)  
Diane Annand, Staff Governance Manager  
June Barnard, Nurse Director (part)  
June Brown, Executive Nurse Director  
Mark Burrell, Service Clinical Director (part)  
Ian Cowe, Head of Health and Safety  
Faye Dale, Interim Head of People and Change  
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON  
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
Alison Evison, Non-Executive Board Member  
Jane Gibson, RCN  
Sarah Irvine, Deputy Director of Finance (part)  
Natalie Jeffery, Business Manager, Moray CHP  
Deirdre McIntyre, RCOP  
Cameron Matthew, Divisional General Manager  
Jill Matthew, Head of Occupational Health Services  
Lynn Morrison, Director of Allied Health Professions  
Jason Nicol, Head of Wellbeing, Culture and Development  
Sandy Reid, Lead People & Organisation, Aberdeen City CHP  
Michael Ritchie, Unite the Union  
Kathleen Tan, CSP  
Karen Watson, Unite the Union (part)  
Alan Wilson, Director of Infrastructure (part)  
Audrey Gordon, Partnership Support Officer

**In attendance:**

Keith Grant, UNISON for Martin McKay  
Scott Middleton, Health and Safety Specialist – Item 4a  
Laura Johnstone, Admin Assistant Health and Safety – Item 4a  
Heather Binns, Head of Digital Transformation – Item 4b  
Caron Thomson, Staff Experience Manager - Item 4d  
Elizabeth Wilson, HCSA Implementation Programme Manager - Item 4e  
Emma Pettis, Deputy Head of Communications - Item 4f  
Eddie Graham, Head of Resilience – Item 4f

	<b>Subject</b>	<b>Action</b>
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Steven Lindsay, Elected Chair of Staff Side/Employee Director (Chair)  Gerry Lawrie, Head of Workforce and Development  Stuart Humphreys, Director of Marketing and Corporate Comms  Martin McKay, UNISON  Alan Wilson will be late in joining and Cameron Matthews</p> <p>Adam highlighted the announcement of NHS Grampian now at Level 4 of the NHS Scotland Support and Intervention Framework and asked if anyone had any questions. Sandy advised that there was full support for Adam and Alison Evison and was sure everyone felt the same way.</p>	
2	<p><b>Minute for Approval</b></p> <p>Minute of the previous Meeting held on 17th April 2025 was approved subject to the amendment below:</p> <p>Lynn Morrison asked to change wording around tools for HCSA staffing in reference to AHPs on Page 9 and on Page 13 adding to terminology to be used. Lynn to link with Audrey.</p>	<b>LM/AG</b>
3	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>Philip Shipman and Sarah Irvine had discussed vacancy controls in light of the Common Staffing Methodology - it was clarified that the intention for next year nursing budgets to be rebased meant vacancy controls do not need to change. This had therefore been resolved but will take a while to work its way through. June Brown offered assurance for colleagues using supplementary staffing at the moment would reduce once aligned.</li> </ul>	
4	<p><b>Well Informed</b></p> <p>a. PMVA Analysis Survey Update - Scott Middleton gave some background on this:</p> <ul style="list-style-type: none"> <li>In 2022-23, Scott's MSc dissertation was on reporting violent and aggressive incidents, specifically in the highest-risk areas of NHSG.</li> <li>Findings were presented at the GAPF Development Day in 2023 and there was a request to repeat this survey across the entire NHSG workforce.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Laura Johnstone and Scott co-led the survey revision to make it applicable to all NHSG staff groups which included demographic question. The revised survey was tested and went live in September 2024.</li> <li>• There were 881 respondents from various NHSG divisions.</li> <li>• After collecting the survey data, two documents were created: one focusing on the survey findings and the other as a supporting paper that provides an overview of the findings and recommendations.</li> <li>• There were 7 recommendations for NHSG to consider although these recommendations were SMART, they were intentionally not overly prescriptive. Detailed action plans will need to be developed if they are accepted.</li> </ul> <ol style="list-style-type: none"> <li>1. <b>Positive Safety Culture:</b> Ensure all managers complete the Managers Health and Safety Toolkit Programme, which introduces safety culture and outlines responsibilities related to safety management, including handling violence and aggression.</li> <li>2. <b>Enhance Visible Leadership, Support, and Communication:</b> Ensure management empower staff by visibly committing to addressing violence and aggression through regular communications and proactive actions. Provide support and debriefing for staff after incidents and regularly inform staff about actions taken in response to their reports.</li> <li>3. <b>Enhance Training and Awareness:</b> All staff must complete violence and aggression eLearning every two years, reporting adverse events via Datix eToolbox annually, and where violence and aggression is a risk, managers must conduct a training needs analysis to identify and ensure practical training is completed.</li> <li>4. <b>Access to Internal Resources:</b> Ensure all staff can access internal resources, including policies and Datix, via SharePoint.</li> <li>5. <b>Analyse Incident Data:</b> Track compliance rates by providing adverse event data e.g. the number of adverse event reviews completed and outstanding and include them in the Health and Safety Committee meeting agendas.</li> <li>6. <b>Improve Accessibility and Simplify the Reporting Process:</b> Ensure the Datix system is easily accessible to all staff and/or consider integrating quick-report options e.g. a tally or other suitable system, particularly for high-pressure environments where incidents of violence and aggression are more prevalent.</li> <li>7. <b>Allocate Time for Reporting and Ensure Adequate Staffing:</b> Ensure staff have time during their shifts to</li> </ol>	
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	<p>complete incident reports and maintain adequate staffing levels to reduce stress and workload.</p> <p>Recommendations and findings will be officially released early next week and staff will be notified via the Daily Brief. Scott thanked Laura Johnstone for her support in co-leading this project.</p> <p>Ian Cowe advised that the next stage was the OHS Committee at the end of next month where a report would be submitted and then if happy, this will go out to the organisation. Joyce Duncan made a plea when taking forward that there was not a separate action plan but this was included in others, except for V&amp;A which needs to be addressed alone. June Brown was interested from a Clinical Governance perspective and was not familiar with the work being carried out. She was keen to discuss offline and echoed Joyce's sentiments to pull all evidence into one space.</p> <p>Jamie Donaldson commented that this was relevant to follow on from the financial position and PMVA with Cornhill issues in recruiting and getting staff. 5 staff had been admitted to A&amp;E recently. Ian advised that 2 Datix had been submitted around this. It was thought there was a culture of under reporting incidents as staff do not have the time and Jamie had grave concerns around this. Adam stated that working together on this was key and to manage this as appropriately and as well as we can. Jamie added that this had been Forensic patients that had been moved which caused the serious assaults on staff. Adam explained that we should be fulfilling the Safe Staffing Act and training. Scott added that Datix was the minimum for reporting and should potentially be reported to the police for serious assaults on staff. Adam asked if there was a mechanism of support on this. Ian replied that the team visit the area and support staff. There was always a presence at Cornhill site on a couple of days a week and an ability to report on PMVA level training to highlight to staff if required. Philip Shipman urged Jamie to check in to ensure there had been appropriate management actions and support was being carried out and if not, to advise Philip. Also to look at what could have been done to prevent for the future.</p> <p>Jill Matthew had spoken to Ian on how to tie in the offer of TRiM (Trauma Risk Management) when a significant event had taken place in an area, from a staff welfare perspective and follow up. Jill was working with Jason and Ian's team to ensure a range of easily accessible staff wellbeing responses are available alongside the option of OHS referrals.</p> <p>Jane Gibson advised that RCN had seen a rise in assaults of members and some are reporting that staff are not PMVA trained. It would be useful and helpful to identify before working</p>	<p>JD</p>
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	<p>in clinical areas those that were trained. Philip thought this would be helpful to discuss offline to identify particular areas but organisation wide there needs to be a focus on fundamentals of PMVA. Diane Annand to add for discussion at Staff Governance Meeting on 5<sup>th</sup> June. Ian highlighted that there were tools now in the Turas system and rostering system to see who was trained but there was an issue to resource this.</p> <p>Adeyinka Adewumi updated that staff were supported in the process and reporting incidences if required to the police. OHS support and a post incident room for staff was offered. PMVA training was focussed on and Adeyinka would be surprised if anyone in the Blair Unit was not PMVA trained but would take back to the group to check. Jane clarified that the issue around PMVA training was mainly agency or Bank workers. Ian advised that there was a low number of Bank staff trained but this was on the radar. Nurse Bank have added skills on the roster of those PMVA trained at any level and restrictions on Bank staff carrying out shifts at Cornhill.</p> <p>Adam thanked Scott and Laura for the ongoing work around this. Philip thought this was something to revisit at GAPF in the future when there was sight of the outcomes. Audrey to add to GAPF Agenda for future</p> <p>b. Staff Governance Assurance Report:</p> <p>People and Culture – Philip provided a report prior to the meeting. There were no questions around this.</p> <p>Finance – Sarah Irvine provided a report and highlighted that assurance had been provided for 5 of 6 and a partial assurance around staff trained and developed. There were details in the report on how to take this forward. There were no questions around this.</p> <p>Performance and Procurement; Planning, Innovation &amp; Programmes, Digital and Communications – Heather Binns provided a report prior to the meeting. There were no questions around this</p> <p>c. Concerns re staff experience (Monthly) - Jason provided an update:</p> <ul style="list-style-type: none"> <li>A subgroup was commissioned around deteriorating staff experiences in 2024 by Tom Power. Steven Lindsay and Jason led this, joined by Gavin Payne and Jane Gibson. Practical attempts were looked at to address which was presented back to the group.</li> </ul>	<p><b>DA</b></p> <p><b>AG</b></p>
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	<ul style="list-style-type: none"> <li>• Work had started on scoping provision and suitable base for changing, access to break areas for meals and secure storage.</li> <li>• There was agreement to proceed provisionally at ARI and Dr Grays but now looking at MUSC portfolio supported by Stuart Stephen and Catriona Robbins.</li> <li>• There has been a delay in progressing this due to the Supreme Court ruling around single sex spaces and review on planned commission for work in light of this, to ensure steps taken don't complicate ahead of guidance.</li> </ul> <p>Philip clarified that there had been a significant test case ruling on the definition of sex in the Equality Act with implications required to be worked through. To be discussed at Chief Executive meeting next Tuesday and the wider SLT. The legal position was unclear, there was significant political interest, and a polarised debate on this sensitive subject matter. Initial concerns were being addressed and sense checked at this point to ensure not made worse. Jane agreed the need to pause and take onboard what was being said. Jason had done a lot of good work around this, but it was disappointing for staff. Alan Wilson understood the need to pause changing spaces but questioned the storage aspect which was key. Philip clarified that there was a need to review the commission and survey as this may need to be changed for single sex spaces but storage and break facilities was unlikely to be paused.</p> <p>Keith highlighted that this was attempted 2.5 years ago and was not a new problem. Survey was carried out with results but no magic pot of money available which was not a reason not to do. Jane added that it was a sad indictment that there had been no progress over 2.5 years when discussing staff concerns. Breaks were always an issue as nowhere to go and was not all about money. Working in a smarter way and reusing spaces in different ways could provide facilities for staff. Jason agreed with Jane around the cultural aspect and had made connection with Lisa Duthie in Charities and was determined to action the bits that could be.</p> <p>June Brown advised that there were areas who have done this well. All have a part to play in shared governance process around nursing and look at how they want to make changes. Money from Charities was applied to this process and helped move things on. Jamie agreed that specific staff groups use facilities and needs addressed to change culture. Adam thanked Jason and asked for this item to be kept on the monthly GAPF Agenda.</p>	
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- d. Update on Actions from GAPF Development Event (Monthly) - Caron Thomson provided an update and slides were shared following the meeting:

Caron had discussed the Development Day in 2024 with Garry Lawrie and some information had been shared with the group for 2025 Learning Aims and Outcomes to link into this. Caron was keen to find out what had been taken away to share with local partnership groups from this day on psychological safety and the importance of this in the appraisal system and feedback.

Jamie advised he was not trying to do too much and looking at what can be paused to create space to carry out his role properly and shared that this had personally helped on the way he works. Jamie was on the GAPF Action Planning Group who were discussing this. Jane had really enjoyed the Development Day. SLT and Staff Side have psychological spaces to speak up openly and able to challenge which was well received. Jane queried how we disseminate and cascade throughout the organisation. Many do not feel they have psychological safe spaces but some managers say they have open door policies for staff.

Sandy Reid commented that the City Partnership Forum try to start meetings with a wellbeing check by asking open questions and how everyone was feeling out of 10, etc.

Caron asked where this goes next and what was practical. The 2025 learning outcomes and aims were read out to the group. There was a gap between now and September with an opportunity to focus on what the group want to do, e.g host another session, cover various actions to support as a group. Adam agreed that there were key things to bring together and Jane's point was interesting on what teams were feeling empowered to do. There should be a reflection with non-exec members around the key role that supervisor at every level has and bring together what we need leaders in teams to be doing, to allow people to feel they can speak up. This would be a tangible step to take and productive. Caron to take away and discuss with Gerry to bring this together and was now part of the Action Planning Group. Adam thanked Caron for attending.

Adam provided an update on recruitment as Philip would be chairing later. The Chief Executive interview will be at the start of June and Alison Evison would be able to answer questions on this. The Director of Public Health job description had been concluded. This

	<p>was now awaiting sign off and in the process of getting dates and timeline agreed but optimistic that this would go through the process and be near conclusion close to Susan Webb leaving in the middle of July. Philip added for awareness, that the appointment of Chief Executive was a Cabinet Secretary appointment, required to be formally approved and would take time to announce. Philip had taken over the role of Interim Director of People and Culture.</p> <p>e. GRAM HCSA Annual Report – Elizabeth Wilson provided an update and shared a presentation:</p> <ul style="list-style-type: none"> <li>• A similar presentation had been given at the Area Clinical Forum earlier in the month; both highlighting the journey and work going on.</li> <li>• The intent of the Act is to provide safe, high-quality care and improved outcomes for people and it has been over one year since commencement.</li> <li>• The roles in scope are across 16 disciplines with defined roles for three Board Level Clinicians: Executive Medical Director, Executive Nurse Director and Director of Public Health.</li> <li>• HCSA high-cost agency reporting is submitted to the Government quarterly and published under <a href="#">Health and Care Staffing Act (2019) - Duty 12IB: agency worker health board reports - gov.scot</a> .</li> <li>• The Annual Report, one report covers all roles in scope and NHS functions; there is still a journey to full compliance. <ul style="list-style-type: none"> <li>○ NHS Grampian has limited assurances overall; this is based on the four categories provided by the Scottish Government.</li> <li>○ Each duty requires a Level of Assurance as well as several sub-sections requiring a RAYG status.</li> <li>○ There were 18 individual successes and learning and 24 challenges. Some of the challenges are within our control and some not as these sit at a policy or national level.</li> </ul> </li> <li>• Three papers were discussed at the Board on 10th April (Board Paper, Annual Report and Colleagues and Citizens Summary) which supported the discussion for both programme and related organisational strategic risks. <ul style="list-style-type: none"> <li>○ There are four key programme risks (which are managed through the Implementation Team [HIT], and Programme Board [EWUP] and Oversight Group) pertinent to consider: <ul style="list-style-type: none"> <li>– Competing priorities, system priorities, financial position and impact of non-pay reforms. This is not just staffing and/or skill-mix or competence but of thinking time and headspace to consider what it means for them and how they could look to implementing.</li> </ul> </li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>– Systems and process were not embedded consistently across all roles in scope and services.</li> <li>– There was a variation in understanding of clinical roles and responsibility</li> <li>– Being mindful of increased HCSA related workload on the system and professional representatives on the Implementation Team.</li> </ul> <ul style="list-style-type: none"> <li>• There are a range of national resources available to support understanding and learning including - TURAS modules, Quick Guides, Scottish Government overview and HIS's Healthcare Staffing Programme. Anyone in a senior leadership role encouraged to use quick guides as they provide a summary of the duty and requirements.</li> <li>• Locally, a new SharePoint site is now live for all colleagues and will raise the profile Act and our Annual Report including our Colleagues and Citizens summary (a 10-page visual document). <ul style="list-style-type: none"> <li>○ The site will be promoted through comms and the Daily Brief next week however everyone was encouraged to share with their teams.</li> <li>○ The SharePoint site includes a single image per duty to highlight key points for local considerations and includes individual pages for every Staffing Level Tool for relevant colleagues (with hyperlinks to national user guide resources).</li> </ul> </li> </ul> <p>Philip asked what the key steps were to move to a reasonable level of assurance from limited level and what we need to do between now and the next Annual Report. Elizabeth replied that two of the duties that were limited were the Common Staffing Method and Training and Consultation; the recent endorsement and launch of the CSM SOP will support the improvement. The eRostering Team continue to roll out SafeCare and while predominately in nursing and a little Physiotherapy so far, this is progressing to Midwifery and Dietetics. However full roll out will take time and therefore the Real-Time Staffing Checklist, available on SharePoint site, will act as a self-assessment guide to work through for processes and ensuring the feedback loop.</p> <p>Mark Burrell asked how the Act influences independent contractors in Optometry and Dentistry. Elizabeth commented that this was the greyest area to unpick in statutory guidance and quick guides from the Scottish Government produced late last year. Current Dentistry regulations do not align with underpinning legislation for independent contractors with advice sought from Legal Office (through national collaborative) as there was much to do on this. For independent contractors, there was not a requirement to comply with every duty but overarching guiding principles and appropriate staffing duty.</p>	
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	<p>Philip advised that he was very happy with the progress being made and was appreciative of the way in which this had been done with transparency and thanked Elizabeth for her work on this. Jane Gibson thanked Elizabeth for a helpful update.</p> <p>f. Policies for Approval by GAPF</p> <ul style="list-style-type: none"> <li>• Social Media for Personal Use – Emma Pettis highlighted that the existing policy required to be refreshed which had been carried out and exists for staff to conduct private and personal life in which they see fit. This policy provided useful guidance and framework for people to use social media and speak positively about the organisation and to understand potential pitfalls. The consultation process was followed with the policy circulated as part of the papers.</li> </ul> <p>Jane Gibson had only just viewed the Policy this week. RCN Officers had not seen in the current format but there was some wording they could not agree with and as such could not support in the current form. Jane apologised for not having oversight of this and bringing it late to the process but did agree there should be robust guidelines. Jane was happy to have a discussion around this.</p> <p>Philip Shipman stated that it was disappointing at this stage, inviting the joint chairs of the Policies Sub-group to respond. Diane Annand agreed that it was disappointing as this policy did go out for consultation on 12th September to 24th October 2024 and absolutely supported GAPF members raising comments however there was two matters to take forward. The first was to work with the RCN so future concerns are raised at the appropriate stage of the process. There was a structure in place for this to occur and to ensure all the debate has occurred before being discussed at GAPF. RCN has representative who is a member of the Policies Sub-group who had signed off the policy to come to GAPF. Any RCN representative could refer to the RCN Officer. The second was to take forward the concerns RCN had. Jane added that there were currently only 2 RCN representatives and it was difficult to get release which had been raised. Keith Grant was worried that if RCN had not seen this policy consultation, when all NHS Grampian staff had been consulted, it may not have been picked up by others which was a concern.</p> <p>Philip advised that it would be best to reconsider this policy in light of the concerns. This should have happened earlier but it was best not to progress now. Diane and Keith to work with Jane and Emma, also deciding if further consultation was</p>	
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	<p>required, to bring back to GAPF. If there were any urgent changes required for the policy this could be raised with GAPF in the interim.</p> <ul style="list-style-type: none"> <li>• Business Continuity Management Policy – Eddie Graham had sent out to auditors who had reviewed with guidance nationally and own resilience framework as this was a statutory obligation under the Civil Contingencies Act to have this in place. People require to understand roles and responsibilities throughout the organisation at all levels. The policy required a review and to be updated which has now been done through the consultation process with plans, templates and business impact analysis in 2020 devised for COVID to detail protected services. The policy was easy to navigate and understand into business continuity across the organisation and there were embedded links in this to the Intranet for guidance to other aspect of business continuity planning. Comments had come back and EQI assessment reflected. The Civil Contingency Group had added comments and this was aligned to incident management and MS teams. Philip thanked Eddie for this and GAPF was happy to approve this policy.</li> </ul>	DA/KG/ JG/EP
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>• NHS Grampian has been escalated to Stage 4 on the NHS Scotland support and intervention framework. The Board will continue to work collaboratively with the Scottish Government and are committed to supporting the external diagnostic review commissioned prior to escalation.</li> <li>• IJB overspends improved from previous forecasts but the requirement to cover IJB overspends have resulted in the Board exceeding the £59m deficit outlined in the Financial Plan</li> <li>• Operational spends were improving by quarter driven by Value and Sustainability Programme savings.</li> <li>• Challenge remains with Resident Doctor rota compliance with NHS Grampian incurring highest spend across Scotland. Break taking now being prioritised. Pay awards were also impacting.</li> <li>• Reductions in spend seen on agency nursing and unregistered nursing supported by onboarding of newly graduated nurses, and medical locums through Direct Engagement.</li> </ul>	

	<ul style="list-style-type: none"> <li>• £2.9m saving in prescribing driven by generic and biosimilar drug switches.</li> <li>• A Financial Recovery Plan is required to deliver a further £23m of savings in 2025/26.</li> </ul> <p>Philip commented that this was easy to understand as it could be, given the complexity. Sarah was happy to be contacted if anyone had any questions. Philip was interested to see what the external diagnostic would identify where savings could be found. The timescale was towards the end of June although may take time for this to come to GAPF but Philip ensured the group would be kept updated.</p> <p>Jamie Donaldson highlighted the impact IJBs had on NHS budgets which don't air in the media, as NHSG were affected by external influences. Sarah updated that this was not shared in the media as each IJB had different risk arrangements within their own board and a lot of them only pick up health overspend in some boards but that the total overspend was picked up by NHSG around social care, impacting on the system and a need to manage. The external diagnostic review as welcome in a balanced way to deliver saving. Philip clarified, in terms of IJB overspend and actions to take to address, mindful of shift of activity with more attendance at ED and take into account this complex picture but was aware of the impacts.</p> <p>Jason Nicol queried the risk description described as additional asks from the Government for costs to arise which we are not funded, whether able to say no and to push back. Sarah stated that it was difficult as there had been additional funding like planned care delivering activities and had pushed back to ask for funding to deliver. There was a bit more push back happening with new additional tasks nationally as boards across the system have the same issue. Philip thanked Sarah.</p>	
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</p> <p>ii. Systems Group Update – No update</p> <p>iii. Reduced working week (RWW) – Faye Dale updated on the outlined plan which was submitted on 1<sup>st</sup> May. There was now work to create the detailed Implementation Plan which was required by 1<sup>st</sup> October which was underway and outline actions would have leads assigned. Initial work was happening with the wider SLT around lessons learned and retain what worked and review what didn't. A detailed Implementation Plan to be done into August and deliver to GAPF before 1<sup>st</sup> October. Philip advised that the last GAPF meeting approved the outlined plan.</p>	

	<p>Jamie Donaldson queried if managers and charge nurse were to submit forms to speak to a Partnership rep as he had not had any conversations about the new plans but this could not be left to one person. Karen Watson clarified that this was discussed at the Staff Side meeting and trying to get a few others to help as 4 was not enough but might be simpler this time. Faye agreed there was still a requirement for Partnership input. Philip thanked Faye, Karen and all Trade Unions for supporting this. Jane added that RCN would like to support but limited capacity at the moment. Philip acknowledged and was doing some work on Trade Union release overall.</p> <p>Philip commented that the Health and Care Staffing Act presentation from Elizabeth, there would be closer alignment going forward for requirements for RWW as this would have an impact on calculations on staffing methodology to be built in and to consider how we manage in terms of this Act.</p> <p>iv. Protected Learning – Jason updated that there was a consistent approach for Protected Learning Time as one of the non-pay elements of the 2023/24 Agenda for Change agreement with the implementation of a consistent national approach. For GAPF awareness the following updates were provided:</p> <ul style="list-style-type: none"> <li>• The 9 core mandatory modules i.e.the training that all AfC staff must complete, were being reviewed nationally with the aim of agreeing a Once for Scotland version of each one.</li> <li>• There was an undertaking that, going forward, required training modules should not last longer than 30 minutes.</li> <li>• Historical training would be honoured e.g. if a course completed with a 2-year certification in January and a new, national, training was launched in May, you will require to complete the new training until existing certificate expired. Everyone should therefore continue to undertake their statutory, mandatory, and profession specific training and not wait for the new modules.</li> <li>• Locally training required is being mapped at each banding for all job families, to feed into national mapping of job family mandatory.</li> <li>• Further work was planned on professional registration activity which was included in the PLT Directors Letter from Scottish Government.</li> <li>• Standardising the approach to revalidation from an NMC point of view will be done on a Once for Scotland profession basis</li> </ul> <p>Keith added that job families was a good idea which was raised by Bank workers and Locums specific that some boards have and others don't. PLT linked with RWW as there were concerns with less hours to complete this. Ian Cowe thought it was worth going down this route for job specific training but highlighted the challenges in reporting on training. NES need to provide reporting as there have</p>	
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	<p>been issues previously and have been highlighted. Jason reassured there were 3 national workstreams and one covered the measure of success and systems to easily extract the data. Philip thanked Jason for the update.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – June Barnard updated that the position had changed from 1<sup>st</sup> May:</p> <ul style="list-style-type: none"> <li>• There had been 189 submissions which was a significant increase due to the RCN roadshow. 25 had been submitted to the panel and 9 outcomes; 7 moved to Band 6 and 2 were unsuccessful. A further 16 submissions were submitted the following day to the consistency panel.</li> <li>• Colleagues have completed training for job evaluation process and able to join panels for shadowing to increase the number of panels. 5 panels have been set up for May to look at 15/16 submissions with a further increase to weekly panels in place for July and August.</li> <li>• Horizon scanning work to do around job descriptions and roles for colleagues who are successful to be carried out at a national level. There needs to be a fair and equitable process when colleagues leave to do something different and whether to reverse back to Band 5.</li> <li>• Confirmed that AI can be used to submit submissions as long as this did not change the efficacy of these.</li> <li>• There had been conversations on improving FAQs including updates on these to be shared with teams. Positively in line with other areas.</li> </ul> <p>Philip thanked June and commented that he had not received a further update on numbers from the last one on 1st April. Philip asked Faye to raise at the Deputies HR Directors meeting as helpful to know the frequency of these. Jason asked if changing from a Band 5 to 6 would this be funded. June advised that £19.6m has been allocated with £14.6m available now from the Scottish Government. There had been a lot of work to assure colleagues not to take the financial position into consideration when deciding to apply. In addition, there would be funding for the recurring cost in budgets. Jane added that there were less people coming forward now with contentious issues, stating that the reason for the exercise to regrade was that the nursing profiles had not been reviewed in 20 years, as some examples still referred to Whitley D grade. Philip replied that it was good to hear concerns had been overcome and now in a better position on this. Karen confirmed that nursing profiles had been redone in 2021 while other profiles had not been reviewed since 2004. Diane stated that there was a mixing of terms being used as Jane was referring to local job descriptions whilst Karen was referring to national profiles, both were different. Philip thanked everyone for their contribution.</p>	FD
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>	

8	<b>Appropriately Trained and Developed</b>	
9	<b>Any Other Competent Business</b>	
10	<b>Communications messages to the Organisation</b>	
11	<b>Date of next meeting</b>  The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 19 <sup>th</sup> June 2025. Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 3 <sup>rd</sup> June 2025.	

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