



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 19th June 10.00 am to 12.30 pm
Microsoft Teams

Present:

Steven Lindsay, Elected Chair of Staff Side/Employee Director (Chair)
Adam Coldwells, Interim Chief Executive (Co Chair)
Philip Shipman, Acting Director of People and Culture
Diane Annand, Staff Governance Manager
Sean Berryman, Unit Operational Manager (on behalf of Cameron Matthew)
June Brown, Executive Nurse Director
Mark Burrell, Service Clinical Director
Faye Dale, Interim Head of People and Change
Gerry Lawrie, Head of Workforce and Development
Jamie Donaldson, Elected Chair of Health & Safety Reps
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Jane Gibson, RCN
Stuart Humphreys, Director of Marketing and Corporate Communications
Sarah Irvine, Deputy Director of Finance (part)
Natalie Jeffery, Business Manager to Head of Service Moray CHP (part)
Deirdre McIntyre, RCOP
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services
Jason Nicol, Head of Wellbeing, Culture and Development
Sandy Reid, Lead People & Organisation, Aberdeen City CHP
Michael Ritchie, Unite the Union
Audrey Steele-Chalmers, AHP Professional Lead Moray (on behalf of Lynn Morrison)
Alex Stephen, Director of Finance (part)
Kathleen Tan, CSP
Karen Watson (Unite) (part)
Alan Wilson, Director of Infrastructure
Audrey Gordon, Partnership Support Officer

In attendance:

Olubunmi Okhuoya, Lead Nurse Practice Education and Development NHS Grampian – Item 5a
Dawn McBain, Health and Safety Specialist – Item 4b
Grant Burt, Senior Finance Manager – Item 4b
Roda Bird, Interim Equality and Diversity Manager – Item 6a

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Jennifer Gibb, Nurse Director Martin McKay, UNISON Janine Legge, UNISON Cameron Matthew, Divisional General Manager Lynn Morrison, Director of Allied Health Professions</p>	
2	<p>Minute for Approval</p> <p>Minute of the previous Meeting held on 15th May 2025 was approved subject to below:</p> <p>Under 4c Concerns re Staff Experience - Jane Gibson asked for the following to be added “it was a sad indictment that there had been no progress over 2.5 years when discussing staff concerns”. Jason clarified that the previous work was commented on by Keith Grant and Diane Annand agreed that this referred to the work Ali Grant and Keith had carried out on changing rooms and facilities 2.5 years ago. All were content to amend the minute.</p> <p>Jamie Donaldson to be updated as representing under “elected Chair of H&S” and not as UNISON to the list of those “Present”. This was updated.</p>	
3	<p>Matters Arising</p> <p>Stage 4 Escalation</p> <p>Adam Coldwells provided an update on the Stage 4 escalation process and weekly update in the Daily Brief. The key issues from last month were the Assurance Board that was being established. Stephen Gallagher, Director of Mental Health from Scottish Government will be the Chair. Stephen was meeting with Adam and Alison Evison, as well as other members of the Chief Executive Team tomorrow. How the Assurance Board will work with the NHS Board will be discussed as well as other queries. This would be shared with everyone going forward. KPMG are conducting an external diagnostic review commissioned by Scottish Government which was underway with a number of people who have been interviewed. The target date for a copy of this output was the middle of July. There were still a number of unknowns.</p> <p>Steven Lindsay was aware of the external diagnostic review by KPMG. Steven and Mark Burrell, as Chair of the Area Clinical Forum have been sought to engage with this and requests have been received to meet with the review team in the next couple of weeks after. GAPF may have a level of involvement. Jamie Donaldson</p>	

	<p>queried if Partnership were involved as this could affect staff at all levels. Steven replied that the Assurance Board had a good understanding of what had come from the Cabinet Secretary in Parliament and reiterated that there would be links to both the Area Partnership Forum and Area Clinical Forum. Adam was not sure how this would work and would look into further. NHSG were still in charge of NHSG and there was a need to develop a Recovery Plan with support from the diagnostic. The NHSG Recovery Plan would be carried out in Partnership and with the Area Clinical Forum. The Assurance Board were carrying out the Government criteria on whether we have a credible plan and whether this goes far enough. Stephen Gallagher as Chair of this Board was required to give assurance to the Government but NHSG needs to be assured of moving in the right direction to recovery and how this will work. Jane Gibson added that she had spoken to the Cabinet Secretary last Thursday, at the RCN Nurse of the Year Awards, who had assured Jane that he wanted to speak to Staff Side in NHSG as this was central to what was going on.</p>	AC
4	<p>Well Informed</p> <p>a. May Staff Governance Report – Joyce Duncan updated on the key issues:</p> <ul style="list-style-type: none"> • Corporate Services report on Staff Governance Assurance was only partly assured. This was mainly due to the huge pressures on the system and the committee thought that sometimes goals and objectives were being set as not achievable in the short term and had asked for these to be more realistic. • Concerns had been raised under the Delivery Plan Objectives around Culture and Whistleblowing Report. There was a second meeting arranged for June with a new plan coming forward which Adam was leading. An organigram was being used for Culture to ascertain the flow of governance, meetings and what was being covered in the organisation. • Other reports were approved and assured. <p>b. Once for Scotland Phase 2.2 update – Diane Annand reminded the group of the Policies in this phase:</p> <ul style="list-style-type: none"> • Equality, Diversity and Inclusion • Gender based violence • Redeployment • Secondment • Fixed term contract • Personal Development Planning and Performance Review 	

	<ul style="list-style-type: none"> • Facilities arrangements for TU and professional organisations • Employment Checks <p>And Guides covering:</p> <ul style="list-style-type: none"> • Gender transitioning • Racism • Reasonable Adjustments • Sexual harassment <p>Diane advised that the update was from 5 May 2025, as no formal update had been received since. Scottish Government was already seeking assurance on the status of the Gender Transitioning Guide but then the Supreme Court gave their outcome of the legal definition of sex in the Equality Act 2010.</p> <p>Scottish Government had delayed the launch of the policies whilst it reviewed the impact on these policies given the Court ruling and the Equality and Human Rights Commission guidance and code of conduct. They did not anticipate a prolonged delay however felt it was important to proceed with the necessary care and clarity this matter requires.</p> <p>Steven added that there were ongoing discussions around this at the Programme Board and linking into the Scottish Workforce Assurance Group (SWAG). Philip advised that this will be followed up as part of the discussions at SWAG. There was an opportunity to release in 2 separate phases as the Supreme Court ruling would take a while to work through but others could be released if possible. Steven updated that there was enthusiasm at the Programme Board to take that approach and separate these out from the complicated gender issue but as yet Scottish Government have not yet been convinced of this.</p> <p>c. NHS Scotland Annual Leave Policy for AfC Staff Update – Diane updated on the 2 NHS Scotland discussed at yesterday’s T&C’s Sub-group:</p> <ul style="list-style-type: none"> • The 2025 circular has been updated for the reduced working week and supersedes the 2024 circular. • The main difference between the circulars is the number of hours to be deducted from entitlements when a public holiday is taken. Table 2 in the circular (page 13) details the hourly entitlement per public holiday – so 7.4 for full-time with a pro rata amount for part time taking 18.5 contracted hours as an example, 3.7 hours is the entitlement per public holiday. 	
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	<ul style="list-style-type: none"> • Current practice when a public holiday is taken, the length of that shift is deducted from entitlements. For example, when a 11.5 hour shift is taken off as a public holiday, 11.5 hours is deducted from entitlements. • The 2024 circular states the deduction from entitlements should not be the length of the shift, rather the hours entitlement per public holiday according to contracted hours shown on Table 2. A full-time employee would only deduct 7.4 hours and pro rata for part time. The 2024 circular left the balance of the shift not covered by any form of leave (using the example 11.5 shift length, 7.4 hours deducted from entitlement leaves 4.1 hours not covered by any leave), so potentially an advantageous position for those taking a public holiday on a shift that is of longer length than their hourly entitlement per public holiday. • The 2024 circular was not implemented however the STAC letter in the papers dated 30 May 2025, advised if it was implemented, there would be no clawback of additional time from any employee who benefited. • The revised wording for 2025 circular is the current practice (paragraphs 30 to 34). Paragraph 35 is new and looks to address the situation of long shift workers who have a fixed work pattern if service closes on a public holiday where a couple of options are given. The paper to come will have the detail of how this would work. <p>Steven thanked Diane for explaining this complicated process and looked forward to the circular. Diane thought this may be available for the GAPF meeting in August to ensure consistency on this.</p> <p>d. Finance Update – Sarah Irvine shared a presentation on the current position. Main points:</p> <ul style="list-style-type: none"> • 3 Year Financial Recovery has changed from March • There was a £12m overspend to date. • No detailed forecasting for June but based on May as still some way off but technical adjustments will be put through later in the financial year. • Reduction in medical and dental pay overspend compared to average 24/25 driven by increased rota compliance and locum cost reduction • Small increase in Nursing overspend compared to average 24/25. • Reduction in non-pay overspends compared to average 24/25. • £3.2m savings have been delivered for 2025/26. 	
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	<ul style="list-style-type: none"> • Senior level external support reporting to the Assurance Board. Onus remains on NHS Board to deliver the requirement improvements. • External Diagnostic review to focus on Leadership and Governance, Opportunity Identification, Financial and Performance drivers. Expected to report w/c 4th July. • Data agreement in place and shared today. <p>Sandy Reid asked Adam about the work started around a single authority in Orkney and whether this had been discussed. Adam advised that the National Chief Executive Board meet with Caroline Lamb every month and over the last 6 months, there had been a lot of discussion around this and in part with Highland regarding Argyll and Bute, Western Isles, and Shetland and Orkney.</p> <p>Gerry Lawrie asked about the data sharing agreement summary on what that means as this would be helpful to avoid additional work. Sarah advised there was a slide on what we share with KPMG and anything that was redacted, which there was a team working on.</p> <p>Jamie Donaldson highlighted the Health and Care Staffing Act and HIS Safe Delivery of Care Inspections meeting data from NHS Fife inspection which showed that therapeutic recovery for patients was not being met and queried where NHSG would be, if inspected at the moment. Inspectors looked at concerns regarding training required and time off with financial pressures.</p> <p>June Brown added that there was an interest in the report published from HIS on Fife and Tayside Adult Mental Health. Health and Care Staffing key focus was on all components of the Act and how this was implemented with appropriate governance in place, using tools, applications and assessing risk and mitigation. Leaders having appropriate time to lead featured as well as keeping everyone up to date with education. In 2023, ARI and Dr Grays education carried out a lot of work on Statutory/Mandatory training in Dr Grays to align with the action plan. There are gaps but working towards this from a nursing perspective although this also pertains to all clinical professionals and implications to have a process in place, appropriately trained and staffed in the correct places. Gerry added that there were 7,000 nurses and 6,000 others that the Act applied to. The Oversight Programme Board group produced slides which summaries areas, picked up by Elizabeth Wilson. This shows the parts relevant and where the focus was. Gerry would ask Elizabeth to send a copy GPAF.</p>	
5	Involved in Decisions	

	<p>a. L&D Policy Review Temp Change to Appendix – Olubunmi Okhuoya was the Lead Nurse in Practice Education and had come to GAPF on behalf of Jane Ewen. Bunmi provided the background to context as waiting for the Learning and Development Policy to be updated:</p> <ul style="list-style-type: none"> • Over the last few years there had been a growing number of staff supported on programmes who had stopped engaging in this but payments had been made. • With the current financial climate, it was important that the Learning Contract be updated and ownership to be put on the staff member. If anything affects the continuation of the programme, to advise NHSG with rational for this. • There had been local discussions around the Learning Contract on Page 16 of the Learning and Development Policy which was available for the GAPF group. The proposal in blue was clearly stated from onset before signing. Anything that would not allow them to engage funding should not be approved. Jane Ewen had discussed at local forums but wanted this to be formally presented at GAPF. <p>Philip added that this was being considered in advance of the L&D Policy review, due to the timing of the academic year to cover new starts for oversight and agreement. Philip was happy to support this.</p> <p>Diane asked for clarity on the cost of funding being recuperated and where this would come from either the member of staff or establishment. Bunmi clarified that NHSG were not in a position to recuperate any amount from the university or from a member of staff at the moment as there was no system in place but this may happen. Diane asked that additional wording was added to make this clearer. Previous policy repayment wording was removed as this would be a potential fundamental change to the policy which could be an Appendix with clarity. Bunmi would pass on to Jane to advise at local discussions that there was an expectation that this might go back in about reclaiming money in the body of the Policy.</p> <p>Gerry agreed that this was an ongoing problem for many years and an indication was given to recoup monies but no ability to do but does go some way in making staff member responsible which should be added. Financial support needed to be clearer with reference to page or</p>	<p>OO</p>
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	<p>hyperlink as not all courses were 100% funded. This could link with Turas Appraisal and/or local Learning Plan. From the workforce plan level, services would be surprised if anyone had included in the Learning Plan but needs to be agreed at Appraisal PDP. This document does help to highlight responsibility around a course and communicating early if unable to continue, would be helpful. Jane Gibson agreed that it was important people take responsibility for this as investment was made and this needs to be addressed when people drop out. Jane queried whether payments are made incrementally in terms and not upfront to the university as it would be beneficial to see in black and white, the investment on behalf of NHSG to education and to highlight the importance of learning that is interrupted. RCN welcomed this. Bunmi replied that some payments are made upfront but not all allow incremental payment.</p> <p>Sandy Reid commented that he did not understand why we could not take money back from staff as this happened in cases of salary overpayment which is recuperated incrementally. Steven thought the perception of this view was not uncommon but previously GAPF had approved a version of the policy and agreed to remove this. GAPF was now being asked to agree to the Appendix of this policy that will be further reviewed. Philip understood Sandy's view and asked for this to be raised with the Policy Review Group. Steven summarised that once changes required were updated, this was collectively agreed and thanked Bunmi with the review.</p> <p>b. Policies for Approval by GAPF:</p> <ul style="list-style-type: none"> • Whole Body Vibration and Hand Arm Vibration Policies – Dawn McBain advised that consultation had taken place with all paperwork required. There were two policies, one for Hand Arm and one for Whole Body Vibration. Steven added that this was the final part of the process in the approval of policies. Jamie Donaldson, from an H&S and UNISON point of view, was happy to approve and congratulated the team on this. GAPF were happy to approve these policies. Diane clarified the next steps as Co-Chair of the Policies Sub Group as this was now approved. Audrey Gordon will update the front page with dates of approval and review. Audrey G to pass to Dawn to add to the H&S intranet site and the link to be sent to P for Policy site. Communication was then down to Dawn if required in the Daily Brief. Steven thanked Dawn for presenting this. 	<p>AG</p>
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	<ul style="list-style-type: none"> Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft and Corruption – Grant Burt highlighted that this refresh was significant and a revision of the existing policy in place to be more transparent on various roles for staff. Process had been followed and consultation had taken place. Steven commented that it was a long title but understood why this was. GAPF were happy to approve. <p>Jason asked if the role of GAPF regarding policies was to be assured that the consultation processes etc had been followed. He raised that it would be helpful for the main changes made from the last policy to be provided to GAPF as it would assist when policies had not been fully read in advance of the meeting. Steven replied that GAPF was the approver for policies in their remit and policies should be read in advance to approve with an expectation on members that this had been done. The Policies Sub Group carry out the main part of the process work with Diane and Keith Grant as Chairs. It was discussed whether a summary sheet of the main changes may be useful for the GAPF role. Diane clarified that this could be provided, added to the existing process for the policy lead to produce. Audrey G ensures a checklist of items have been completed such as impact assessment and Partnership is involved in the review group and a summary paper could be added as a requirement if GAPF would find that useful. Mark Burrell thought a verbal update was useful from the main policy lead. Steven asked all to email Diane with their views on this. Diane explained that the Policy Sub Group see all comments following consultation and whether accepted or rejected with comments back to the policy lead if required. It was agreed this level of detail was not required for GAPF. Diane advised that for policies where there had been a substantial re-write such as the Fraud Policy there would be a requirement to read the whole document as it would be too complicated to provide a summary of changes whilst this would be possible where the policies may just be a refresh. The expectation on members to read the whole policy even when a summary was provided would remain in place. Kathleen Tan agreed that it would be helpful but does not read the previous policy to compare. Philip thought a succinct summary would be useful for GAPF and the document could then be used in the onward communication of the revised policy. Steven supported the suggestion. GAPF were happy to approve the updated version of this policy and thanked Grant.</p>	<p>All/Diane</p>
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6	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Equality Outcomes 2025-2029 and Mainstreaming Equality Report – Stuart Humphreys introduced this as a cycle of reporting of statutory reports. Mainstreaming and Equality Outcomes inform service users, etc how we are endeavouring to mainstream into daily functions. The 2021 to 2025 report on set of Equality outcomes was published by end April with caveat documents to go through the Staff Governance Committee in May and then to GAPF.</p> <p>Roda Bird followed on to advise that the two statutory reports came under the Equality Act 2010 and hopefully all had been able to read these reports. Main points on the Mainstreaming Report and Equality Outcomes:</p> <ul style="list-style-type: none"> • The last Equality Outcomes for 2021-25 was produced and the report progress reported every 2 years (2023 and 2025) • In relation to staff, there was a successful rate of many NHSG colleagues completing the Equality training in 2024-25 with 100% increase in this to be completed every 5 years. This was being delivered via teams with over 250-300 people. • NHSG developed a new Integrated Impact Assessment to incorporate other legislations in addition to the Equality Act 2010, it includes Human Rights, Children’s Rights, Fairer Scotland Duty, Sustainability and Environment looking at the wider lens of inequalities. Training on the new IIA will commence soon and increase number of Impact Assessors. • Communication (interpretation and translation) needs of service users continue to increase. For foreign language support we continue to use face-to-face interpreters and telephone interpreters via Language Line. There were 72 different languages spoken by patients with a need to have provision for them. • Continue to progress the Antiracism Plan for NHS Grampian. The 2023-2028 plan was launched in October 2023 and achieved most of the priorities set out. This will be reviewed to follow the recent guidance from the Scottish Government to support the development of NHS Boards Antiracism Plan. • The Equality Outcomes focus will be on: <ul style="list-style-type: none"> ○ Practical improvements of those who experience discrimination and disadvantages. ○ Gaps or where evidence has shown need within the current provision, ○ Existing business priorities ○ Addressing national and local priorities 	
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	<ul style="list-style-type: none"> ○ Received feedback through engagement and consultation. • The Equality Outcomes are set every 4 years. Additional equality outcomes can be added with the time frame 2025-2029. These focus on the greatest relevance for NHSG. <ul style="list-style-type: none"> ○ Equality Outcome 1 – NHSG continue to provide a safe, support and inclusive environment for staff – key action is to establish additional employee networks (disability, women's, LGBT etc) ○ Equality Outcome 2 – NHSG continue to meet the needs of staff with disabilities – key actions produce guidelines to support the Once for Scotland policy and local guidance on reasonable adjustment, access to work, promote training resources <p>Other services are encouraged to develop their own equality outcomes with the support of the Equality and Diversity Team particularly to address health inequalities or promote health equity.</p> <p>Philip had reviewed the information at the Staff Governance meeting and was happy with the information provided. It was helpful for GAPF to be aware and for Roda to come back with an action plan going forward. The Agenda Setting Group to consider this. Gerry added that this connection helps emphasise and anchor the organisation for employability to focus on those in the organisation, as well as those coming in. Gerry invited Roda to come along to link with Anchor and employability work. Roda was happy with both invites.</p> <p>b. Non-Pay Elements of Agenda for Change Pay Award as follows:</p> <p>i. Overall Group – Philip Shipman/Steven Lindsay. Programme Board meeting was reflecting on reduced working week.</p> <p>ii. Systems Group Update – Lorraine Hunter (no update)</p> <p>iii. Reduced working week – Faye Dale updated that there had been lots of activity around the outline action plan. This was being pulled together with actions around lessons learned, review of options, government process and backfill arrangements to start to review and refine. Microsoft Form was being used as a mechanism to track and manage across the organisation. A visual timeline was being looked at to help with communicating to staff, including managers, with details on what and when this was happening and when they might need to action something. There was a bit of confusion around the deadline to Scottish Government on 1st October and when actually implemented. Communication was due to go out on this with more information to share in the coming update with process and detail. Karen</p>	<p>SL/AC/ PS/FD</p>
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	<p>Watson added that Janine Legge was now assisting in meaningful conversations with staff and had asked others in Staff Side to take on.</p> <p>iv. Protected Learning – Jason Nicol updated below:</p> <ul style="list-style-type: none"> • The larger part of the 9 standardised core modules was on target to be agreed by end June. • One of 3 NHSG modules on Cyber Security was agreed with a maximum of 30 mins to complete each module and frequency updated for all staff. • The national work stream was split on whether to introduce on a phased basis or all at one which had been escalated. • Credit would be given for existing modules and carried forward. • The next bit on job family mandatory training mapping to be completed in all boards was granted an extension. NHSG had completed all, apart from the Physicians Associates which has been gathered to standardise these. • There was scope in Nursing and Midwifery for national work on those professional job families. Jane Ewen and Lynn Morrison had provided feedback. Professional reregistration to be looked at for 3 national workstreams to ensure a consistent approach across all Health Boards with mapping and how this was reported moving towards standardising. • Key local work will be carried out by the subgroup once mandatory and professional registration is known and how to go about this work. To be signed off next week and then will be shared at the Programme Board. • A variety of work patterns and type of work was being looked at in different professions. Looking for new member to join subgroup if anyone available. <p>v. Agenda for Change Band 5/6 Nursing Review – Flash report had been provided by Jennifer Gibb in team papers. Jane Gibson was pleased to see support continuing from the Executive Team to encourage all to enter the process and the uplift in submissions. The majority had progressed to Band 6 but some reports have come back that those who failed were around the quality of the submission rather than the role being carried out. RCN were signposting how best to fill out and information required, continuing to support members from the roadshow carried out. New guidance was issued by RCN which signposted members which simplifies the process as there was feedback around the onerous 75 questions. Philip thanked Jane for the update. On a monthly basis, figures were produced on numbers of engagement in the process from nurses and the latest suggested there were 4 different stages of submissions with 24% of the nursing cohort across Scotland at a certain point of this process. Majority were in draft but overall, engagement was on the increase although disappointing there was no end date on this. NHSG was still the 3rd highest board by numbers which was</p>	
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	<p>encouraging. Faye highlighted a drop from May to June in new applications which may be due to the holiday period or something else underlying this. Karen Watson had also noticed and was unsure why this had dropped. As Job Evaluation Staff Side lead along with Tracey McDonald, Karen had been informed to go with the national process for filling out documents.</p>	
7	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. Concerns re staff experience (Monthly) – Jason updated that there had been a pause in the process following the Supreme Court ruling around single sex spaces. Jason, Steven and Jane Gibson agreed the commission taken at GAPF to continue to look at MUSC area and access to storage and meals but changing facilities was paused to await further guidance on implications of the ruling, to remove an element of work.</p> <p>A Short Life Working Group was being pulled together to develop a Project Plan. Stuart, Stephen and Catriona Robbins were happy for this to be undertaken and hopefully see where we can deliver improvements. Jane had agreed to the pause due to the ruling but was mindful that RCN had received reports that people were changing in public toilets which used to be staff toilets. Corridor care was being used in this area. One member of staff had to remove excrement from the floor and door. Basic changing facilities should be provided for staff. This situation was now commonplace in the Green Zone where reports had been fed back. RCN would like to be involved in discussions and look forward to progressing this. Philip thanked Jane for highlighting concerns. Jason was carrying out a systematic piece of work but specific and individual concerns should be raised with individual services themselves who may be able to take forward and to raise these within Partnership Forums. Jamie added that if the changing rooms were being used by patients, there was a different cleaning regime and did not want to add pressure to Domestic colleagues. Jamie to link in with Jane and arrange a walkabout. Alan Wilson asked whether the central changing area within Foresterhill campus was still being used as staff should be encouraged to use that but was aware that there was a locker shortage. Jane felt this</p>	<p>JD/JG</p>

	<p>did not exist anymore. Jane clarified that patients were using staff toilets and not changing areas. Steven anticipated some movement on this important issue in the coming weeks and months and thanked Jason and colleagues in MUSC for assisting</p>	
8	Appropriately Trained and Developed	
9	<p>Any Other Competent Business</p> <p>Jamie raised the issue of release time and breach of policy which had previously been raised at the GAPF in March. Steven advised that it would be helpful for GAPF to see a paper from UNISON on their issues of concern. Adam asked if it was possible to have a joint paper with the perspectives of NHSG and UNISON included, which Jamie and Faye agreed to look at. Jane also advised that RCN had issues and whether something wider, as a collective Trade Union opinion, could be looked at as this was not in isolation with others impacted. Steven suggested that Jamie and colleagues in UNISON consider this and, if necessary, this could be discussed at a Staff Side meeting.</p>	JD/FD
10	Communications messages to the Organisation	
11	<p>Date of next meeting</p> <p>The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 17th July 2025. Agenda items to be sent to: gram.partnership@nhs.scot by 3rd July 2025.</p>	

Audrey Gordon - gram.partnership@nhs.scot

