



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

Present:

Steven Lindsay, Elected Staff Side/Employee Director (Chair)
Laura Skaife-Knight, Chief Executive, (Co Chair)
Diane Annand, Staff Governance Manager
June Brown, Executive Nurse Director
Mark Burrell, Service Clinical Director and Chair of ACF
Shona Campbell, Interim Strategy and Transformation Manager
Ian Cowe, Head of Health and Safety
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Joyce Duncan, Non-Executive Director
Geraldine Fraser, Chief Officer, Acute Services (part)
Jane Gibson, RCN
Natalie Jeffery, Business Manager to Head of Service (part)
Jug Johal, Acting Director of Infrastructure & Sustainability
Emma Louise MacPherson (on behalf of Lynn Morrison), AHP Lead Combined Child Health
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager Surgical Services (part)
Jill Matthew, Head of Occupational Health
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services
Emma Pettis, Deputy Head of Communications
Sandy Reid, Lead People & Organisation, Aberdeen City CHP,
Melanie Saunders, Acting Director of People and Culture
Jenny Savage, Deputy Director of People and Culture/Head of People and Change (part)
Kirsten Stewart, RCoP
Karen Watson, Unite
Gail Woodcock, Director of Strategy, Transformation and Performance

Audrey Gordon, Partnership Support Officer

In attendance:

Item 4(c) - Fiona Mitchellhill, Chief Officer City H&SCP Management & Admin,
Emma King, Primary Care Lead Aberdeen City Health & Social Care Partnership
Item 4(a)v - Grant Burt, Senior Finance Manager

	Subject	Action
1	Welcome and Apologies Apologies were received from the following: Alison Evison, Chair/Non-Executive Board Member Gemma Hood, SoR Stuart Humphreys, Director of Marketing & Corporate Comms	

	Sarah Irvine, Deputy Director of Finance Gerry Lawrie, Head of Workforce & Development Lynn Morrison, Director of Allied Health Professions Shantini Paranjothy, Deputy Director Public Health Haroon Parvez, CSP Michael Ritchie, Unite	
2	Minute for Approval Minute of the previous meeting held on 18th June was approved with the addition of Jane Gibson's update on NDDP which Steven Lindsay asked Jane to send a copy of notes to Audrey on points to be added for the Minute. The Action Tracker was discussed and updated as below: Zero Tolerance Policy/Behavioural Contract – Melanie Saunders updated that a meeting of the group took place yesterday and a final draft of this is to be sent to legal advisors for review. Ian Cowe had been chairing the SLWG to look at this document which was nearly finalised apart from technical aspects to record on Datix and there had been medical input on this. This has now been sent to Jenny Gibb and June Barnard for their input. June Brown offered an invite to Ian for the Nursing and Midwifery Council discussion in August which takes place on the first Friday of the month. Melanie advised that this document could be discussed at the next GAPF for final comment in August. Ian added that this should be trialled in areas where there is V&A to see how this works and whether any changes were required. PMVA - Ian was providing an update later in the meeting and this could be closed off. Facilities Release Time – Steven updated that work was ongoing and there may be a verbal update at the next meeting. An SBAR to be submitted with hopefully a successful outcome. GP Walk in Centres – to be closed off. Non-Disciplinary Dismissal Procedure (NDDP) - ongoing with detailed work and communication to go to SWAG and co-signed by Laura Skaife Knight and Steven as co-chairs of this group.	
3	Matters Arising	
4	Well Informed a. Organisational Updates: <u>Sub National Update</u> (including update on Unscheduled and Orthopaedic Workstreams) – Laura updated that draft plans were	

submitted to Scottish Government earlier this year on unscheduled, orthopaedic and digital front door. More feedback was required from Scottish Government looking at the 100-day plan and further reducing long waits across Scotland. The North of Scotland transition was important and Laura, along with Nicky Connor (Chief Executive, NHS Tayside) continue to meet on a regular basis with a Q&A being sent out for the North of Scotland team which will be shared. Caroline Lamb (Chief Executive NHS Scotland) and Jann Gardner (Chief Executive of GGC) are due to meet on Monday with HR leads to talk about the next steps for this team. Laura had requested that a single paper be used to communicate to all boards from the Sub National Committee and will bring to the next meeting. Martin McKay raised whether given the uncertainties, if there was Partnership involvement around this to attend meetings. Laura confirmed that this would absolutely happen with Partnership involvement and next steps will be to make sure this is locked into the discussion on Monday. Steven added that this was discussed at last month's meeting and a request did go out for Partnership involvement which Martin has agreed to step forward for, notwithstanding the difficulties in respect of the national Staff Side.

Laura updated on unscheduled care which NHSG were heavily involved in with Geraldine Fraser as the Chief Officer for Acute and Shantini Paranjothy for Public Health. The context was important as the £85m plus investment had not seen much of a shift with only Tayside seeing an improved performance for 4-hour emergency access. The current system was not delivering, and a radical redesign of unscheduled care is required with proposals put forward. The redesign would improve access, performance and outcomes for patients, improving flow linked to the national flow plan. Strategic deliverables around integrated urgent care and single navigation were being dialled up and virtual care in the community, primary care, hospital flow stay and timely discharge. 50% of A&E attendances in the East are self-presenters which was a blocker. The new model proposes changing access in care to look at new features with an online triage system, allowing booking patients into primary care with engagement work which has started successfully. There is a proposal on escalation for urgent care across Scotland to move away from managing pressures in boards and optimising regional flow. Geraldine added there was an energised group meeting every week with clinical leadership and across board representatives. A workshop had taken place in Stirling at the end of June which was well attended with 10 from NHSG. This helped shape the sub national plan submitted at a high level for East and West. This will be used to work in Grampian through optimising flow work and putting together the structure on how the 3 sub groups are facilitated on general medicine and reducing length of stay, 72hr covering ambulatory pathways and discharge without delay programme which are well established and will pick up frailty units with consistency across hospital sites and integrated

flow modules between community and acute. Mark Burrell asked where primary care fitted into this. Laura replied that the event in Stirling was the launch pad for fuller engagement with 80 plus clinical and operational colleagues in attendance, including those from primary care with ongoing engagement. Testing and feedback provided on proposals have been put forward and developed.

Laura highlighted the workstream on the orthopaedic sustainability model of capacity in the East as only one of 7 boards has capacity to match demand for orthopaedic with a desire to move away from non-recurrent funding. There is a plan to roll out to other specialities to create a model to meet capacity in the East and national treatment type resource. Options are being scoped which Geraldine and colleagues have been involved in. Geraldine updated that work has started in orthopaedics to shift long waits as a priority area and work has been helpful for demand and capacity which is ongoing and developing further by looking at gaps for a sustainable model for equity of access for the population. A workshop will take place towards the end of August to include the clinical referral group for orthopaedics to shape this. Sandy Reid commented that the Health Village had 3 orthopaedic consultants carrying out outpatient appointments when Woodend Hospital was being renovated and when complete all were told to go back and carry out appointments there. Sandy thought more could be done collectively with outpatient appointments out of hospital and across NHSG.

Update on Assurance Board – Laura advised the board were previously meeting fortnightly but now monthly with the frequency now making a big difference. Escalation criteria has been agreed, apart from scheduled and unscheduled care and Laura will bring progress to the Public Board meetings in August. Unscheduled care performance will be included, improvement work at Dr Gray's and Terms of Reference for the Unscheduled Care Delivery Board where the head of the Ambulance Board attended to provide their perspective to improve relationships. Time has been spent on the iMatter results for NHSG and work to strengthen clinical governance across the organisation with an update on clinical governance improvement work and HIS diagnostic commissioned report expected by the middle of August.

Organisational Priorities:

- i. Clinical Quality and Safety – June Brown reiterated the diagnostic review report is due mid-August. The final amount of evidence data will be sent tomorrow and thanked all for the work on this. HIS will visit next week to conclude and staff were being met individually. There is work on a clinical safety improvement space and a workshop took place on Monday with a half day workshop tomorrow to finalise next steps. This will come back to

GAPF to socialise plans at the August meeting. Work is being carried out with the Chair of Clinical Governance, Executive Team and Programme Management Office (PMO) in phase one to start the approach to shape moving forward. There is a meeting with Health and Social Care Partnership and the legal department around how clinical governance is carried out in IJBs with a meeting of the 3 Chief Officers to discuss what the next steps are. Mark added that there is a meeting next week to discuss and the work with IJBs was essential and valued.

ii. People, Leadership and Governance – Melanie Saunders updated that the Culture Programme Board were progressing well around the quarterly pulse survey and were in the process of pulling together options appraisals to be ready to approve by the Executive Team and go live in Q2. Approval by the Executive Team to increase capacity to the Leading an Empowered Organisation Programme (LEO) to increase capacity and ensure all leaders have the ability to complete in the next 3-5 years. A commission supporting staff around suicide has been approved with an employee identified to support this with traction expected in the next couple of weeks. More detail will be provided at the next meeting and input required from GAPF on this.

iii. Prevention – Laura reported that the Q1 update on progress against all strategic priorities was coming to the Public Board for the 6 areas identified. A Cardiovascular Disease Prevention Workshop was well attended with an opportunity for meaningful change. Baseline maturity was being looked at with a deadline of 11th December and workshops planned in. A quarterly series of community conversations started with one taking place a couple of weeks ago which was a good session to connect, hear what people want to talk about and hear from us on how to engage going forward with a different theme per quarter and involvement from IJB, executive and primary care leaders who joined.

iv. Planned and Unscheduled Care (including Frailty Bed Configuration) – Geraldine shared some slides with the group:

- Additional funding confirmed of £9.7m for long waits and funding for diagnostics of £4.6m, £3m recurring to support mobile MRI unit, facility and additional funding for endoscopy.
- Outpatient appts increasing slightly with Dermatology as the longest waiting as a result of failed delivery on the contract last year.
- TTG waiting list inpatients tracking sitting at just below with longest waiting for orthopaedic, general surgery and ENT as high which was impacted on with ventilation issues on the short stay unit and was being reviewed. NHSG is still an outlier in relation to pathway to zero on

52 week waits and required to look at other options for sub national strategy for other options.

- National care improved ambulance waiting times for 4-hour access performance is trending upwards which is positive.
- Delayed discharged starting to increase and requires to be focused on.
- KPIs on hospital occupancy was still a huge challenge at ARI and Dr Gray's which impacts on performance and ability to provide timely access. Length of stay was trending downwards.

Jamie had raised a 3rd sector issue at a meeting when breached with over 220 presenting at the front door as one GP practice was only taking emergency patients. Jamie suggested to link in with 3rd sector partners to eradicate this and with all the changes happening, if there was a way to capture the impact on staff pressure. Geraldine advised there had been an increase in self-presenters and noticeably when primary care access was different which impacts on this. Work was being done in relation to regular users of the emergency department who present frequently and other arrangements for this work was underway, involving staff with their knowledge and support on this. The impact on staff was important and outcomes from iMatter were being looked at with action plans. Continued pressure on unscheduled care services has an impact on staff. Improvement plans and managing the increase on demand for solutions was in place and it was planned to get this work underway. Restructure of the Unscheduled Delivery Board has been helpful.

Emma Pettis' colleague Gary Cruden was carrying out work on regular attendees, working with the team and collating the most popular reasons for attendance which was a long-standing piece of work that was now close to being finished. Work was ongoing to provide solutions by being proactive and ways on how better to support themselves passed on to those frequent attendees.

Sandy reflected on Jamie's point and advised that 90% activity was in primary care and not in hospital and should be looked at on both sides with enormous pressure and demand of flow from community to be included in how to use additional resource. Jane agreed with points made and had been advised that a surgery receptionist had tried to diagnose a patient and given a link to self-diagnose and advised to attend A&E. Both sides should be looked at but links to self-diagnose was a dangerous precedent and there was a requirement to understand why this was happening and for all to be aware.

Geraldine continued with the frailty bed configuration with improvement projects moving at pace:

- Board considered papers last week and were supportive of taking forward, expanding from 39 to 68 beds and realigning to provide an enhanced service.
- Staffing arrangements for medical consultants was supported to increase by 8 full time equivalent at A&E and support to the flow navigation centre.
- Integrated working for patients coming from community for assessment and how this can be evidenced.
- Linking to sub national work and future model phases for the frailty population.
- Benefits from design with quicker pull out of ED and AMIA and using rapid assessment spaces differently with not all as patient beds.
- Quicker decision making and earlier identification for ongoing rehabilitation needs, pharmacy review and reduced length of stay. This impacts positively on general medicine areas as some going through this pathway instead of frailty pathway.
- Less boarding and non-standard patient areas and lower ongoing social care needs.
- Rapid assessment will help with long ambulance waits, flow and decision making.
- Next steps will be to establish the frailty implementation cell comprising operation, clinical leads and corporate support. A briefing session took place with the senior team in acute ensuring that the right people were around this with follow up next week.

Steven asked if Geraldine could share the slides with the group. A lot of work has been done and a lot still to do with Partnership involvement to support. Kirsten Stewart was linking with Michael Coulthard on this and the list of groups to be covered. Mark extended an invite to Geraldine to attend the Area Clinical Forum.

- b. GAPF Development Event – 17th September 2026 – Steven reminded everyone of this event taking place in Curl Aberdeen and hoped everyone received an invitation to this along with the draft programme. This is an excellent face to face event and all were encouraged to invite colleagues to come along.

a. *Organisational Updates (continued):*

Organisational priorities:

v. V&S (including Finance) – Gail Woodcock provided an update:

- Continuing to focus on delivery of a minimum £40m of savings and efficiency to support deliver of the 2026/27 financial plan.
- Month 3 estimated savings delivery is around £8.5m against planned savings of £8.1m to date.

- Slippage on some savings programmes with mitigations being considered via the V&S programme governance structure. A number of schemes are overdelivering.
- Several invest to save schemes have been submitted to Scottish Government, which if approved, will support further savings.
- The 2027/28 Value and Sustainability programme will launch on 3rd August to support development of the V&S plan with £38m which will be signed off by the board and submitted to Scottish Government by the end of quarter 3 in line with de-escalation criteria.
- North East System Transformation Group is forming a plan with KPMG, commissioned to support this north of Scotland work
- Quality Impact Assessments will be undertaken for this year with a clinically led chaired panel.

Grant Burt updated on Q1 outturn process:

- In the process of finalising quarter 1 outturn with an overspend of £11.5m reported for the period to June 2026 and remain on track to deliver against the financial plan with the forecast deficit remaining at a £36 million overspend.
- The position remains finely balanced with continued efforts to support delivery of agreed savings and ensure tight control of expenditure will be vital to support delivery of the plan.

Martin raised correspondence that was circulating from Caroline Lamb on the freeze of senior posts that Staff Side organisations were made aware of yesterday and questioned whether this was factored into these initiatives or were additional as this had not been discussed at Partnership level Scotland wide but may be linked to sub national work. Grant advised that the £36m made no provision of this letter in the forecast and was just the financial plan agreed this year. Melanie confirmed this was not linked to the Value and Sustainability Programme but specifically asking for additional controls on most senior roles in the organisation specifically executive board and other senior levels. This was being worked through for the organisation and being assessed with a meeting of directors and Fiona Hogg (Chief People Officer, NHSS) next week to understand this more. This is in place until 4 September and was not long term. Laura thanked Martin for raising and agreed to share the letter with everyone. The absence of Partnership involvement and inconsistent practice was discussed with Chief Executives. There are a series of controls around sub recruitment for Chief Executive, 8c and 8d posts with a checklist on what boards need to do with other options before recruiting, including secondment opportunities and instructions to comply with. Laura

commented that whilst this was supported in principle, there cannot be delays for East and West as this impacts on delivery for sub leadership arrangements and Laura has shared concerns on this. Steven agreed that this was a point well made as national Staff Side were upset given the lack of engagement around the merger of National Services Scotland with NES and sub national planning with no heads up. Martin thought the view locally was working on coming out of Level 4 but extra external controls on the board have now been introduced. All employees deserve to be treated in the same way and this needs to be raised and challenged. Jamie suggested that communication should go out on this. Laura was happy to look at this as the letter only came in yesterday and will discuss at the Executive Team next Tuesday. Laura will keep GAPF colleagues briefed on de-escalation. Ayrshire and Arran had the same views on the pace of decision making and why this only applied to health if this was for public sector generally.

c. GP Walk in Centres Staffing and Workforce – Fiona Mitchellhill had provided a presentation and handed over to Emma King to present. Main points:

- This was started in Aberdeen City as a 12-month pilot with same day access for minor illness without pre-booked appointments. Moray and Shire were to be considered later.
- A phased pilot was looked at over July opening from 12-8, 5 days a week, some until 6 depending on recruitment and being guided by evaluation around demand.
- Current position service redesign will ensure making best use of work.
- Consultation around workforce planning, leadership and active recruitment to utilise effectively.
- Staffing model is GP led, dictated by Scottish Government with support from ANPs (Advanced Nurse Practitioners). Scottish Government had been asked if the model could evolve for a more nurse led role with GP support and to date if evaluation data informs this, then it would be supported.
- Service sits within GMEDs but operationally run by OOH.
- Recruitment is focused on leadership and operational support to meet needs of any complex issues presented.
- Risks to delivering effectively is the recruitment with a balance of GMED, practices and ANPs in communities still being staffed.
- Funding sustainability with fixed term roles and information from Scottish Government is that the pilot will be longer than 12 months as start dates were delayed.
- There is strong evaluation framework linking with Health Improvement Scotland.

- Data from Aberdeen City walk in showed low level of acuity and communication with the public was working well with some attending from Aberdeenshire.
- Future priorities around risk and sustainability of workforce across services and governance to prioritise patient safety, operational efficiency and workforce.
- Ensure engagement with GP practices, primary care teams and acute is not having unintended negative consequences.

Jane asked if systems were integrated with GP practices. Emma replied that Adastra (clinical patient management system) was being used for reporting and had recorded 230 people presenting with various issues to date since opening in June in City which was increasing daily. Joyce Duncan was interested in those attending from Aberdeenshire coming to Aberdeen City due to working there and whether this information would be fed back to Aberdeenshire GPs so they are aware or if this would stay in Aberdeen City. Emma commented that the Adastra system is a shared system for all and moving forward where walk ins are required, will be looked at for communities. Fiona Mitchellhill added that Adastra is used by GMED which links in and the vision from Scottish Government is to capture people that are working with different models of those opened so far as some are restricted to only certain GP practices. The team were working hard to ensure the right people were attending, and it was good to see the commuting model was not restricting this to help take off the pressure. Emma commented that some were not registered with GP practices and this was an opportunity for them moving forward.

Mark asked if there were any referrals to secondary care from the GP sector and whether fixed term contracts impacted on recruitment. Emma advised that a person is only referred if urgent via 999 but not others. Some want to trial as a fixed term contract with an impact on long term recruitment. Mark highlighted the governance around patients who are unregistered and how to make this happen. Emma commented that these are followed up to ensure registered with a GP practice.

Shona Campbell thought this was interesting data and it was always a challenge to deliver in a particular way. The site in Aberdeenshire is difficult for transport links, but it was good to see this is being evolved and the numbers so far. Emma had used models looking at bus routes and pods for future visioning. Sandy added that the Health Village was set up for Aberdeenshire residents for availability of services.

Steven thanked Emma and Fiona for the update.

	d. iMatter Organisational Results 2026 and next steps – Melanie reported the following: • Increase in participation from 59-62% = 400 extra voices heard this year • EEI increased +1 point to 77, overall experience increased from 6.9 to 7.0 • All staff governance questions increased, with well-informed increasing by +3 to 82 • Questions across individual and team level remained stable with no decreases in scores and some scores increasing by 1 • Questions at organisational level saw higher increases between 1 and 4 points with the exception of senior/board members sufficiently visible, which increased by 12 points to 67. • Overall stable with some early signs of improvement, still much to do though. • The next steps will be the 70% target for action planning to be completed by 12 noon on 17th August, sitting at 5% on Tuesday. The Pulse Survey is due to commence and there will be more information at the next meeting. The aim of this is to ensure a regular feedback mechanism to complement iMatter and track through the year going forward. Shona commented around the timing of developing action plans as reports come out before school holidays when colleagues have time off and to be completed when schools go back. It was challenging to bring the whole team together for the action planning process. Melanie agreed this was a good point and would feedback on this for action plans and when the timeline is set. Action plans can be continued to be completed following the 17th August date and will bear in mind for monitoring process. Steven reiterated that all boards are completed at the same time as this was previously a rolling programme. Shona suggested that after this date, all should be advised that it was not too late to work on the action plan which Melanie agreed should happen.	
5	Involved in Decisions	
6	Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued	
7	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community H&S Update and PMVA Deep Dive Papers – Ian Cowe had provided a report on this. Main points:	

- There had been a more detailed look at 2 H&S related topics at the last H&S Committee in May on FFP3 face fit testing and and CoSHH (Control of Substances Hazardous to Health). Other topics covered were workplace inspection compliance and current HSE enforcement. It was highlighted that there were not always reps that attend the H&S meetings which is required. The next committee meeting, due at the end of next month, will be looking at the use of sharps, manual handling and PMVA.
- Sygol CoSHH management system has trained editors to create risk assessments. This was largely up to date but there were gaps in terms of areas having chemicals input to the system and some not actively inputting information. Work to be done with H&S specialist aligned to corporate to oversee the system to improve reporting and gaps, reporting to the H&S committee every 6 months. Ian made a plea for divisions and H&SC Partnership to use the data and discuss regularly. Work done nationally has come to a halt to assign codes to chemicals which come into the organisation, and this was being discussed with procurement colleagues to identify what has been ordered and what is on the system.
- Face fit testing is due every 4 years and OfS approach was to wait to hear back on the national frequency of this. Fit testing on FFP3 masks is required where staff may be exposed to harmful airborne substances as set out in the National Infection Prevention and Control Manual (NIPCM). There is a master spreadsheet of those who have visited the hub with an overall compliance of 55%. Information on the master to link to eESS data and work was being carried out with workforce. Confirmation of masks available was an area of concern nationally if there was another pandemic. This was on the agenda to be discussed nationally.
- PMVA adverse events affecting staff is the highest reporting on compliance for H&S with a slight improvement and work still to be done. Creating a new course to increase training capacity in the H&S team and the time staff are required off the ward was being developed, with a lot of areas that have moved to this to help with capacity and resource.
- The behavioural protocol was discussed earlier in the meeting, and work was being carried out on this.

June queried the FFP3 face fit testing as there has been a change of use and algorithm and whether anyone had linked in with Grace Johnstone which Ian confirmed Doreen May had. Martin inquired whether the proposed changes to improve attendance information had filtered through H&S committees to get access to progress on this. Ian advised that there is a detailed

	PMVA update every 2 months at H&S meeting and an action plan to look at the whole improvement. Shona highlighted that there is a difference on what is reported on H&S compliance rates on PMVA training and the Workforce Report for the OfS module which are very different as measuring different things. Ian confirmed that this was the OfS mandatory elearning module and this is the face to face in training needs analysis which was covered here. Steven thanked Ian and colleagues for their work on this.	
8	Appropriately Trained and Developed Statutory/Mandatory Training and Appraisal Scorecard – Melanie was in the process of refining data and final data set to be used and shared a document on the May data with the group: • Statutory/mandatory training was heading in the right direction, with some modules pulling back in terms of compliance e.g. child protection, cyber security and non-hazardous waste areas. • All were encouraged to look at areas specifically involved in and encourage all to complete statutory/mandatory training. • Appraisal was creeping up and improving and Melanie wanted to share the importance of the “in progress” section as new recruits have a year to complete but to check whether these should be closed off to ensure data from this. • The People and Culture Senior Leadership team discussed an improvement plan which will be brought back to this group. Steven commented that this previously came to the Staff Governance Committee and it was good that this was being collated.	
9	Any Other Competent Business	
10	Communications messages to the Organisation • Emma had noted the ongoing programme for iMatter and importance of action planning and was continuing to work on this.	
11	Date of next meeting The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 20th August 2026. Agenda items to be sent to: gram.partnership@nhs.scot by 29th June 2026	
	Audrey Gordon - gram.partnership@nhs.scot	

