



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 12th March 2026 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
Ian Cowe, Head of Health and Safety (part)
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Geraldine Fraser, Chief Officer Acute Services (part)
Jane Gibson, RCN
Gemma Hood, SoR
Sarah Irvine, Deputy Director of Finance
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager Surgical Services (part)
Jill Matthew, Head of Occupational Health
Haroon Parvez, CSP
Gavin Payne, General Manager of Facilities and Estates
Rachael Melvin, Deputy Service Manager, Child and Family Mental 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
Philip Shipman, Head of People and Change
Melanie Saunders, Acting Director of People and Culture
Phil Tydeman, Interim Director of Improvement (part)
Karen Watson, Unite
Alan Wilson, Director of Infrastructure & Sustainability
Audrey Gordon, Partnership Support Officer

In attendance:

Item 4a – Paul Bachoo, Medical Director Acute
Item 4e – Kevin Leslie, Senior Public Health Practitioner and Keith Grant, Full Time Partnership Officer
Item 4f – Elinor McCann, Head of Catering
Item 5b – Ted Reid, Head of Logistics Services
Item 6v - June Barnard, Nurse Director

| | Subject | Action |
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| 1 | Welcome and Apologies (Items 1 and 2 were discussed following Item 4) Everyone was welcomed to the meeting. Apologies were received from the following: | |

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| | <p>June Brown, Executive Nurse Director Alison Evison, Chair/Non-Executive Board Member Alex Stephen, Director of Finance Kirsten Stewart, RCoP</p> | |
| 2 | <p>Minute for Approval</p> <p>Minute of the previous meeting held on 12th February was approved.</p> <p>The Action Tracker was discussed and updated as below:</p> <ul style="list-style-type: none"> • Approach to developing 2026/27 organisational priorities – a joint ACF/APF meeting had taken place on 3rd March and this could now be closed off. • Band 5/6 Review – Laura Skaife-Knight had raised with June Brown. To be closed off. • Zero Tolerance Policy – behavioural contract to be brought back by Philip or June. The first SLWG meeting would take place and identify a lead. This will be brought to GAPF to be progressed. • Facilities Release time – Philip Shipman was meeting on Monday with Finance colleagues • Non-Standard Bed Base – Jamie Donaldson had not attended the Non-Standard Bed Base Group to discuss leaflets being handed out. Jane Gibson had attended and this was discussed. Some updates were required to be taken back to this meeting from Dr Grays and further areas to be discussed. This could now be closed off. Steven added that there had been agreement to have a meeting on this involving Laura, CET, Steven and reps from Trade Unions and Professional Organisations. Laura commented that dates were being looked into and work was in progress. | |
| 3 | <p>Matters Arising</p> <p>There were no matters arising.</p> | |
| 4 | <p>Well Informed</p> <p>a. Organisational Updates (the following were discussed ahead of Items 1 and 2 above):</p> <p><u>Unscheduled Care</u> – Geraldine Fraser had shared slides in the papers provided. Main points:</p> <ul style="list-style-type: none"> • Prior to last week, targets have been met around change initiatives and improvements associated with these but have not pulled through to the overall Board position. Performance and hospital occupancy was high over the winter period. | |

- Starting to see early indicators of overall position changing slightly and coming down with good work around patients boarded in surgical areas down by half and the ability to close a few non-standard bed areas which was positive.
- 4-hour ambulance performance standard in ARI was good last week with a 7.5% improvement from 33.5% to 41% into this week. Dr Gray's has stabilised with a huge reduction in long waits.
- Geraldine had met with the ED team at the Senior Staff Committee Meeting who fed back that they know there is lots happening and agreed with what was being done on flow, discharges and hospital occupancy but were not seeing benefits yet.
- There was a large change programme underway for bed free balancing work to expand frailty capacity and realign General Medicine which Stephen Friar (Critical Care Consultant) had worked on.
- Two workshops with clinical teams have been carried out on significant change with positive changes in partnership. Aberdeen City discharge to assess team were expanding and Aberdeenshire were bringing online and looking at a different model.
- Fire break was running on patients delayed and moving to long term care with additional funding being given by Scottish Government to help with hospital occupancy and flow initiatives.
- ED team were piloting change in overspill area and closed 4 of the bays which were given back to the team to decide how to use. There was a pilot on ambulatory arrangement between 12-8 and pulling patients from the waiting room. Benefit of this to assessment, treatment and discharge were being seen. The team had come up with this project themselves and owning this.

Jamie Donaldson received daily information on discharges and transfers of care. 27 patients had been held in ARI and delayed discharges on top of 20+ patients with virtually 2 full wards on AMIA and A&E. A plan was being looked at on how to change this to relieve the pressure on staff, across all sites in ARI and Dr Gray's. It was important to show staff they matter, and for senior people to continue to be visible. Geraldine replied that these were all valid delayed discharges and transfer of care. There was good work on development of an integrated hub and a real push to get this working effectively and pre-emptive planning when patients are admitted at an earlier stage. A single referral process to the hub was being looked at with a target date to start of 18th March and working towards how to make this streamlined and as efficient as possible. Geraldine was keen to get out and support staff and had spent time on Ward 104 last month. Laura agreed that visible leadership was a priority and to connect with frontline staff. Laura had spent a night shift with

the Hospital at Night Team and will think about ARI, Dr Gray's and the community which was locked into the 2026/27 priorities. This should tie into Executive Director objectives to be set in the next few weeks, but this was work in progress. Jason picked up on the point of staff feeling they matter which connects to the staff welfare work in MUSC and identifying quick wins on 3 pathways for tangible change which staff have identified. Jane queried how staff were going to be supported with changing facilities and welfare areas to keep belongings safe, for example which have not progressed but talked about for nearly 1.5 years. Jason was happy to catch up offline with Jane but this had taken time to catch up with UOMs and 40 actions have resulted. There was a need to get to a point on those identified and sorted before sharing. There were quick win actions and Jason was trying to drive this but being respectful of pressures. Data will be shared to the whole MUSC area to identify who will take forward the actions. Gavin Payne added that for locker issues, a single point of contact in Facilities was being investigated. Laura thought the comment was entirely fair and welcomed the challenge on this to start doing what we say we will do. This was locked into the health and wellbeing on the Culture Programme and it was clear what to deliver. When this is missing, people should be held to account which starts with Laura and the Executive Team passing down and will shift in the organisation. Jane advised that RCN would welcome this as it is about translating theory into practice and was happy to catch up with Jason. There were IPPC issues for uniforms and treating staff with dignity to get the basics at work but there were questions on the length of time it takes to sort the little things. Melanie Saunders was welcomed by Steven to her first meeting. Melanie updated that this will be taken onboard to move forward. The membership of the People and Culture Committee should be increased to broaden visibility and where this work really matters was being looked into which could be shared in more detail at the next meeting.

Planned Care – Paul Bachoo had shared slides in the papers provided. Main points:

- Trajectories position at the end of this month which were agreed earlier this year, were on target and may exceed or fall short by a few for both outpatients and treatment time. This was based on internal capacity, mutual aid, national treatment centres and individual sectors.
- To improve the position over the next financial year on patients waiting 2 years with a significant contribution to the national picture in NHSG for this.
- Working to ensure all patients have a booked appointment in Dermatology, Urology, Clinical Neurophysiology, Plastic Surgery, General Surgery, Immunology and Orthopaedics.

- Dermatology and Urology have funding to take through to next year and there are other programmes where technology is contributing to carry out in different ways. There is a multi-pathway facility for neurological cancers now up and running.
- Position for TTG (Treatment Time Guarantee) overall was a burden to resolve and larger numbers with triple digits for those with no appointment. There were a number of fixes around these built around outside help through different forms e.g. national treatment centres, mutual aid from across Scotland, internal ring fencing and prioritising certain assessment short stay units and theatre at Dr Gray's as specific services.
- Revisiting and doubling down on productive opportunities around ensuring people waiting, need to be waiting and not inappropriately for outpatients. To deliver this process for those that no longer require treatment on waiting lists, delivery initiatives triage, vetting and bringing back to clinics were being investigated. £25,000 has been provided by the Scottish Government to carry out a deep dive into vetting in the Colorectal service which has removed waiting time for 90,000 patients.

Single Improvement Plan – Phil Tydeman had shared slides in the papers provided. Main points:

- There was a focus on delivering recommendations. Phil asked the group to consider moving this item from monthly to quarterly. Governance framework is presented to the Board on a quarterly basis which would align to this group on the back of Board presentations. The next one was due in June and Phil suggested to bring to GAPF in July. Presentations are given monthly to each of the Programme Boards.
- 4 recommendations have been closed at the last Board meeting. 61 recommendations were presented to Staff Governance and were due to go to the Board in June.
- There was a review of progress of plan in the audit cycle in quarter 3 of this year which was part of the de-escalation process to show benefit was being sustained.
- Laura had asked Phil to lead on a review of programme resource across the organisation. To support colleagues by supplementing with additional staffing and not overwhelm which will be completed by mid-April when a decision would be made on this.

Steven agreed that changing the frequency of updates on the Single Improvement Plan made sense and invited colleagues to advise if there were other views.

V&S – Phil had shared slides in the papers provided. Main points:

- At month 10, £1.8m better than envisaged and on track to deliver the target of £61.8m. This was a massive achievement and there was a daily focus. Phil was thankful to all for this.
- Next year there was a minimum saving of £40m which amazing progress was being made. The summary draft plan will be presented to the Board on 19th March and this will be shared with the organisation. £4.3m was going through the QIA panel in March with £3m to be identified.
- There were 12 or 14 schemes being worked through which were relatively major, and Phil was confident in delivering savings next year with 13 months to come up with and engage the organisation fully.
- The QIA process challenge from the QI panel will be brought back next month to discuss the impact on workforce.
- The next steps were to ask the organisation to continue the good work. 9 opportunities were discussed with systems partners and will be discussed at the Transformation Group meeting on 29th March. To move forward with limited scope and how to further engage staff across the system and broaden the list.

Steven agreed this was a good news story with the level of savings found and the good work that had been carried out. Jamie queried the savings plan for next year and whether this included IJB colleagues. Jamie sits on the City partnership as the NHSG Staff Side rep and asked whether this was worst-case scenario or middle of the road. Phil replied that the IJB contribution was £30m with a lot of engagement in developing plans. The worst-case scenario at the moment was £37.4m but there was a good runway to close the gaps that appear. Martin asked about mitigations in place to avoid IJBs. Phil advised there was oversight and discussions with IJBs around the financial position and continue to hold to account through the Finance Recovery Board and Assurance Board. If challenges come up, there are opportunities to engage and support to mitigate. There was a good level of confidence through savings schemes which were signed off in council meetings this month. Laura had formalised arrangements in performance management with Chief Officers of IJBs and quarterly meetings, not just about financial but the full spectrum of performance. The Finance Recovery Board will do deep dives if performance goes off track. Regular 3 way meetings have been set up and new informal meetings with Chief Officers of IJB, Chief Executives of authorities and leaders of Council to ensure there is a good grip on this. Sandy Reid had made an observation as he represented City as part of North East partners and asked if there was more scope to have joint posts as there were very few of these and very little shared buildings and assets. IJBs require to have a

balanced budget and do not plan for overspend. City are due to have a meeting on Tuesday to discuss next year and it had not yet been agreed that no subsidy was required from NHSG but being proposed as part of savings over balanced budget. Phil advised that this was in the early stages around opportunities across the system and was happy to take forward and feed in joint posts and buildings. IJBs have a quality and impact assessment panel and Phil was hopeful that savings which come through are shared across all partners and not just one. Jason queried if the QIA process that exists in NHSG was then the mechanism to support decision making in IJBs. Phil reiterated that IJBs have their own QIA process, led by council involvement. NHSG QIA process was Board approved in line with best practice across NHS for our schemes alone.

Update on Assurance Board - Laura updated that since January, the Assurance Board meet fortnightly for continued focus. The focus has expanded with clearer line of sight around culture, leadership and governance, culture programme, operational and clinical governance changes with the initial focus on Dr Gray's and leadership stability. This week there was a slightly different focus with system partners in person meeting of all local authorities, Chief Executive, IJB Officers and Directors of Finance. Unscheduled care, integrated financial planning and de-escalation planning was discussed. Integrated financial planning was the main focus and savings process for the year ahead. The principles of de-escalation proposed to Scottish Government and KPI criteria is being looked at to be precise. Scottish Government is clear that until we evidence clear unscheduled care performance improvement, this will not be signed off. A meeting is due to take place next week to discuss the amendments suggested. Laura had a call with the Cabinet Secretary last week who had received positive feedback around progress from Stephen Gallagher as Chair of the Assurance Board. Ayrshire and Arran have now been escalated to Level 4 and it has been agreed to learn from each other with Stephen Gallagher also chairing this Assurance Board.

Culture Programme Board – Steven had stepped in to chair this meeting which was the second. The TOR is still being established and agreed and there are 3 groups in place under the pillars. This is at the developmental stage and good conversations were taking place. This was being linked back to the Assurance Board original paper on observations made that the Board consisted of senior leaders. Clear participation was being looked at in the Culture Programme Board and below, with a range of attendees.

Philip had provided slides in the papers as a background to this. Summary of these:

- This was set up following concerns in the Whistleblowing Action Plan, Staff Governance Committee and headlines that came out of iMatter concerning reduction of overall employee experience and other areas.
- Organisational priorities have been adopted for 2026/27.
- Two workshops have taken place to respond to concerns and a proposal to “Improving Workplace Wellbeing and Cultures” aligning activity in the 3 pillars – Equality, Diversity and Inclusion, Leadership and Management and Wellbeing, Recognition and Reward
- Kay Dunn is the Programme Manager appointed to support this.
- There are a number of initial projects with leadership and management at the top of these.
- The joint ACF/APF meetings identified areas on suicidal ideation support to managers and Trade Unions supporting staff and to assume responsibility for storage and spaces for breaks.

Melanie added that in terms of widening participant and inclusion in the Programme Board, there was a proposal to utilise this going forward in terms of priorities. Melanie has been involved previously with sexual harassment, violence and aggression and suicidal ideation in previous roles and could bring learning to this that can be adopted. There was a need to be accountable and work hard to get up and running to deliver together. Laura added that the 2026/27 priorities are due to be agreed at the Board meeting next week with Culture Programme Board delivery work plan and future projects to be locked in. Jane welcomed what was envisioned as these issues had been described by staff personally around suicide ideation and RCN look forward to being involved in all the work. Jane will catch up with Philip to discuss further.

Alan Wilson is a member of the group Assurance Board level of people on the Culture Programme Board. Discussions have taken place in line with other assurance groups by bringing in colleagues to present and lead in workstreams, rather than sitting round a table, to give staff a platform to encourage and develop ways of working which will be beneficial to them. It was key that staff are around designing and implementing this and aware of what is happening. Steven agreed that this reflected the discussion at the Programme Board last week.

Section 22 Public Audit Committee Attendance giving evidence update – Laura had provided an update on the Section 22 report at the Scottish Parliament Public Audit Committee meeting on 25th February with Alison Evison, Board Chair and Alex Stephen, Director of Finance. Ayrshire and Arran were also in attendance. There was an opportunity to share the improvement story to date and acknowledge the

distance still to travel. The opening statement was shared with staff to recognise this was an important moment for the organisation. Lines of questioning were wide ranging from bed numbers, operational performance on unscheduled care to what Dr Gray's has done since February 25 when HIS and NES concerns were raised, IJBs, finance scrutiny and overspend and aspects of financial performance and recovery. Caroline Lamb (NHS Scotland Chief Executive, stepped down 13th March) and Christine McLaughlin (Chief Operating Officer and Deputy Chief Executive NHS Scotland) attended the Public Audit Committee to respond to this and answer in turn, the broader questions in finance in NHSG and escalation process. Laura had shared the link with the Board in the last couple of days and would circulate this. There was positive feedback from the Scottish Government via the Assurance Board and presentation and performance at the Public Audit Committee. The Minute and report were in the public domain.

Violence and Aggression – Cabinet Secretary Meeting with CEO – Laura updated on the meeting that took place on 5th March with a focus on violence and aggression and covered anti racism, financial performance and unscheduled care themes from an NHSG perspective, responding to the increase in this and any national support. Laura requested opportunities for the upcoming Violence and Aggression Policy to become a launch pad and the prospect of training for all public sectors, not just health to be challenged. The Cabinet Secretary was assured by the response that was being taken with draft priorities on violence and aggression linked with priorities for the year ahead, under staff health and wellbeing, that will be launched in the weeks to come.

- b. Strengthening Operational Governance and Decision Making - Laura provided an update on this but advised that the detailed paper could be brought back to the group. The drivers for change are from the external diagnostic carried out in October last year, with clear recommendation around opportunities to look at effectiveness of operational governance and delegating more decision making and performance management to local teams. An assessment has been made around operational governance and colleagues have been listened to across the organisation, with several proposals made discussed at CET. There will be two phases to changes from early April. Moving to a smaller Executive Team as the main decision-making forum, to replace CET with Laura as Chair of this every week and mainline reports discussed with a new TOR and Agenda. Executive Team development will start on 25th March. Operational governance review has concluded formally to support what reports into the Executive Team with a paper to discuss next week. The wider SLT meeting will be standing down, and an extended structure will be created from end April which will be quarterly with a clearer remit and colleagues will

be emailed to attend. Phase 2 proposal is being tested with division colleagues in quarter 3 and the new SLT meeting will replace the current CET as the main decision-making forum and not just the Executive Team making decisions with inclusion as an important decision-making model. The Employee Director will become a member of SLT. Alan highlighted that as far as Executives were concerned, all were behind proposals regarding decision making and getting input to this as a positive step forward. This group should be driving forward to get engagement and it was a good opportunity to get involved in wider decision making and encouraged all to speak to colleagues and members to buy in to this. Steven added that there had been various interactions on decision making over the years and would embrace the opportunity and rise to the challenge. Haroon Parvez asked if Laura was happy to share the summary of changes coming in April. Laura will give an overview at a staff briefing and will send through to Audrey to circulate, along with the list of members of the extended leadership.

- c. Organisational Priorities for 2026/27 - Laura reported that it was important to hit the ground running in Q1, to retain focus and be clear across the organisation on what the priorities are. To build on the approach from 2025/26 and having fewer priorities. Over the next 4-5 weeks, meetings with staff, joint ACF/APF and partners will take place. This will be launched after next week's Board Meeting and top of the list is people, leadership and governance with clear KPIs to move forward. Prevention, planned and unscheduled care will come to the public board for approval and a report will be published with transparency on feedback with a launch plan and public facing document to go with this. This was referenced in the Board paper to join up with system plans and all partners. Laura and Shantini Paranjothy will be joining various meetings to update.
- d. Workforce Commission – Philp provided a verbal update on the background of this. KPMG had reported in the diagnostic that the workforce was 13.8% larger in 2024/25 which led to potential opportunities in “right sizing the workforce” in terms of the nursing workforce, back office and medical, dental workforce with savings identified of £15m. In response to that, the Assurance Board set up the Workforce Subgroup, chaired by Fiona Hogg, Chief People Officer and a working group with a number of representatives around this including Mark Burrell as Chair of ACF and Steven. The Scottish Government Strategy Planning Team completed a benchmarking exercise and compared over a time period of 10 years. This summary painted a different picture to the Scottish Government benchmarking exercise identified while NHSG had high growth during the pandemic, pre-pandemic growth was lower than average of Health Boards with a slight decline from March 2022. Since then, NHSG has grown in line with other territorial

boards. NHSG is not a big workforce in terms of population and in some areas the workforce is smaller than average of all staff groups. As a consequence of this, workforce has been looked at on what can be done as there are a number of familiar challenges with workforce supply, availability, some financial challenges and some increasing future health burden. The working group agreed to focus on reshaping workforce within the constraints through internal workforce planning, as this is not consistent across Scotland but is being developed, although slower than required. The subgroup looked at how to integrate the 3 ways of planning and have a draft to test out. Areas that were looked at included activity, financial and workforce data and a number of areas were identified to test this out. The Assurance Board agreed with this direction and areas were now being identified and engaged on agreement to test this out.

- e. Public Health Staff Governance Report – Kevin Leslie/Keith Grant had provided a report from the Staff Governance Committee meeting in the papers provided. Steven asked if anyone had any questions or comments on this paper. The report was well received and Steven thanked both Kevin and Keith for this.
- f. Retail Prices SBAR for information – Elinor McCann had provided a paper for information and comment. It was clear that there is a picture of 2 halves in the retail unit with Aroma Cafes doing well and others that were not. The deficit was attributed to Covid but was not where Elinor wanted this to be. The Aroma at Woodend, due to the situation that there was no another facility, had a different pricing model in line with staff pricing. With pay rises over a number of years, pay enhancements at weekend and the cost of commodities, these were really struggling. It was required to balance the books to bring the budget into alignment, and a 10% increase was being asked for which would not wipe out the deficit totally but take in the right direction by the end of 2026/27. Jamie asked whether there had been an increase in the budget allowed per patient meal to ease the burden on the Catering Department. Elinor replied that there had been some uplift in this financial year but not the increases faced at the lower end of the spectrum in cost per patient. Alan highlighted that work had been done with inflationary rises but was not near the level required to be. This increase was on whole budget and not just food inflationary rise. There were pressures financially as a budget and trying to get as much availability for staff and visitors as possible, without impinging on the ability for patients. Eleanor was doing a great job to balance everything out. Gavin Payne added it was important to separate patient catering from retail catering; Eleanor manages both parts with review of menus and controls as best she can. The paper on retail catering and outlets was meant to break even as some

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| | <p>do better than others and this increase would go some way to covering commodity pieces. Separate work was ongoing on opening hours, etc and will be brought back to GAPF in the future. The ask from the group today was acknowledgement that there was a necessary sales price increase, less than the commodity price increase, and trying to mitigate the impact on staff, patients and visitors that use the Aroma Cafes. Jason queried the finance on the paper at year end of functional units under Management/Misc of just less than £220,000 and what this was. Elinor advised that this had been taken from the management units.</p> <p>Sandy Reid highlighted that NHSG closed a couple of outlets previously and queried why there were outlets when there were multiple other options on site. Elinor advised that the cafes are also a social and staff rest area with pricing less than Aroma to help staff. Cafes were being looked at to see what can be done differently in these as there are large areas in the pink and orange zones. Lynn Morrison commented that it is a difficult juggling act and while managing as a whole patient and retail focus, there was a need to be clear. New food hospital standards have just been published and will guide for further improvements. Lynn was looking for assurance on how the social and rest spaces used have been taken into account in the wider culture work and little things that make a difference with dual purposes to generate income. Steven advised that this reflects what Gavin had said and Phil under the Value and Sustainability update with the savings schemes workforce impact to be brought to GAPF in April, to ensure awareness of these with opening hours of retail catering spaces and the use of areas as part of that. Elinor pointed out that the pink and orange zone are really only busy for about 1.5 hours a day. Steven thought this was all helpful feedback and GAPF will decide in April on the recommendation as this was not an easy situation to manage with costs but hopefully not a further decline of support and uptake. Steven thanked Elinor for attending and updating.</p> | |
| <p>5</p> | <p>Involved in Decisions</p> <p>a. Policies for Approval by GAPF – Sustainable Postal Practices Policy – Ted Reid had provided an updated policy for sign off from the Policy Subgroup and was happy to take any questions on this. There were no questions and this policy was approved.</p> | |

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Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued

Non-Pay Elements of Agenda for Change Pay Award as follows:

i. Overall Group –

- AfC Non-Pay Reform Financial position – Philip attended the AfC Board meeting yesterday. RWW was discussed and it was thought we are as prepared as we can expect to be. All systems will transfer for rostering purposes on 31st March which had been a huge amount of work. Philip thanked everyone for the work on this. It was anticipated that several posts will seek to backfill which may not be in place or available and an expectation to see an increase in additional hours, overtime, supplementary and agency staffing. How to report and identify additional spend was being looked into at an organisational level and attribute to RWW. Systems were on track as expected to be and Philip will write back to the Scottish Government to confirm all preparations were in place. Karen Watson was carrying out roadshows for Band 5 and there were lots of roster issues which Philip was aware of and are being worked on but trying to minimise any disruption.

Rachael Melvin mentioned the guidance on public holidays and annual leave around RWW guidance on the Implementation Plan which is interpreted differently by managers for staff on 9-day fortnights and shorter working days. The guidance shows annual leave in days rather than hours which was not the way interpreted with a standard day of 7.2 hours for full time, irrespective if this is a public holiday. There was inequality in the organisation and entitlement people were getting and clearer guidance was required. Philip asked Rachael to summarise the issues and to send on to him, to ensure this was incorporated. Jamie advised that a senior manager had queried the short timeline for part time staff backfill which has just been granted and appeared in the Daily Brief this morning to complete the form. Philip stated that there would be no grace and to pick up individual circumstances with Lorraine Hunter for the Payroll team. Plenty of notice has been given and there was a strict “no grace period” as there were known consequences of this. Steven agreed as Co-chair of the Programme Board that the deadline had already been extended twice and asked Jamie to signpost the senior manager to the Board regarding this.

Sarah Irvine provided a finance update on AfC Non-Pay Reform funding figures which were presented. Figures were estimates and subject to change.

- Total funding available from 1st April 2026 was £29.3m with a further increase in 2026/27 to fund costs associated with the further 1-hour reduction in the working week.
- Latest estimate of costs associated with the Band 5 to 6 regrading was £24m although significant uncertainty remains. This reflects the potential recurring costs and does not include any backdated element.
- £2m was allocated to fund backfill for the first 30-minute reduction. Phase 2 estimate for the further 1-hour reduction is between £8-£10m.
- Potential recurring cost between £33.6m and £35.6m against funding of £29.3m.
- Risk forms part of regular discussions with Scottish Government to highlight the financial risk.
- For 2025/26 estimated spend of £9.2m against funding of £14.6m.

ii. Systems Group Update – This was covered above.

iii. Reduced working week – This was covered above.

iv. Protected Learning Time – Jason Nicol reported that the 9 core modules had gone live on 2nd March, to be completed when current modules expire. There had been “gremlins” in the changeover as unable to see the history of previous modules, but this was being worked on. Job family specific training is the next phase to include medical staff and ensuring the process for mandatory requirements. Jason was working with Chris Hemming on prescribing for medical staff. The new Counter Fraud national module feedback has shown that this is pitched at too high a level and Jason encouraged all to advise at the end of the module in order to gather feedback. Melanie asked if there was a trajectory of where to aim for compliance and tracking on this. Jason advised that statutory/mandatory training completion is built into the KPIs from the Annual Delivery Plan and features in organisational priorities but would welcome the opportunity to build on this. Melanie thought it would be good to see who was on track and those not being able to do and would pick up separately with Jason on how to do this.

v. Agenda for Change Band 5/6 Nursing Review – June Barnard updated that there was no closing date for the Band 5 review.

- There had been 1,120 hits on the portal and sitting 3rd nationally for some time.
- 586 submissions with 113 outcomes processed.
- 110 approved for Band 6 with 82 completed by Payroll and 17 at Band 5 appeals process in place with 7 currently.
- Matching panels continue to be reviewed and refined using Copilot to support with 9 scheduled to review 55

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| | <p>applications. This process was getting quicker and batching with 10 applications were being processed in the first batch.</p> <ul style="list-style-type: none"> Continued communication with teams and underpinning the framework, to ensure teams are aware and the process continues. June wished to give a huge thank you to colleagues in supporting and promoting across the ARI site as operational pressures had hampered attendance at sessions, but innovative ways had been taken by attending Band 6 development sessions and targeting areas to generating more. The mapping exercise continues to be completed and there was high level detail of where the higher number of applications were. <p>Karen advised that herself, Tracy McDonald and Gina Littlejohn had carried out “myth busting” roadshows in the whole of NHSG. They had attended one in Suttie and met with over 40 Band 6 and a few Band 7 and Band 8a. This meeting was fraught as there was angst around Band 5 moving to 6. Steven commented that the session was well attended at the Suttie Centre which was positive. There are always issues with grading and the re-grading process when colleagues are already on a higher grade. June thanked Karen for the feedback and recognised this perception as some were unaware of the 2 different roles and trying to change the understanding on this with these sessions are helping to do this. Jane added that this had been spoken about a lot with Band 5 nurses at Dr Gray’s and it was welcome news that they have engaged in the process or were about to which was positive and thanked all for the support around this.</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. PMVA Deep Dive – Ian Cowe updated on the report that was provided:</p> <ul style="list-style-type: none"> There were a number of recommendations being worked on. Key areas were training which was an issue. There was a rise in the number of staff trained last year but a decline in compliance and no improvement on this which requires to be looked at. The H&S team were looking at a new shorter course which may help staff and are aware of the reviewed training needs analysis. This will be discussed in terms of resource. NES had advised that the report functionality will be developed and is being worked on this month. | |

- Results of the H&S Monitoring Programme highlighted that whilst areas have controls in place for managing risks from violence and aggression, improvements are required around documenting control measures in risk assessments. Admin resource would be required to maintain these.
- It is hoped the ongoing recruitment campaign under common staffing methodology will reduce demand for the Nurse Bank and restrictions will be looked at where violence and aggression training was an issue.
- Training for substantial staff is a higher priority as staff are exposed daily to risk. Laura has been discussing the matter of violence and aggression with the Cabinet Secretary for Health and Social Care. Discussions have also been taking place with the Scottish Government's Health Workforce Directorate. This team is responsible for some national work around violence towards NHS Scotland staff and they are keen to engage with NHS Boards on this important matter. This Team will be linking in with the national Heads of Health and Safety Group and Ian will attend a meeting in June of the group.
- The draft Behaviour Protocol was discussed at the National Director's Forum in February, and comments have come back on this. There is a meeting scheduled next week to discuss.

Philip added that following concerns from the Staff Governance Committee, Laura had suggested to seek support from Phil Tydeman who Philip has met with and will bring back to the H&S Committee and GAPF for an information update. Philip gave huge thanks to Ian and colleagues for the helpful deep dive. Steven agreed with the comments on this. Melanie appreciated the improvement focus on this area and all who had responded to H&S across the organisation and would encourage colleagues and teams to complete training and continue to work hard to bridge the gap. How to prevent violence in the first place was missing from the approach with campaigns, support from Trade Union colleagues and NHS Scotland to drive the prevention of violence against staff and how this could be explored collectively. Steven thought raising awareness on the prevention side in Partnership with Trade Unions and Professional Organisations was a good idea. Laura had asked for this support from the Cabinet Secretary across all boards for a campaign approach and Neil Gray agreed to take this away and speak with colleagues.

Philip provided an updated on the action tracker under the Behavioural Contract which was a key element of prevention.

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| | <p>It was important to have this agreed and sanctioned if there is any inappropriate behaviour towards staff and until this was agreed, there was very little that could be done effectively to remove patients or visitors who are violent towards staff. Jamie welcomed this work and suggested all staff groups are involved, especially the Security Team who are at the forefront of this and deal with daily across sites. Alan Wilson and Laura were spending time with the Security Team in the next few weeks. Cameron Matthew added that the practicalities on wards was to phone the police to intervene if security was not already involved. For lower-level issues when families refuse to take someone home, this can become challenging for staff as being put in a position due to duty of care, they feel they are letting someone down. It was difficult to manage and support senior managers on this. Philip highlighted that the next steps of PMVA were helpful for the required recommendations action plan to identify mismatch of different elements of the Risk Assessment. Philip has met with security colleagues who highlighted when there is an issue, the ward first action is to call security however if there is only one, they shouldn't interact and intervene with mismatch across the organisation and action plan to be joined up. Alan added that it was key that security members of staff understand what is in place currently, but some can get too involved and had resulted in an assault on a patient with injuries sustained. Security were not an extra arm of the police but can protect staff as best they can without getting physical. There was work to be done and not accepting lone working. Alan was keen to be involved in discussions to get the best solution. Jamie thought there was a huge issue around training and compliance rates for PMVA in Acute settings. Martin added that staff in Mental Health and Learning Disabilities Services are higher level trained, but staff do not just manage this but endure. Steven advised that all comments and observations assisted in the process of this.</p> | |
| 8 | <p>Appropriately Trained and Developed</p> | |
| 9 | <p>Any Other Competent Business</p> <ul style="list-style-type: none"> • Laura had responded to a whistle blowing concern at the Baird and Anchor Hospital which had now concluded and will take forward for learning and improving. This was in the public domain and media this morning. A media statement had been issued, and Laura would share with colleagues. • Philip mentioned the media coverage of possible strike action at Rosewell House which was being resolved through mediation. | |

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| 10 | Communications messages to the Organisation | |
| 11 | <p>Date of next meeting</p> <p>The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 16th April 2026 will be held on Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 18th March 2026.</p> | |
| | Audrey Gordon - gram.partnership@nhs.scot | |

