



Approved

**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 16<sup>th</sup> April 10.00 am to 12.30 pm  
Microsoft Teams**

**Present:**

Laura Skaife-Knight, Chief Executive, (Chair)  
Steven Lindsay, Elected Staff Side/Employee Director (Co Chair)  
Diane Annand, Staff Governance Manager  
Faye Dale, HR Manager (part)  
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON  
Alison Evison, Chair/Non-Executive Board Member  
Geraldine Fraser, Chief Officer Acute Services (part)  
Jane Gibson, RCN  
Jennifer Gibb, Nurse Director (part)  
Gemma Hood, SoR  
Natalie Jeffery, Business Manager to Head of Service (part)  
Martin McKay, UNISON  
Jill Matthew, Head of Occupational Health (part)  
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  
Haroon Parvez, CSP  
Gavin Payne, General Manager of Facilities and Estates  
Emma Pettis, Deputy Head of Communications  
Sandy Reid, Lead People & Organisation, Aberdeen City CHP  
Melanie Saunders, Acting Director of People and Culture  
Philip Shipman, Head of People and Change (part)  
Kirsten Stewart, RCoP  
Phil Tydeman, Interim Director of Improvement (part)  
Audrey Gordon, Partnership Support Officer

**In attendance:**

	<b>Subject</b>	<b>Action</b>
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>June Brown, Executive Nurse Director Joyce Duncan, Non-Executive Director Cameron Matthew, Divisional General Manager Surgical Services Alex Stephen, Director of Finance Karen Watson, Unite Alan Wilson, Director of Infrastructure &amp; Sustainability</p>	

2	<p><b>Minute for Approval</b></p> <p>Minute of the previous meeting held on 12th March was approved.</p> <p>The Action Tracker was discussed and updated as below:</p> <p>Workforce Commission – changes to this work update of test of change to come back to GAPF. Philip Shipman to update.</p> <p>Facilities Release Time - A meeting had taken place on 16<sup>th</sup> March. Philip and Steven Lindsay had engaged with relevant colleagues in Finance. The centrally funded partnership team were using all of the available budget. This item to be updated as complete. Jamie had concerns that from the centrally funded Partnership reps, there was only one for H&amp;S and a need for more. Melanie, Laura and Steven to agree a way forward on this and the action to be replaced with this.</p> <p>Zero Tolerance Policy/Behavioural Contract – Lynn Morrison updated that work is still ongoing and there is a SLWG meeting on Monday. Laura advised that this had been going on way too long and to bring this to conclusion with clear timescales. Melanie was looking at a violence and aggression improvement plan at the H&amp;S committee this week and who is owning what and by when. Lynn will pick up the conclusion date and will advise. A broader update for all on the violence and aggression work will be discussed at the next meeting as terms of priorities for 2026/27.</p> <p>PMVA Deep Dive - This will be discussed at the next meeting as a standalone item and a reasonable amount of time will be spent on this.</p>	<p><b>PS</b></p> <p><b>LM</b></p>
3	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
4	<p><b>Well Informed</b></p> <p>a. Organisational Updates</p> <p><u>Sub National Arrangements</u> – Laura Skaife-Knight added a presentation to the papers and set out what was happening so far since the Directors Letter (DL) was released in November last year. First draft plans have been submitted to Scottish Government by 31<sup>st</sup> March with 4 priorities areas: reducing waiting times for orthopaedics, emergency healthcare and flow, business systems and digital front door. The risk of rural and island was important and recognised as a 5th workstream for East and West. Plans are being reviewed and any feedback will come back. Work plans are being looked at for 2026/27. Trade Union conversations were continuing with</p>	

strands of the governance work. Trade Union colleagues have a seat on the national oversight groups and planning group. There is a big focus on clinical and healthcare implications with Scotland having a part to play. Geraldine Fraser and Laura had attended the East Emergency Healthcare meeting and were given a presentation on the rural and island workstreams. There were implications of sub national arrangements on the current North of Scotland team and meeting the team continued by updating using the slide deck on where this is at so far with discussion, supported on a regular basis by Nicky Connor, Chief Executive of Tayside. Steven was hopeful of this but had not seen anything through national Staff Side to confirm the position, linkage seems to be pragmatic but watching and waiting.

Update on Assurance Board – Laura updated that there was no meeting on 7<sup>th</sup> April and the next one was on 23<sup>rd</sup>. There was an increased focus on Board governance and clinical, starting with the focus on Dr Gray's. Stephen Gallagher was attending the Board seminar today to focus on Board governance. There is continued focus on unscheduled care, not just ARI but focus on inconsistencies in Dr Gray's performance. Leadership stability was being looked at for sub recruitment, starting with the Executive Team. To discuss and agree the deescalation criteria was on the Agenda. Stephen will no longer be Director of Mental Health for Scottish Government but now the Director of Assurance Board for Scottish Government full time. Geraldine added that the subgroup for unscheduled care has not met for a few weeks and are meeting next week to do a deep dive into Dr Gray's, around variability from day-to-day performance. There will be a session to share some wider detail and data around national benchmarking compared to Grampian which will be helpful.

Phil Tydeman had taken the Value and Sustainability Plan to the Board through the Assurance Board and had been given good assurance around this and planned care. There was a commitment from Scottish Government that the funding in place last year will continue through Q1 with additional resource to support with efforts around unscheduled and planned care. Laura highlighted that the Single Improvement Plan will continue to come to this group on a quarterly cycle.

Sandy Reid stated that there had been innovative work from Moray around coming to work in the area and asked how successful this had been in recruiting and whether there was scope to re-promote this. Laura agreed this had been hugely successful for recruitment at Dr Gray's and had asked Comms to expand the concept as a single recruitment for NHSG. Emma Pettis added that the "Wished you Worked here" campaign had provided an opportunity to test a different way of recruiting with targeted adverts and was attending

conferences next month on how this could work and play dividends. The intent was a hope to carry out all recruitment going forward to be done in this way. Four individuals have been appointed to Specialty Doctor roles in O&G, 2 individuals have been appointed to Paediatrics Specialty Doctor posts, and a Paediatrics Consultant is due to start next month. Unfortunately, recruitment to O&G Consultant posts this time was not successful and will be readvertised. Some areas had not been as successful as others e.g. challenges around Anaesthetics which is an extremely competitive market Lynn agreed that these were great numbers and from an Allied Health Profession perspective, there is a struggle to recruit as there is not the local training facilities.

Confirmed Organisational Priorities for 2026/27 - Laura updated that the Board had approved these, built on from last year. The aim is to hit the ground running for Q1 and making sure these are socialised. There is an extended leadership meeting this afternoon and all are being asked to cascade and lock into objectives. The 5 strategic objectives are People, Leadership and Governance, Prevention, Urgent and Unscheduled Care and Planned Care. There will be a quarterly update reporting cycle and Luan Grugeon had provided a helpful session to focus on People, Leadership and Governance at the Executive Team. Quarterly all staff briefings on priorities will be set up to update staff. Lynn added that this was a positive session at the extended leadership meeting and how we can push priorities through the system as objectives was a positive start.

Planned Care – Gerladine reported the following:

- End of year position was positive and had exceeded trajectories of the 52-week waiting and TTGs in Radiology and Endoscopy. Cancer priorities had not been met.
- Funding was confirmed for Q1 to maintain activity levels, focusing on 52 weeks and 104 week waits as Grampian is an outlier in terms of numbers with plans in place.
- Engaging with the Centre for Sustainable Delivery on producing opportunities for planned care with a visit for a day or day and a half to think about system redesign and preventative measures to look at earlier interventions to reduce demand on secondary care.
- Sub national work on Orthopaedics was taking a similar approach over a 3-year period to bring demand and capacity into balance.
- There was interesting information in relation to different sites variability with lists and sessions and work was being done through the Clinical Reference Group.
- End of Q1 landing positions with confirmed funding and end Q4 for end of financial year and funding with Scottish Government.

Lynn highlighted the productive opportunities of work in putting people first and CAD position opportunities with strong engagement from Orthopaedic colleagues and Luan which aligns also to this work.

Jason queried the gap between money received in Q1 and this year which is less and whether this can be addressed or will impact on performance. Geraldine replied that Finance have looked at the added complication this year to cover planned care and unscheduled care whereas these were separate last year. Geraldine was unsure of the gap yet but clear of the core activity and budget on what we can deliver. An opportunity for additional funding was being looked at, and work was being done with teams on how this would be invested and impact on waiting times. Sandy commented that community appointment days were a great success. An all-day community appointment event for Podiatry in the hub was being offered to all on the 5-year waiting list in May and Sandy gave credit to everyone involved.

Unscheduled Care – Geraldine provided an update:

- Continuing to deliver on plan of 19 workstreams with evaluation of this related to funding as not as much as last year. Supported by health intelligence colleagues to look at insight report and the impact this has given and continue to consolidate the 19 workstreams.
- A quarter of these are fully operational, half have started partially and 5 not started for various different reasons.
- Starting to see a picture of partial recovery on performance which is helpful from January improvement.
- There have been a couple of weeks challenge on performance due to increased demand in Frailty and Respiratory pathways and slower movement of flow on the discharge profile.
- It was helpful to have investment in workstreams and what this means in day-to-day work. Rick Strange was leading on the work and continued to look at flow hub.
- Increase in length of stay as delayed discharge profile reduced and work was being carried out to see what this means.
- Over the next few weeks, Frailty bed rebalance work was being carried out in terms of benchmarking. Frailty bed capacity was below where it needs to be with demand to realign this.

Jamie added that senior managers had mentioned that the number of patients was worse than Covid times on Monday and today numbers were better and gave praise to every single staff member.

Sandy highlighted the national publicity on GP walk in centres which was hoping to have a significant, positive impact. There were job adverts led by GMED colleagues in Moray. The first session was planned in the Health Village and GMED colleagues have advised that this could be up and running in June which may reduce pressures in areas. Lynn advised that there was good discussion around development of these at the Unscheduled Care Programme Board on Monday as there was caution around impact at this stage and concerns around potential unintended consequences, but this was a helpful update from GMED colleagues. Jane Gibson added that there had been some feedback from community on the GP walk in centre being called “GP” and if this will be nurses/AHPs. Communication was an issue as expectations of seeing a GP, and it was helpful to get clarity out there. Laura agreed from community engagement issues and IJB officers to give thought to this with support from Comms colleagues.

**LSK**

V&S and QIA Process – Phil Tydeman had provided a presentation in the papers provided:

- At month 11, £48.8m of savings delivered against £46.8m.
- Year end is being finalised by next week and Phil fully expects to deliver this with a quarterly bulletin for staff to highlight these.
- Full plan to Board was signed off on 19<sup>th</sup> March and shared at a number of meetings and with staff. £41.9m savings with £38.9 through the QIA process.
- Finalising the QIA report which will come through in May to this group.
- Workforce savings of £9.5m by reducing reliance on agency staff, corridor care, non-standard bed areas and workforce through agency planning.
- View of year 2 and 3 with £40m of transformational savings.
- On 20<sup>th</sup> March joined with 3 IJBs to meet bimonthly to see pan Grampian opportunities.
- £150,000 from Scottish Government to be looked at with KPMG on opportunities across the system looking at programme structure with much more detail and focus in May on engagement with teams.

Jamie raised the issue of non-compliance in the Health Care Scotland Act with financing laxing slightly and queried if we may be more compliant heading towards this and where other areas sat. Philip replied that there was a reasonable level of assurance that the Health Care Scotland Act was not a financial challenge but wider capacity within the system was a restraint. All boards were finding their feet and strong feedback from HIS who were reassured in the way we have approached this as exemplar in Scotland with rigor applied to the assurance level we have. Staff governance were a little

hard on themselves with approach taken a bit harsh. NHSG are incredibly good at the Health Care Staffing Act and robust with the level of assurance not increasing and should not be concerned about but to focus on actions we can take with capacity in the system. Melanie added that the Health Care Staffing Act was due at end of the month and unable to see comparison with others as this is a subjective process. Lynn acknowledged Jamie's point and the challenge to progress rolling out infrastructure for safe care which was really difficult to evidence where we are with the Act with good practice but hard to pin down with supporting infrastructure. Jane was worried around nursing going forward when there is a drop in nursing students as a reflection on this. Comments and feedback from staff stated they were pleased about transforming services but not happy on changes impacting on them e.g. areas closing, staff moving in order to save money, etc. Staff come to work for psychological safe space and environment and some were being told to work with 10 nurses to a desk and cupboard space being used, etc Staff are not feeling appreciated or being listened to with the impacts of changes that are happening. Laura updated that she had recorded a session of "Ask Laura" with questions earlier this week and was committed to looking into support on this as this has had an impact and would look at individual cases.

Sandy reflected on Jane's point around moves and trying to get a balance in Grampian and Aberdeenshire. There are too many building that cost too much and are underutilised. Phil agreed that staff should have a safe and healthy place to work which was a high priority included in the KPMG report. Laura agreed with Jane's point and encouraged any cases to come forward to resolve these on a case-by-case basis. Jason highlighted that the staff welfare work was ongoing and that this provision is considered as a wide range of issues as rationalising harder to be part of the design process. To connect in with this rationalisation ongoing work to understand space and how this is used for all. Local leadership engagement was required on this. Jane agreed and had spoken to staff in AMIA last week who described having to change in the unisex toilets on an ongoing basis which is unacceptable. Jamie added that there was clear guidance on male and female in the law and it was not acceptable to be changing in unisex toilets. Philip reported that the Culture Programme Board were undertaking an audit of facilities and it was helpful to prioritise where to start on this. Significant changes were being made in one area already as a result of concerns raised and will take the feedback onboard raised against AMIA to be scheduled next in audits. It would be helpful for feedback to be sent to Stuart Humphreys. Jane added that this was not an equality issue but an IPCC issue in light of norovirus which is linked and

suggested that someone has a quick walkabout around the green and pink zone to talk to staff, to get a clear oversight of issues. Staff would feel valued if this is carried out. Jamie advised that at the annual workplace inspections that reps link in with Philip on this issue. Laura advised that Stuart Humphreys would lead on both of these aspects as an action and to look at the Estate Rationalisation Group on membership, correct representation and concerns received by Laura are locked into this group. Lynn agreed in relation to rationalisation work, if any further professional support was required, she was happy to support this.

Steven acknowledged and thanked Phil for the work done around this as the level of savings found was amazingly high but questioned when GAPF would have sight of savings progress proposed which may have a workforce component and what the timescale would be on this. Phil replied that this will be brought back in May and the QIA report with a detailed programme and narrative for each of those and the impacts in reduction in WTE.

- b. February and March Staff Governance Report – Diane Annand presented on behalf of Joyce Duncan, Chair of Staff Governance Committee. The 18<sup>th</sup> February meeting received assurance from Public Health for compliance with the Staff Governance Standard. The Committee received reports from the subgroups that report to the Committee namely – Culture Programme Board; Agenda for Change Pay Reform; Health and Safety – these will be received at every meeting with the last subgroup of Whistleblowing, every 2<sup>nd</sup> meeting with the next report due at the April meeting. The remainder of the meeting covered receiving updates on the strategic risk of Deteriorating Workforce Engagement, NHS Grampian as an anchor organisation from an employability aspect and Whistleblowing quarterly report.

The 5<sup>th</sup> March meeting was devoted to the Committee's responsibilities to The Health and Care Staffing (Scotland) Act in relation to the Quarter 2 internal report and the Annual Report.

- c. Pay and Conditions of Service for Executive and Senior Management Circular – Diane reported that this circular was for information and was the second and last that concludes changes to pay for the Executive and Senior Manager cohort for 2025/26 effective from 1<sup>st</sup> April 2025. The cost-of-living circular was shared with GAPF at the December 2025 meeting. The circular outlines the percentage increases for each of the performance ratings. For all in the cohort the relevant increase, according to their performance rating, was applied to salaries in March pay along with arrears of pay.

5	<p><b>Involved in Decisions</b></p> <p>a. Distribution of GAPF Agenda Papers – Steven Lindsay raised this item which was around a previous request submitted from RCN to Staff Side to consider expansion of membership for full time officials with a reported outcome in January. Access to papers has become challenging for those that do not have an NHS email address. GAPF are not the only organisation where papers are on Teams Channels which are required to be shared with colleagues outside NHSG which need to comply with information governance. This item was being raised so management colleagues were aware that these will be shared with a wider audience. This will allow Staff Side members to be better supported by those they represent. Jane replied that this was welcome news as nursing is the largest workforces across NHSG, not just a Trade Union but a professional body. Inclusion of papers will also be beneficial to others. Laura supported this and there were no further comments raised.</p>	
6	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>Non-Pay Elements of Agenda for Change Pay Award as follows:</p> <p>i. Overall Group – Philip Shipman updated that the AfC Programme Board had been focused on RWW which has now been put in place.</p> <p>ii. Systems Group Update – Philip asked for a huge shout out to everyone involved, particularly the HR Service Centre colleagues with the work that had been carried out. The AfC Programme Board had no problems with the system. A huge thanks to Faye and team for guiding everyone on this.</p> <p>iii. Reduced working week – Faye Dale reported that 96% of rosters had been submitted of the 1,097 on the list. There was awareness of the large majority outstanding and reconciled as redundant or incorporated in other submission. 2 rosters have been chased for follow up for submission with full time staff on these. The reduction has happened on rosters but following through this has happened in reality for staff. 98% of rosters submitted and improved have been notified and the remaining outstanding were waiting for resolution in relation to submissions made with Executive Directors having reports listing these or closed out. There was a focus on going forward and mindful that 1<sup>st</sup> April has happened but the full impact of implementation as before, still may take a bit of time to work through and resolve. Areas that come out beyond implementation date, require to be supported and are assured this would be a very small number if this was the case. Backfill</p>	

applications are being supported with tracking of recruitment of 334 whole time equivalent (wte) reduction in workforce but not sure all were being backfilled and required to be tracked. Reporting monthly is being looked at on advertised and successfully recruited too and whether there are other issues for workforce availability. To navigate that reduction for workforce actually happened using additional hours, is a focus of the subgroup to report into the Programme Board. Martin McKay thought Faye had provided assurance on continued implementation of this as still getting reports from members that there are inconsistencies as accruing TOIL. Faye added that the group have agreed to continue for the next 6 months to keep an eye on issues.

- iv. Protected Learning Time – Jason Nicol reported that there are 3 elements of the DL, 2 are profession specific. Core modules have started in March once current modules have expired and the new Counter Fraud Module to be completed by end September. There was a desire from subject matter experts to add local information and whether a requirement for NHSG to be compliant. On a national basis, these would be marked as compliant as a provision in the DL but local boards to decide if required above and beyond. This will be proposed at the AFC Programme Board. Profession specific requirements are being looked at for all staff and whether there is a wish to continue or to be targeted. The annual refresher IPPC is 3 yearly on a national basis but locally the recommendation taken may be to refresh on a more frequent basis which will be considered and escalated to the AFC Programme Board for a decision.

Jane highlighted that service pressures is a consideration around this and every member of workforce should have BLS for example, with basic skills. Jason replied that there was a balance required and Chris Hemming, Associate Medical Director had flagged up preparations for strike action with big gaps in BLS for medical staff which was being looked at through profession specific. All staff require to do BLS when they join and being looked into whether this should be refreshed. Capacity and demand pressures are being considered.

- v. Agenda for Change Band 5/6 Nursing Review – Jenny Gibb updated from the meeting held on 2<sup>nd</sup> April:
- Hits on the national portal at 1,160 pulled through.
  - 601 submitted and 159 completed.
  - 137 approved for Band 6 and 22 at Band 5 with appeals on these.
  - From the 159, an additional 17 will go to the consistency panel.

- Process continuing with matching panels and moved to batching panels at the same time. Hoping to get 15 per batch to improve figures going forward.
- There was ongoing work regarding the advice being given to senior charge nurse and team leads when there was a vacated post from someone who has been up banded to a 6.
- Some areas are concerned around workforce models and what this will look like with no end date to this but potential for when this happens as money will come to an end and what the skill mix will look like. There was a bit of work to look at how this can be supported and identify those Band 5 nurses that have not applied and find out why with anecdotal evidence but possibly a survey to be carried out.
- To continue with in person awareness sessions in the main being well received and more Partnership support around this. There are still some Band 6 negativity about the programme and reasons for this to support everyone is part of the discussions.

Jane added that she was around the Band 6 information at some of the sessions and some were being told not to bother applying as there was no money for this. Partnership have asked to be included as it was important to be on the steering group. RCN launched a campaign to ensure everyone has awareness and skill set if a job significantly has changed, all are entitled to a job review. Steven reflected on Band 6 colleagues as the message needs to be clearly and consistently made. This was not a new concept as this has happened previously with Band 2/3 review and Health Visitors regraded to Band 7. There was a concern if staff are being told or dissuaded and discouraged from regrading. Melanie had received an email similar to those reported and Steven from one of Jane's officer colleagues in RCN which will be looked into further. The regrading process was open to all staff. Partnership input to these sessions has been there up until now but the range of dates has come to an end, but all will be invited to participate and attend in the future. Melanie reinforced the message if anyone has specific instances, to raise in confidence to herself. Any additional communication for Partnership working to be actioned as joint communications from management and Staff Side colleagues. Jane added that RCN welcomes the comments from Steven and Melanie.

Martin thought the impact on Band 6 staff shows the failure of real structural workforce planning and improvement since implementation for AfC. National Staff Side organisations have had to take this route to build working and life improvements. This is an unfortunate output from failure of governments to take forward in a meaningful way over the years. There are areas of workforce still to be addressed in terms of admin, for

	<p>example, as there has been no significant review on this. Jenny thanked the discussion on this and reassurance that conversations here were the same as in the group with the same views. This was very well clinically represented from all parts of the organisation and Jenny was happy to approach individual areas as and when required and happy for Jane to bring up at the next meeting. There was a focus on trying to get as many Band 5s to go through the process as possible. Jane added that particularly around the nursing workforce, this should not be ignored as there will be a deficit of 3,500 nurses not coming into the NHS. Something must be done to value nurses and culture to make sure nursing is fit for purpose. Melanie suggested, specifically in terms of communications for Band 5/6, to reach out to Jane and June to have a conversation on this and give some assurance on the seriousness around this. Laura fully supported and the continued Partnership approach. Lynn added that everyone has the right to re-evaluation of their role if this has changed and needs to be continued to be communicated and thought Melanie’s suggestion was good. Laura added that there was a disconnect with communication and a requirement to close the gap.</p> <p>vi. AfC Non Pay Reform Funding – Philip updated that the key element is the reduction in the working week backfill and raising awareness as anticipated level funded by Scottish Government of £13.4m, in terms of backfill funding at the moment, the window has not closed on this if further arrangements are required.</p>	
7	<p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b></p>	
8	<p><b>Appropriately Trained and Developed</b></p> <ul style="list-style-type: none"> <li>• Phase 3 NHS Workforce Policies – Diane listed the policies effective from 9<sup>th</sup> March with an H&amp;S slant: <ul style="list-style-type: none"> <li>○ Adverse Weather</li> <li>○ Alcohol and other Substances</li> <li>○ Control of Substances Hazardous to Health (COSHH)</li> <li>○ Lone Working</li> <li>○ Manual Handling</li> <li>○ Menopause and Menstrual Health</li> <li>○ Smoking and Vaping</li> <li>○ Work-Related Driving</li> <li>○ Work-Related Stress</li> <li>○ Work-Related Violence and Aggression</li> </ul> </li> </ul> <p>The intranet has been updated with these policies, removing previous NHS Grampian policies and a presentation devised</p>	

	<p>outlining the main differences between the Once for Scotland (OfS) policies and previous NHS Grampian policies, with communication of this through the Daily Brief.</p> <p>This is the last main batch of policies from the national programme acknowledging the Equality, Diversity and Inclusion policy and the transitioning guide yet to be issued from phase 2.2. A presentation will be shared with GAPF to raise awareness of all the OfS policies.</p>	
9	<p><b>Any Other Competent Business</b></p> <ul style="list-style-type: none"> <li>• Additional Public Holiday 15<sup>th</sup> June – Philip included a paper on this due to the Football World Cup. T&amp;Cs group have put together a Q&amp;A which was approved by the group. Steven welcomed the work done on the Q&amp;A and the DL was clear. The only issue is this is an extra day’s leave and not an additional Public Holiday. Steven added that there was nothing to update on the Q&amp;A but just for awareness.</li> <li>• Implementing Martyn’s Law – Gavin Payne updated on communication of a piece of work around Terrorism Protection of Premises Act legislation to apply across all public buildings including hospitals. A small work group has been set up to progress this and looking at more than 200 buildings that fall within the scope of this with 800 occupant requirement for enhanced protection and provision for terrorism events. Rolling out programme of work to be completed by April 2027 as advice from Scottish Government. Gavin will review buildings and those in scope and named responsible persons for each building involved in preparation for terrorism response and protection plans by updating guidance on this. This sits well with fire arrangements, and the same procedure will be used. Gavin was supporting a number of projects for physical changes to infrastructures and GAPF will be updated and made aware of this. Gavin replied to Jamie’s comment in the chat to advise that no one was involved in the working group from Partnership and was happy to review this. Jamie asked if security colleagues were around this as a paper had gone to the Chief Executive Team to increase this. Gavin advised that Paul Paton and Richie Guild are part of this group but there was not a specific role from security guards at the moment but will feature in the planning. Evaluating at this stage but operational arrangements will feature and apply not only to large acute premises but most community hospitals.</li> </ul> <p>Jason thought that the nominating officer for fire was a sensible line to use and asked if there would be a specific spend requirement for this and if this will be included. Gavin advised that potential improvements were currently unfunded but on a risk basis which will be raised and ties into the concerns. Martin was aware of the legislation on this and the mention of grading to security levels for public buildings but as</p>	

	<p>a designated base for VIP visitors would there be changes to the front of building with barriers in place at airport, etc. Gavin replied that this had not come up yet but regular VIP visits will have enhanced arrangements to be in place with more functional improvements rather than cosmetic facilitating these and will bring back to the group to consider.</p> <p>Philip highlighted that the extended leadership team were looking at updating Business Continuity Plans and if there was a way of joining the current ones with this, rather than doing something additional but in tandem which may not be possible with the level of detail. Gavin thought this was good point and was conscious of this to dovetail into the business impact assessments and continuity plans for every block as a discreet entity as legislation applies and one or 2 additional actions falling out of these. If an event occurs, action card, etc attached to business continuity planning to sit there.</p> <ul style="list-style-type: none"> <li>Jane raised an issue from RCN asking if there had been a change of procedure as a SOP had not been allowed to come to GAPF instead it had gone to Policies Subgroup. Diane replied that she may be aware of this and that it was in connection with a particular case. Jane advised this was for GAPF awareness. Diane added that a full time RCN officer had been involved with the request. The view had been taken that this was not appropriate to come to GAPF as although a policy related matter, the SOP was specific to an actual team. A reply had been provided in writing regarding this.</li> </ul>	
10	<p><b>Communications messages to the Organisation</b></p> <p>Melanie highlighted that the positive stories shared here today of improvement to be captured and shared. Emma Pettis advised that the World Cup Public holiday will be communicated. Jane added that the Nurse of the Year had 4 Grampian nominees which highlights the good work being done.</p>	
11	<p><b>Date of next meeting</b></p> <p>The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 21st May 2026 will be held on Teams.</p> <p>Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 7th May 2026.</p>	
	Audrey Gordon - <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a>	