Approved

NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 21st May 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 (part)
Faye Dale, HR Manager (part)
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Joyce Duncan, Non-Executive Director
Alison Evison, Chair/Non-Executive Board Member
Jennifer Gibb, Nurse Director (part)
Gemma Hood, SoR
Natalie Jeffery, Business Manager to Head of Service (part)
Jug Johal, Acting Director of Infrastructure & Sustainability
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager Surgical Services (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
Emma Pettis, Deputy Head of Communications
Sandy Reid, Lead People & Organisation, Aberdeen City CHP
Michael Ritchie, Unite
Melanie Saunders, Acting Director of People and Culture
Philip Shipman, Head of People and Change
Kirsten Stewart, RCoP
Karen Watson, Unite (part)

Audrey Gordon, Partnership Support Officer

In attendance:
Item 4a (ii) - Chris Littlejohn, Deputy Director Public Health
Item 4a (iii) - Pamela Milliken, Senior Responsible Officer, Acute Pathways Integration
Item 4c – Shona Campbell, Interim Strategy & Transformation Manager, Aberdeenshire H&SC Partnership
Item 4d – Ann Robertson, Childcare Co-ordinator/Nursery Manager
Item 5 – Angela Troup, Lead OH Nurse Advisor
Scott Middleton, H&S Specialist

	Subject	Action
1	**Welcome and Apologies** Steven Lindsay welcome everyone to the meeting and Jug Johal, Acting Director of Infrastructure & Sustainability on his first attendance at this group. Apologies were received from the following:	

	Geraldine Fraser, Chief Officer, Acute Services Jane Gibson, RCN Stuart Humphreys, Director of Marketing & Corporate Communication Gerry Lawrie, Head of Workforce and Development Jill Matthew, Head of Occupational Health Gavin Payne, General Manager of Facilities and Estates Phil Tydeman, Interim Director of Improvement	
2	**Minute for Approval** Minute of the previous meeting held on 16th April was approved. The Action Tracker was discussed and updated as below: Workforce Commission – Philip Shipman updated that work has been carried out with the Assurance Board and the approach of integrating the planning test area of Dermatology. Gerry Lawrie and Pauline Stokes were now leading on this and should be invited back for progress on test of change areas. Steven concluded that this should be added to the Agenda setting process and closed off. Zero Tolerance Policy – Lynn Morrison had received a reply from Ian Cowe to advise that the completion of the behavioural contract is due around July. There has been a lot of work bringing together the work started in primary care around a similar framework and initial scoping on what was required. Laura Skaife-Knight highlighted that work had been ongoing for half a year and agreed to pick up personally with relevant colleagues around a definitive date on proceeding and launching. PMVA Deep Dive – Ian Cowe was leading on this but there was no end date. Melanie Saunders thought this linked in with item 11 around the wider work around preventing violence and aggression. Action 5, 11 and 12 are cyclable actions being worked on to strengthen governance around violence and aggression and give clarity on reporting rates. Melanie advised she would take as an action for updates to come through this group. Steven thought this was a sensible approach. Steven added that item 24 was a reset of a longer-term action. Melanie, Laura, Jamie Donaldson and Steven to meet to discuss and will provide an update by due by date that had been added as July. GP Walk in Centres – Laura updated that public communication had restarted and Aberdeen City had a phased opening date of 23rd June. Laura suggested that Fiona Mitchellhill is asked to update on this at a future meeting on staffing and workforce. Sandy Reid added phased opening times were still to be confirmed but not able to start 8 hours a day, 7 days a week. Adverts were live and interviews were due to take place. At the	

	Health Village, the Primary Care Team were looking at the ground floor near the cafe to set up exercise bikes, weight machines, etc in the waiting area for those that turn up early. Moving a lot of people around in the Health Village to provide 4 clinical rooms. Additional signage had been added.	
3	**Matters Arising** There were no matters arising.	
4	**Well Informed** a. Organisational Updates: <u>Sub National Arrangements</u> – Laura updated on draft plans which were submitted on time at the end of March to Scottish Government and feedback was awaited. Proposals were included for the next 3 years on unscheduled care, waiting times in Orthopaedics and digital front door. This will be the focus from now and engagement dialled up with staff across NHS to focus on clinical engagement with Partnership, patients and communities. The First Minister had advised that the sub national structure was here to stay and would be the delivery vehicle on priorities including unscheduled care and improving flow and emergency care, waiting times and a focus on public sector. There was a strong focus on the North of Scotland transition plans and governance. Alison Evison and Laura had joined chairs to have an oversight of plans and were in the process of engaging with Jan Gardiner and Caroline Hiscox to talk about transitional plans. Across all sub national workstreams, Executive Directors were linked to all. Laura proposed that at the June or July meeting of this group, to allocate more time on the agenda for a fuller presentation on this and plans around unscheduled care and Orthopaedics. Steven agreed with this as following the announcement made in November, national Staff Side engagement with the new and evolving structure of sub national work and elected chairs of Staff Side and Employee Directors had not been clarified due to the election period. Hopefully by June or July there would be more engagement on this. Martin McKay looked forward to receiving this update but had received information from members of the Grampian Health branch on posts being advertised at a high level and variance of awareness across boards. There was a lack of information reaching teams. Martin had raised issues at this group and agreement that there were concerns for staff and members as part of the North East collaborative. This had been raised at a higher level on ongoing movement without adequate information being distributed to staff which was still a concern for UNISON. Work did not halt during the election period but progressed. Laura thanked Martin for the feedback and was	

	aware of the examples of secondments or fixed term posts that had been advertised recently. Laura had received personal feedback on the lack of visibility of these opportunities and had conversations as they had arisen. Laura will feed back into the East executives and would give some thought on how to communicate more and what can be done on this on the general flow of updating information and progress on workstreams to feedback to relevant forums. Update on Assurance Board – Laura updated that this was meeting 20 of this Board which had been held on Tuesday. The pre and during election period minutes had not been published but will go live and the link shared in due course. Laura continues to meet with the Assurance Board every 2 weeks and challenged whether to relax the frequency of these. Laura was due to meet Stephen Gallagher later this afternoon to discuss moving from 2 weekly to monthly to carry out the work required. The focus of the Assurance Board had expanded over the last few months on unscheduled care performance and improvement work was underway with deep dives and inconsistency at Dr Grays was a strong focus. From an unscheduled care perspective, wider ownership and engagement across the organisation, culture challenges and leadership roles with performance and engagement. Governance was being looked at and work to improve clinical governance. Quarterly updates on leadership and culture work were being overseen by the Culture Programme work and discussion on de-escalation. Finance and financial stability discussions were reducing but others were increasing. Scottish Government colleagues were doing more onsite and in person meetings with a walkabout at ARI emergency pathway and were soon to host a meeting at Dr Grays to get a feel for what is happening and speaking to staff, rather than what was being said. De-escalation was close to being achieved and 2 indicators to be agreed on planned care and unscheduled care to come to the June Public Board and communicated to staff and local community. External partners have been invited to meetings to give perceptions and view. Steven and Mark Burrell also attended periodically where relevant. HIS Inspection Update - June Brown provided an update. On 27th April a 2-day adult acute inspection was carried out in Dr Grays on mental health in Ward 4 and maternity wards. On 29th April, an inspection was announced at Aberdeen Maternity Hospital using maternity standards methodology, resulting in 4 inspections that week. The inspection cycle continued following the visit with a request for items of data with so far 400 individual items which have been sent to HIS to review. There is a 6-week period where HIS can continue to come back for further data and an expectation that a virtual meeting will take place. The whole process takes 16 or 18	

weeks before the final report is issued. A draft factual report will be available at the beginning of July for accuracy checking and an action plan to be developed. Only 2 or 3 actions will be developed, one for adult and mental health inspection and one for maternity at DGH or AMH and another that covers both. June thanked everyone for being supportive and a credit to NHSG which was commented on. Steven thought this was a helpful update and exceptional for the number of visits undertaken by HIS. June was happy to return to update the group when the action plan was agreed.

Organisational Priorities:

i. <u>People, Leadership and Governance</u> – Melanie Saunders updated that iMatter was live on Monday and currently at 25% participation although behind compared to this time last year at 29%. Communication will go out over the course which ends on 8th June. Melanie encouraged all to participate in the survey and drop-in sessions to find out more. Quarterly Pulse Survey was in progress to come back with a proposal on this in July which will run in Q2.

Violence and aggression work was continuing with an update at the H&S Committee meeting next week on tightening up reporting and to ensure that the group have the support they need. Emma Hepburn was returning from a period of secondment to focus on wellbeing, stress risk assessment support for high pressure teams and suicide ideation support. Emma will identify work required and report into the Programme Board.

ii. <u>Prevention</u> – Chris Littlejohn provided some slides and updated on this:

- Priorities for the delivery of 4 elements: deliver a programme of behavioural and lifestyle prevention, early detection and intervention pathways, national population screening and vaccination programme.
- 6 elements to this:
    - Understanding the needs of the population (joint strategic needs assessment) - work is ongoing on standardised reports of joint needs as assessments where there is a planning committee. NHSG is leading work on this and taking forward nationally.
    - System focussed and collaborative (community planning Partnerships, Scotland East plan) - access to modern healthcare and focus on community planning partnerships and Scotland East plan.

- Governance and accountability ("Maturity Matrix" assessments) - health board cited on concept and maturity matrix self-assessment form for each element from 1-5. Proposal to have a full maturity matrix assessment across 6 elements. Colleagues will hear about this and may likely be asked to participate in some self-assessment activity. To pursue against each element through a variety of means. Work will take place to consider where NHSG is on a scale 1-5 on systems focused and collaborative overall score through community planning partnership, external and internal partners, H&SC Partnerships and acute sector.
- Preventing and tackling social determinants (prevention KPIs). Reporting against KPIs and to the Programme Board.
- Focus on primary care and community healthcare (primary care board development). Looking to continue the focus on cardiovascular disease with enhanced service in primary care and prevention including smoking cessation both in hospital and outside, weight management, increasing breast feeding for infant health, screening programme, monitoring vaccinations, and preventing dental decay for school age children.
- Value based health and care (HOPE collaborative) - Luan Grugeon is working on developing this for a system-wide approach to Putting People First, Getting it Right for Everyone (GIRFE) and realistic medicine. Orthopaedics community appointment day is in development. More information available: ppf-year-2-annual-report_final_2026may13.pdf

- Prevention will focus on inequity of those facing the most obstacles in accessing healthcare and services for a variety of reasons and the poorest responding to treatments as opposed to more affluent.
- Prevention work on Emergency Department to understand repeat attendances and where possible to streamline to planned and primary care services and keep emergency for unplanned, urgent emergencies.

Jason Nicol queried the system of Emergency Department users and what extent this work was at, with buy in from a system perspective from partners and capacity. Chris advised that this was driven through

HOPE (Health Opportunities for Everyone) collaboratively putting people first and Luan has excellent cooperation and engagement with those across the system. There is further work to scope out and understand what people are presenting with to categorise multiple repeat attendances which was underway with good engagement.

iii. Planned Care – Pamela Milliken updated:

- Planned care work was underway looking at all areas and in terms of trajectory leading into bids to the Scottish Government to keep on track on cancer 31 days target which has been around 90% with clear plans to restore to 95% as soon as possible.
- 62-day standard referrals sitting at 60% and improvement dependant on surgical capacity and diagnostic working with Scottish Government for additional support on these areas to maintain.
- Positive progress made on new outpatients with significant efforts from all teams and moving in the right direction. However, without sustained capacity, this could reverse.
- Long waits are being looked at over 104, 78 and 52 weeks with encouraging trends. 104 weeks are beginning to plateau and 78 and 52 weeks continuing to fall. There has been increased outpatient activity and sustained effort and collaboration with Scottish Government will be taken in order that no one is waiting over 52 weeks in a system wide effort.
- In patient TTG (Target Treatment Time) is moving in the right direction and if current delivery levels are not maintained, performance will deteriorate. This reinforces the imbalance between demand and capacity, and the importance of sustaining progress.
- 6 Week Position - Diagnostic endoscopy waiting times are down. Colonoscopy has seen a slight increase with 500 patients waiting over 6 weeks. Cystoscopy slightly increased with challenges in neurology pathway supporting Tayside and Highland which adds pressure. Lower and upper Endoscopy are showing improvement. Radiology CT scanning is closely aligned to plan, and MRI and Ultrasounds are progressing well toward target. There have been improvements across multiple areas linked to sustained effort.
- A decision is expected from the Scottish Government on funding request for £93,000 for Q2.
- The Executive Team have published a brief and approved extended sector contracts.

- Elective Care Plan has been submitted to the Chief Executive Team for recurring and non-recurring bids up to £13m to likely focus on cancer, TTG and outpatients.

Laura thanked Pam and confirmation of Q2 non-recurring funding has been agreed and Q3 and 4 were being submitted tomorrow. Laura thanked colleagues for pulling this together. There were challenges with CDU which had no impact on activity but on staff. A letter had been received from Christine McLauglin to the Chief Executive and Chairs on the Sub National East and West group to build on the work in relation to zero 52-week waits which is being taken forward through the sub national arrangements.

iv. Unscheduled Care – Pamela provided an update:

- Week ending 17th May access performance was at 58.57% which was a slight decrease, but ARI has improved from previous months of 50% and 61.1% in Dr Grays.
- Occupancy is still high at 106.5%, a decrease from the week before. ARI non-elective length of stay at 6.1 and 7.5 at Dr Grays which has dropped.
- There is ongoing work to review boarders in ARI, lower than previous months at 65. Acute delayed discharge is at 32, increased from previous week but trying to reduce this. Non-acute delayed discharges did go up but have now come down.
- Ambulances waiting over 60 mins was 241, an increase from 209 and will be closely monitored.
- Improvements in unscheduled care agreed by the Programme Board. Delivery Board to focus on performance management and escalations to make operational improvements.
- Work on discharges before 12.00 is continuing introduced by Rick Strang, ARI Site Director to reduce ambulance times, boarders and non-standard bed spaces. Rick has worked at Dr Grays for a week to review the process and recommend areas of changes.
- De-escalation criteria was being worked on for the Assurance Board around performance in ED and 4 hours standard level of challenge. KPI to be measured for ambulance wait was being confirmed with ambulance services and delayed discharge in acute.
- Unscheduled Care Delivery Board is looking at all improvements and where these are having an impact.
- The 17 USC improvement projects have been reviewed to understand their impact and now

grouped into 3 focussed areas of operational improvements: community and coming into hospital, during stay in hospital and discharge.

- Performance management improvements will have a RAG rating managed through the Oversight Group to provide information for unscheduled care delivery. The Programme Board will take control and action when required.
- The FSD plan will be submitted once all KPIs are agreed and de-escalation criteria to show trajectory of change to be submitted on 8th June. Work was taking place to support on Frailty looking at reprovision of the use of bed base to create more capacity with a paper to the Executive Team on 3rd June.
- Improvement in terms of joint working in integrated flow hub through hospital and discharge.

Jamie commented that ambulance wait times of 37.4% compared with the 4-hour ambulance wait had not been great recently and there was a plan to eradicate corridor care by 1st September which was welcome. The main concern of this was the cost to staff around welfare which was important. Jason added that the organisational priorities to undertake a pulse survey approach would be quarterly as a result to have time to sense check and patterns to be looked at. Steven highlighted that there may be a risk of change fatigue as so much was happening at once and at pace and staff may feel overwhelmed.

Joyce advised that from a staff governance point of view, there was a requirement to have people onboard and being pushed here to make changes which will not work, as basic capacity and money was still an issue. The Scottish Government should be advised that we cannot push staff to make changes which doesn't make a change to the patients unless transformational. There is a risk of overwhelming staff without greater understanding and empathy for what staff are realistically able to manage and we may risk losing them. Laura thought there should be some middle ground on this and there was an element of funding in all of this but not all about beds and money as there are things in our gift to improve. There is a long way to go with efficiencies, improving performance, patient and staff experience. Laura had heard from staff when out and about that they were seeing benefits on corridor care, boarders and having more good days than previously. Lynn agreed that there are some really good initiatives and positives with additional investment from Scottish Government to expand and discharge to

assess. Teams are excited for new ways of working through H&SC partnership in delivery of hospital at home and improvements around front door assessment flow navigation centre was starting to have an impact. Teams were relishing taking forward things which they have been trying to do for years and now picking up pace. Laura added that following the Scottish Government visit to the emergency pathway, they had heard nothing but positivity and staff were engaged. There are real big themes and staff have a lot of ideas for change. Laura agreed to give some thought to this.

i. V&S (including QIA Process) – Sarah Irvine provided a presentation:

- £63.8 m delivered against planned savings of £61.8m.
- 12-week work to better integrate services and keep GAPF members informed.
- 3-year plan to return to financial balance by 29/30 with a strong start in this journey exceeding the financial plan and to build on this.
- The development phase for next year's programme will be launched from early August alongside a communications and engagement plan.

Steven acknowledged that there has been a huge amount of work carried out.

b. Finance Update – Sarah Irvine provided a presentation:

- 25/26 forecast outturn financial improved forecast at £34.7m which was better than agreed at £45m.
- Position improved in Q4 due to:
  - The forecast outturn provided for increased costs linked to system pressures and increased planned care activity which did not materialise.
  - Sustained over-delivery within the V&S Programme.
  - The level of support funding provided to the Integrated Joint Boards reduced from the level included in previous forecasts with improved financial positions reported in all three.
- Monthly operational spend was reducing as the year progresses from savings and managing new costs as they arose.
- During 25/26 there had been a reduction in both the underlying delegated and non-delegated deficit reported.
- External audit process was underway and onsite testing to be presented to the Board in June 2026.
- The Board and Scottish Government to approve 26/27 financial plan and deliver £40m of savings to build on start of current financial year for financial sustainability

	c. Aberdeenshire Staff Governance Report – Shona Campbell/Gemma Hood – A report had been provided for the group. There were no questions arising from this d. Nursery Fees Increase for 2026 – Ann Robertson provided a presentation: • Fees were increasing to ensure these remained financially sustainable. • Rising staffing costs, building maintenance etc were key cost pressures with a national pay uplift of 3.75% which raised nursery staffing costs in 2026. • Reliance on temporary staff has been reduced, whilst ensuring staff to child ratio. • There was an increase of 12.77% to ensure all costs recovered and fees remain competitive and the quality of the nursery environment maintained with safe staffing which was key. • There was demand for the NHS nurseries service provided for staff families with salary sacrifice scheme reductions. Gemma Hood commented that this was competitively priced with longer hours provided. Sarah thought this was a well-presented argument and paper on this. The group agreed with the proposal.	
5	**Involved in Decisions** • Policies for Approval by GAPF: o Staff Immunisation Policy – Angela Troup had provided the updated policy and summary document. There were no questions and the group approved the policy. o Control of Noise at Work – Scott Middleton had provided the updated policy and summary document. There were no questions and the group approved the policy. Jason commented that having the summary document format with the differences in the policy was useful which had been implemented recently.	
6	**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 (incorporating Item ii, iii, iv, v and vi on the agenda) – Philip Shipman had uploaded documents for awareness. A full update on this was being presented to the	

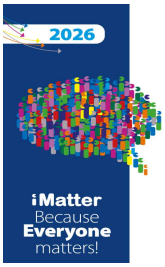
Board in June with summary paper and detail of each element of AfC reform:

- Reduced Working Week overall has been successful to reduce to a 36-hour week which went live on 1st April 2026 for 14,913 staff with a total cost of implementation around £15m including backfill. There was a risk around workforce supply for Band 5 nurses.
- NHSG is the only board who asked employees if RWW had impacted on their wellbeing. There was a plan to distribute a survey in 6 months' time if the reduction had improved for direct comparison with the previous survey.
- Band 5 nursing review was implemented from 1st April 2023. 2,500 nurses are currently employed, 1,160 have accessed the portal and commenced an application (as of 23/03/26) and 617 nurses have currently submitted a completed application (as of 1/05/26). 171 outcomes have progressed to Band 6 and 18 at Band 5 with 4 appeals in progress and 5 successful. Key risks emerging from the review include potential impacts on workforce morale, retention and service sustainability if outcomes are not clearly communicated or where the role differentiation between Band 5 and Band 6 is not well understood. At present there remains no closing date for applications.
- PLT introduced 9 national modules and comments on appropriateness were being fed back. There is a clear interdependency with this work and the emerging Management Fundamentals where PLT planning is a key expectation.

Martin commented on RWW and was pleased to hear there would be a continuation of the Oversight Group to keep track and find solutions to issues. Martin continues to be contacted from members regarding applications. It was important this group continued and it was vital that the survey should be completed. Philip advised that the operational HR team do get concerns, but these were service specific FAQs and service specific support was required. All should be directed to the FAQs for any issues. Kirsten Stewart echoed Martin on the idea of the survey which was welcomed. There were new members who had joined since RWW and not being benefited by some as still working normal hours without being given a choice on how to implement this, working overtime and not being paid which was a concern. Kirsten thought it may be better to have the survey sooner than 6 months. Philip commented that any specific areas should pick up with services or the HR team as there is a need to know and understand the issues in order to support.

Jamie advised that there was a UNISON stall for members in ARI to come along and there were a number in one area that had come forward regarding RWW. Jamie will take up with the

	individual manager and how this has been communicated. Each service needs to carry out differently, but this has not been communicated to some in the correct manner and there was a feeling of being let down. Philip replied that all went out of their way to communicate after the AfC Programme Board update was issued and was unsure how much more could realistically have been done better. Steven thought the general communications were clear and professionally delivered as much as possible but there was still a requirement for every manager in each area to play their part. Jason thought the Band 5/6 review resulted in positive numbers and asked how the outcome turnover and workforce planning in the team, as people leave, would be addressed and whether there was a national steer on this or down to each Board. Jenny Gibb was mindful of this which had been discussed at length. There was nothing in terms of a national steer to support but Jenny was providing information to work with senior charge nurses, team leads to have conversation around workforce planning and to bear this in mind. The processes are iterative when it is thought only one task but when broken down are substantial and a bigger bit of work around job descriptions and workforce planning.	
7	**Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community**	
8	**Appropriately Trained and Developed** Managers' Fundamentals – socialising where we are and next steps Melanie provided an update: The Executive Team have now seen a draft proposal and following discussion with Laura were reflecting on this, including capacity of leadership team to participate and priorities around statutory/mandatory training and appraisals with a decision taken to ensure deliverable. All staff were being actively supported and encouraged to participate in appraisal training and having a meaningful appraisal with conversations. Appraisal rates are not where they should be with 28.1% signed off and 16% in progress which leaves 55/56% of the workforce who have not started or had an appraisal. This requires more focus and continue to encourage leaders to complete these as a priority for the organisation and Executive Team who have a set of collective objectives aligned to strategic priorities e.g. iMatter, completion of statutory/mandatory training and appraisal targets for this year.	

	Jason added that he had attended the Real Time Implementation Group in Ward 104 and was intending to start in Wards 9 and 10 at Woodend and the Stroke Rehabilitation Unit. There are posts to scale up the opportunity to meet 10 wards in this financial year and 20 at the end of the following year. The intention is to impact on markers of activity in ward environment and patient outcomes. Staff experience great practice was being shared with the ward on the team and shared with relevant senior officers and professional leads to celebrate great examples of care, back to values building on the capacity on caring, listening and improving.	
9	**Any Other Competent Business** • iMatter Survey – promoting through Trade Unions/Professional Organisations – Steven updated that as part of the preparation for this, a number of colleagues have added the iMatter corporate background on teams. Jason added the iMatter banner for teams in the chat for all to use.   A request had been made to Staff Side 16 Trade Unions and Professional Organisations to ask them to send out to members to repost or forward on the employer information which had been raised at a Staff Side meeting a month ago. Colleagues in various Trade Unions and Professional Organisations were asked to speak to others in Boards on how this happens in Scotland and what more could be done. There was a video produced by Laura and Steven to come out and Steven queried if there was anything else to support and encourage staff to participate. Melanie replied that in previous organisations, unions have shared available information for staff that don't necessarily log on to the system and was keen for this to happen as this had been successful elsewhere. Steven had discussed with Melanie the iMatter process of engaging and gathering staff experience which was developed in Partnership and under the remit of national committees which were points well made. Martin had participated jointly in Partnership previously in areas where staff don't sit in front of a computer and had provided paper versions for some. UNISON advice was to hear the voice of staff as they need to be heard and have always supported and encouraged this. • Stress in the Workplace – Martin McKay had provided a paper. UNISON decided to take a decision on a Scotland wide stress survey by branch, per board and all were tasked to manage this. There was a combination of online submissions,	

face to face contact and stalls. February was chosen specifically during peak winter and the high level of activity. Figures were unsurprising with an increase in stress and mental health absence days across the whole of NHS and public sector. This was not just at peak times but regularly throughout the year. The main issues were levels reported on lack of support on return from absence which was a concern. The comments section on page 5 asked staff to bring solutions to problems on what could be done to change this and to make this better which was important to gather. The impact of constant change and how to manage this and take forward by taking staff views onboard and voices being heard. Jamie added that when the survey was completed it took time for panels and attendance management groups to be set up and replies to be received. This was detriment to mental health and wellbeing cases as some have taken a couple of years as so complex. Due to the current financial and staffing situation, the inability to set up panels was an issue. Sandy made an observation that the information presented should be triangulated as looks at absence stats for NHSG but the council had made a reduction in sickness absence attendance management and return to work interviews were happening which has helped. Work was being looked at to support return to work and the use of the Attendance Management Policy. Philip commented that a consistent approach is important to address these and one of the organisation's priorities is the approach to stress risk assessments and health from an H&S perspective.

Work was ongoing to prevent violence and aggression and second stress with an agreement to have a similar deep dive as PMVA. This should be taken to the H&S Committee for a total deep dive and to come up with an action plan to help reduce level of stress in the organisation which is a complex ask. Philip suggested that this should be brought into the work already underway on this. There were no surprises in the paper and what we need to do about the H&S remit. Gemma Hood thought it was sad that people were not shocked at the results when people looked at this. There is a bigger issue about the relationship with managers and staff which was not there anymore. This was breaking down and getting worse with the soft skills that people seemed to be losing in recent years. Jason added that this was part of the development for the Managers Fundamentals, managing attendance that Sandy referred to and creating conditions with relationships and 121s.

Melanie outlined earlier key drivers as the initial focus not just statutory/mandatory training but appraisals that creates this space for relationship building in medium term plan and immediate priorities identified. Lynn echoed observations and supported what had been said around processes and policies

	but quality of conversations around this and creating conditions described by Jason to feed into the wider culture work should also happen. Lynn was struck by the narrative in the report as little things, like empathy. Appraisals are one element for AHP (Allied Health Professionals) around ongoing support of supervision model and wellbeing is included in this which builds culture and relationship. Steven added the importance of positive and supportive workplace relationships and most of the OfS (Once for Scotland) policy documents state what to do and hints on how to do but without going into softer skills. Formal processes are used when there is a lost opportunity to deal with things under early resolution or an informal process. Laura agreed that this made sobering reading but there was a requirement to move beyond and this was beginning to be tackled as Philip mentioned. As a priority, the Culture Leadership and Scottish Government have this locked into as KPIs in a co-ordinated way across the organisation. The free text in the survey should be shared more widely as hugely powerful in existing forums but not duplicating and locking into work in the H&S Committee and Culture Board. To be done in a targeted way where sickness absence is high and to spread good practice where this is being done well. This links into Managers Fundamentals and a critical role of the extended leadership team to maximise this forum for coordinated effort and set expectations. The role modelling Melanie mentioned with shared executive objectives and to lead from the front with the right personal objectives and development plans to help with skills and support to have difficult conversations. Laura advised that she would give some thought to this. Martin was the messenger, but this was a whole branch effort and highlights the importance of getting beyond anecdotal evidence with direct face to face engagement and the need to focus on direct release time for Trade Unions to go out and meet staff. The main campaign was a listening campaign and direct concerns, desires and needs from members and staff on the ground was part of this approach with resource to do. • Steven advised that himself and Melanie had received written correspondence from one Trade Union/Professional Organisation lodging a concern and has asked the Policy Sub Group to look at the NHSG Non Disciplinary Procedure and come back to GAPF on the position on this and had advised accordingly. • Steven updated that this would be Philip's last meeting at GAPF and thanked him for all contributions over the years and wished Philip well on secondment.	
10	**Communications messages to the Organisation** • Emma Pettis highlighted the daily brief article today on the CPR kiosk. 1 in 10 people survive cardiac arrest with 80% that happen at home. There is help with skills in the ARI concourse	

	next to Health Point. Jamie added this was being well used yesterday with a huge impact for all.	
11	**Date of next meeting** The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 18th June 2026. Agenda items to be sent to: gram.partnership@nhs.scot by 4th June 2026	
	Audrey Gordon - gram.partnership@nhs.scot	