Approved

NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 18th June 10.00 am to 12.30 pm
Microsoft Teams

Board Meeting
13.08.26
Open Session
Item 21.2.7.2

Present:

Laura Skaife-Knight, Chief Executive, (Chair)
Steven Lindsay, Elected Staff Side/Employee Director (Co-Chair)
June Brown, Executive Nurse Director
Ian Cowe, Head of Health and Safety
Joyce Duncan, Non-Executive Director
Alison Evison, Chair/Non-Executive Board Member (part)
Jennifer Gibb, Nurse Director (part)
Jane Gibson, RCN
Gemma Hood, SoR
Sarah Irvine, Deputy Director of Finance (part)
Natalie Jeffery, Business Manager to Head of Service
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
Pamela Milliken, Senior Responsible Officer - Acute Pathways Integration (part)
Jason Nicol, Head of Wellbeing, Culture and Development
Gavin Payne, General Manager of Facilities and Estate
Michael Ritchie, Unite
Melanie Saunders, Acting Director of People and Culture
Jenny Savage, Deputy Director of People and Culture/Head of People and Change
Helen Smith, Service Support Manager, Aberdeen City
Kirsten Stewart, RCoP
Karen Watson, Unite
Gail Woodcock, Director of Strategy, Transformation and Performance

Audrey Gordon, Partnership Support Officer

In attendance:
Item 5b - Tracey McDonald, HR Hub Manager
Item 5c - Elinor McCann, Interim Head of Domestic and Support Services/Lisa Charles, Manager Facilities Aberdeen City/Elaine McConnachie, Public Health Manager
Item 5d – Keith Grant, Partnership Officer (Co-Chair of GAPF Policies Sub Group)

	Subject	Action
1	**Welcome and Apologies** Apologies were received from the following: Diane Annand, Staff Governance Manager	

	Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON Geraldine Fraser, Chief Officer, Acute Services Jill Matthew, Head of Occupational Health Shantini Paranjothy, Deputy Director Public Health Haroon Parvez, CSP Emma Pettis, Deputy Head of Communications Phil Tydeman, Interim Director of Improvement Alex Stephen, Director of Finance	
2	**Minute for Approval** Minute of the previous meeting held on 21st May was approved. The Action Tracker was discussed and updated as below: Zero Tolerance Policy/Behavioural Contract – Melanie Saunders updated that good progress has been made and pulling together work started and good practice outside healthcare was in the process of being finalised. More input was required as meetings were not well attended to finalise this. What is practically able to be done may not be as straightforward for what is wanted and what can be done in the immediate and aspired for longer term. PMVA – This was now closed and was due to be discussed at the meeting but moved to July meeting. Facilities Release Time – A meeting has been arranged with Melanie, Laura and Steven in June and progress will be advised at the July meeting. GP Walk in Centres – Laura Skaife-Knight updated that this was in connection with community engagement and staffing of workforce. Communication has been issued which included the public. Aberdeen City community sessions are due to take place on 23rd June. Laura asked if it would be helpful for Fiona Mitchellhill to come back to update on this. Steven Lindsay thought it would be good to see workforce implications as Aberdeen City is the first, but no means the last and there may be similar challenges in Aberdeenshire and Moray. A briefing for information would be welcome. Laura agreed to check with Fiona if she can attend the next meeting.	**LSK**
3	**Matters Arising** a. iMatter Update – Melanie advised that iMatter closed at 62% response this year, not the 65% target aspired to but was above 2025 at 59%. Outcomes will be received on 22nd June and a reminder to those involved in action planning to complete by 12 noon on 17th August. More communication will be forthcoming. Laura added that the report for NHSG will be	

	worked through Staff Governance and will come back to the July meeting.	
4	**Well Informed** a. Organisational Updates: <u>Sub National Arrangements</u> – Laura updated that post-election, the First Minister and Cabinet Secretary have reaffirmed the commitment for arrangements. Plans were submitted at the end of March. All boards had received a letter from Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive, NHS Scotland, setting out the ask to focus on further reducing the 52-week waiting at sub national level. The East plan was submitted to Scottish Government for funding around £50m of £90m nationally, with a bid for over £9m from NHSG. Staff Side, Partnership and clinical engagement was still required as well as staff and public engagements. There was a strategy in place being worked through by the Executive Group and Sub National Planning Delivery Committees. The next meeting is due to take place on 30th June with focus and attention on the transition plan from a North of Scotland perspective coming through to the Executive Group. East and West were due to come through in the next couple of weeks to ensure safe transition plans in place. There was uncertainty for the existing North of Scotland team and Nicky Connor, Chief Executive of NHS Tayside continues to meet the team with a meeting held yesterday to update colleagues and answer questions. Jenny Savage had attended a meeting earlier this week on key discussion for OD support going out sub nationally and advised that proposals are to be put forward by the end of the week, recognising the likely timescale for the first of these workshops will extend into the summer. This is to ensure executive teams and those involved in regional planning across all health boards, feel psychologically safe and have clarity on objectives. Martin McKay had raised concerns of the North East team which Laura was aware of. The issues of certainty remain, and Martin thought it would be a supportive move if Partnership colleagues and Staff Side were made aware when changes were going to happen to have discussion and involvement with members of staff. This is a national programme, and local issues should be highlighted with priority to be involved at an early stage to support staff. Laura agreed this would be helpful to share with Staff Side colleagues and before every session, there is a list of questions for Laura and Nicky which may be helpful to share along with high level transition papers and agreed to send on to Martin. At the last GAPF there was discussion on ring fencing posts for North East Scotland which had not been seen which came up at the meeting yesterday and a particular post was being looked into. Steven	

Lindsay mentioned that it was encouraging conversations were taking place and national Staff Side engagement.

Update on Assurance Board – Laura advised that minutes were now online post-election period. These meetings take place every 2 weeks but for June and July, one per month with a view at the end of July on the frequency thereafter. Focus continued on unscheduled care performance improvement programme, Dr Gray's work and bed reconfiguration. There was clinical governance work to strengthen this including recent work asked from Health Care Improvement Scotland (HIS) to support clinical governance and Clinical Safety Improvement Board outputs from recent seminars in terms of improvement and support from other boards. De-escalation criteria was approved on 2nd June at the Assurance Board with culture and leadership on the agenda on a quarterly cycle and substantive recruitment. De-escalation criteria was presented at the NHSG Board meeting last week which was agreed. Unscheduled and planned care was agreed nationally and locked down and it was agreed progress updates and reports to be provided at each Public Board meeting. The Assurance Board is a blend of hybrid and in person meetings. Colleagues from Scottish Government have carried out a walkabout in ARI and emergency pathways to connect with colleagues and staff. The August and September Assurance Board will take place in Dr Gray's and will include a similar walkabout. Some external partners have attended e.g. HIS Chief Executive and Scottish Ambulance Service (SAS) Chief Executive due to attend at the end of June.

Organisational Priorities:

i. Planned Care – Pamela Milliken updated. Main points:

- All bids submitted for funding via the East of Scotland. Feedback received that no capital bids, nor recurring bids, will be supported. All non-recurring bids are being supported for funding via the EoS for OP and TTG. Awaiting national feedback and clarity on the process for diagnostics and cancer.
- 31-day target has been around 90% for cancer but clear plans in place to restore performance back up to 95% and above as quickly as possible. Urology is the most challenged.
- 62-day standard on cancer which covers urgent referrals to first treatment was sitting around 60% but performance has been reducing and is predicted to further reduce without increasing surgical capacity, diagnostic capacity, and overall treatment capacity. Breast, colorectal, melanoma and urology are the most challenged.
- Positive progress on new outpatients across teams and overall trajectory is moving in the right direction.

- Long waits over 104, 78 and 52 weeks were seeing encouraging trends. 104 weeks had plateaued and 78 and 52 weeks were continuing to fall with increased outpatient activity not waiting over 52 weeks with a sustained effort. Key specialties with longer waits: dermatology, neurology, T&O and general surgery. Waiting lists are actively managed and reviewed regularly.
- Diagnostics for endoscopy brought down significantly and dependant on additional capacity. Colonoscopy continuing to fall although around 500 patients are still waiting over 6 weeks. Cystoscopy continued slight increase, with challenges in the urology pathway. Lower and upper endoscopy are both showing improvement.
- CT scanning is closely aligned with plan. MRI is progressing well toward target. Ultrasound is also tracking positively. Barium studies show some variability due to small numbers.
- Continuing to see improvement across multiple areas with sustained effort and increased capacity and waiting to hear about funding to retain momentum and improve patient outcomes.

<u>Unscheduled Care</u>

- Overall for w/e 14th June 4-hour access performance was 58.1%, stable from previous week with an improvement for ARI to 46.0% and continued good performance of 68.0% in Dr Gray's. ED attendances have been higher in ARI since week ending 27th April (around 10%) with the % admitted staying stable. Boarders within ARI were slightly higher at 80.
- Delayed discharge was 35 in acute increased from 30 with non-acute discharge at 112, an increase from the previous week from 107. SAS waiting over 60 mins at 196.
- Ambulance handover within 2 hours at AMIA improved but disrupted on an individual day on 10th June. To maintain receiving space moving to wards quickly within 1 hour as a timely handover.
- ARI ED challenges with 18 a day waiting more than 2 hours but improved at Dr Gray's.
- Discharge to Assess continues to support people to remain at home, with strong governance in place through regular meetings with the Red Cross. Around 1,500 care hours are now being delivered. Hospital at Home is progressing expansion work with Acute and Aberdeenshire, with key posts appointed and induction underway. Work is also ongoing to review the model in light of reduced funding and to identify digital support to sustain expansion. Weekly meetings are improving flow from specialist rehab, and there is continued focus on developing community-based models.

- Aberdeenshire is making steady progress across USC and DWD. Front door frailty is helping to avoid admissions and reduce pressure on acute services. DWD is now embedded as business as usual, with improved governance and multidisciplinary working supporting discharge flow, delayed discharge performance, and length of stay reduction.
- Moray discharge to assess from acute with 53 new patients in April, 42 in May and 1,052 visits delivered. Multi disciplinary team continues across social work, mental health, volunteers and pharmacy.
- USC Board will take place on 22nd June with the first formal meeting of the refreshed board on 29th June with clearer leadership for this and to drive the pace of change.
- High level KPIs agreed and new governance structure will tighten operational accountability through delivery groups. There will be three USC Delivery Groups, each co-chaired by an Acute DGM and an HSCP Operational Lead: Reducing Admissions, Reducing Length of Stay and Reducing Delays

ii. Clinical Quality and Safety – June Brown updated on this work at the board meeting including an update on HIS diagnostic review in Dr Gray's as well as other areas in the acute sector. An 8-week period external review will run, and HIS will be onsite next week. HIS have spent 3 days, 2 in Dr Gray's and one in ARI looking at care and pathways. A draft report will be available around 24th July and finalised in August with any work required taken to the improvement board. The Improvement Board were finalising terms of reference and final discussions with the next meeting due to be held on 8th July. Model and work on mapping support was being finalised and the state of play in terms of clinical governance and improvement work was being pulled together for surgical HDU and acute sector activity on clinical governance structure to support work of the board. The work of other boards was being looked at in Forth Valley and Tayside beginning of July to learn from and link with the Culture Programme Board with Melanie supporting. A paper was presented to NHSG Board on 11th June asking for approval that clinic quality and safety was added as another priority in 26/27 and for all priorities to fully encompass these. Steven highlighted from the NHS Board meeting clinical quality and safety was important but continued to express the view that there is a requirement to be really clear where the overlaps are and potential gaps for clinical and the wider health and safety as this pertains to staff. June added that this was part of the mapping process and linkage to other work as clinical does not sit by itself and gaps being looked into.

iii. People, Leadership and Governance – Melanie updated the Culture Programme Board had taken place last week and updates were currently progressing through to the next Staff

Governance meeting. It has been agreed after reflection on this, that the priorities of the fundamentals work should be paused for the time being and communication has been sent out to the senior leadership team. The rationale around this is to ensure not overloading management actions for this year, as improving appraisals and statutory/mandatory training. Fundamental work is there but needs refinement without rushing this.

Pulse surveys commission was out and running to commence on time and underway to manage internally or externally, as similar to imatter, with more to come at end of Q2 scheduled. The next area was support for high pressure teams and organisation support to risk assessment with expertise from a previous NHS employee looking at commissions and engaging with staff and colleagues in prevention and H&S to start in Q2.

Melanie had taken onboard the feedback from Martin on stress from the last meeting and Martin confirmed he had received an email from a member of the WCD team. Real time feedback was going well with 10 wards in this financial year and 3 carried out so far. The team will provide detail on this for a future GAPF meeting.

An update from the Scottish Government on the Supreme Court judgement definition of a woman around the code of practice has been laid before parliament with a 40-day period which started on 25th May. A letter has been received and now in the process of reviewing recommendations through the Executive Team, Staff Governance and GAPF in due course. Any guidance will be linked into the work already started.

iv. Prevention – Laura highlighted high attendance at the successful community appointment day last week on cardiovascular disease at Stonehaven. Work was underway in supporting the population health organisation maturity index agreed nationally for all boards to use and base line assessment work, with support from partners aligned to strategic objectives and priorities. Alison Evison added that the innovative community appointment day was organised by 4 local GP surgeries rather than NHSG and it would be worth looking at this in the future for wider areas. Feedback from the local community was that people were engaged and appreciated this. It was well attended with greater update from market stalls as in the field with more drop ins likely to happen which was important to bear in mind going forward. Laura thanked Alison for attending last week. Kirsten Stewart commented that this was used in podiatry and has had a big impact with longer waiting list times and agreed that these were working brilliantly. Jason Nicol reflected on what Kirsten had

	said and was interested through the lense of staff experience which was important around this. Kirsten added that staff had praised these although she had not attended personally. Laura thought this was good to hear. Lynn Morrison wholly supported this and all AHPs were engaged with feedback from staff as part of the evaluation of good ongoing work with orthopaedic colleagues, looking at a model from more secondary than primary care for knee surgery and at different pathways to impact demand. Joyce reiterated as it was the first time staff commented that they had enjoyed and had a good feeling about these which was really heartening for both staff and patients. v. V&S – Sarah Irvine reported that the focus was on continuing to track savings entering delivery of the 26/27 plan. £7.4m delivered to date but May position slightly behind with slippage in some areas and RWW having an impact on savings schemes. Assurance inherent risk around value & sustainability plan is aimed to deliver £40m over the £36m deficit. Complete delivery will be above £40m and continuing to find additional savings to mitigate the risk. All executive leads are due to provide an update at the July Value and Sustainability Programme Board. The 27/28 plan is due by December as part of the de-escalation process, with a 20-week development plan launching in August. Integrated impact assessment to be completed for all schemes. b. Finance Update – Sarah reported for May, a £9m deficit detailed forecast on outrun, £36m deficit in line with the financial plan is finely balanced and there is a requirement to ensure there are continued efforts. Limited flexibility in the plan to absorb new cost pressures and new developments. c. April Staff Governance Report – Joyce Duncan advised that the paper had been added for the group. Divisions were now being challenged, looking at impact and improvement rather than activity and to come back with answers to questions posed. There were no further comments on this.	
5	**Involved in Decisions** a. Providing Financially Sustainable Non-Patient Catering – Gavin Payne advised on the paper for the group on the orange zone cafe decision which was made last year to provide only as a vending cafe. Staff have been engaged in the ongoing organisational change, but this was on pause until vending solutions were progressed for hot meals. There are 2 other retail issues at Royal Cornhill and Dr Gray's which are being handled by the Value and Sustainability Group including consultations on options. Both have alternative but restricting times and offer which will have a potential impact on staff who	

	are going through consultation on this. These are attempts to address the £300,000 trading deficit in retail operation as a drain on NHSG and are outwith the Director Letter to prescribe no deficit on retail activities. There is work on optimising ordering and use of provisions delivered to wards for patient catering. Laura thanked Gavin for setting out the position so clearly. Martin was concerned when there is a reduction in outlets for staff as this has happened many times in terms of finance and understood the challenges catering had with budget. Martin asked if consultations for Cornhill and other outlets had started which Gavin believed so as value and sustainability colleagues were taking this forward. Martin had not been aware of the consultation of the orange zone. Gavin advised that this was an operational decision as alternative options were available but limited in Cornhill and Dr Gray's and treated differently. Martin highlighted that if there was consultation and organisation change process, unintentional consequences should be taken into account as there has been issues in the past with decisions made on closures and staff having limited access to get hot meals due to break times and distance to get this which was a significant issue for staff. Martin added that this was a staff wellbeing issue and the area provided in the east end of ARI resulting in staff travelling further, was a real concern for UNISON. Jane Gibson agreed with Martin from an RCN perspective and concerns around welfare of members and time restriction in obtaining food. There is a disconnect between staff welfare and financial impact under staff governance to be treated fairly and consistently. Some staff have access and others don't due to working in a specific area and Jane queried the message this sends out to staff. Accessibility and overall message affected mainly clinical staff in areas and the orange zone with set times for breaks and lunch. Access to welfare facilities comes under H&S law which needs to be considered. Gavin advised that welfare aspects of retail provision were treated sensitively and for that reason this was being maintained as a rest area with food vending solution and trying to find the right balance and reducing the deficit. Jane highlighted that if there had been a consultation first, staff perspective could have been realised as they may have a rest area already but require access to appropriate healthy food and drink and not just fizzy drinks and crisps in a vending machine. Elinor McCann added the amount of people buying in the orange zone needed to be considered but most were bringing their own lunch and eating there. The Rotunda is being looked at to offer soup and sandwich. The number of staff coming in for hot foot had dwindled and this was to reduce costs although there would still be a deficit as unable to charge high	

	street prices. This area will be accessible 24/7 with microwaves to heat up food and an option to purchase food e.g. sandwiches etc from vending machines as well as looking at other options. Jason connected this and the staff welfare provision work in MUSC for suitable places for breaks and feedback had come back from questionnaires on the distance to get to the nearest facility and not sustainability. Communal space and local teams to think about spaces locally as a key part of the Staff Welfare Commission reporting to the Programme Culture Board which was underway. Jane commented that the context provided by Elinor was helpful, but it was important to have consultation with staff before starting a process. Steven thanked Gavin for attending with papers and the context provided around this from Elinor. Steven agreed with the position as described by Martin and Jane and from Staff Side meetings that had taken place following the initial message which appeared in the Daily Brief on the Monday following GAPF last month. Comments have come in from members of Trade Unions/Professional Organisations of those impacted by proposed removal of catering provisions in the orange zone cafe. Steven had discussed with Mark Burrell (Chair of Area Clinical Forum) who was previously Head of Service in the Dental Hospital before joining the board. There was a similar set of circumstances 2 summers ago to replace non patient retail catering provisions in the Dental School cafe with vending machines. Steven had asked Mark for his perspective and the situation now in the Dental School but there has been no significant progress on this. There were concerns on the operational position made around this and as the Partnership rep on the Value and Sustainability Programme Board, Steven highlighted that one paper was looked at last month on the output from the Quality Impact Assessment Panel which had been developed. Steven, June Brown, Shantini Paranjothy and Hugh Bishop had looked at this as a panel to review savings proposals and was heartened that Gavin had not only included the orange zone but also Cornhill and Dr Gray's cafe. When presented in January, Steven made related points of organisation change on catering staff and what engagement there was in the wider system and staff groups on those sites. For February GAPF, Steven questioned Phil Tydeman and Gavin on whether this could come to the GAPF meeting but this was not ready. Months have now passed and Gavin had shared a paper on the morning of last month's GAPF meeting. Steven was more than surprised and continued to agree disagreeably. The Acute Sector Partnership Forum in Dr Gray's and Cornhill need to be engaged with, as well as Mental Health and Partnership Forum, before decisions are made. There was now an issue with vending machines and there would be no	

change until engagement had taken place. Steven was not supportive of the proposal, and more time was required to look at this.

Laura had shared her views on this and thanked Gavin and Elinor for the context. Staff health and wellbeing is a top priority and Laura had personally received several complaints around this from clinical staff. A step had been missed in terms of consultation and engagement. This was now in a period of pause and to take the opportunity to restock and rethink engagement with staff and listen to this in a meaningful way, involving Staff Side, Gavin and team to sense check in making the right decisions. Steven and other colleagues' comments were well made, and it would be remiss to charge on. Gavin was happy to accept this and had been sensitive to staff welfare and finding the right balance. The decision was made with the previous director, and Gavin was responsible for executing this but was happy to do additional steps requested. Laura agreed to listen to staff and regroup to engage with a number of colleagues. Steven thanked all for coming together on this and hoped this was worked out in Partnership.

b. Revised Job Evaluation Process in Grampian – Tracey McDonald, Hub HR Manager and Job Evaluation lead had provided a number of documents for the group and key changes on this. Karen Watson was also in attendance as the Staff Side lead. Main points:

- A Short Live Working Group was set up in summer 2025 by Philip Shipman to align with the national framework, policy and governance issues.
- In autumn 2025 there was full engagement including 2 Staff Side representatives, 2 management and 2 job evaluation leads as Karen and Tracey.
- STAC (Scottish Terms and Conditions) job evaluation short term actions were outlined in a letter on an agreed revised process and ensured fully aligned with national framework which will be hosted on the job evaluation SharePoint site if agreed.
- Key changes are terminology which have been updated to reflect the national framework and handbook. Jobs submitted for regraded now referred to as job change, job description template updated from NHSG to national one with an additional template for guidance on completion of the national template.
- Role of analyst trained matcher Staff Side or management to write job description has now been removed. The responsibility of the job description now solely sits with the manager and employee of changed job.
- Request for job change is authorised by the line manager and not declined on financial grounds but to be

accommodated through existing budgets with appropriate discussions. The line manager remains as the authoriser.

- Job description quality assurance check carried out in partnership and will include necessary contextual changes which was previously carried out by one analyst, now a partnership approach.
- If the job description is not fit, this will be returned with quality check and clear instructions for this to be submitted, supported by a list aligned to the national handbook.
- The appeal process is largely unchanged, streamlined from 3 to 2 documents.
- Q&A guidance has been revised to update and include new process.
- The next steps are to brief matchers with no requirement of retraining as all trained nationally and work with corporate communications.

Jason queried the financial drivers as a reason to decline and that a manager is required to ensure funding available for regrade on how to fund this successfully and take forward. Tracey highlighted that a member of staff undertaking any role should be paid correctly and should discuss with the manager which shouldn't come as a shock for mangers who should be aware. There is no budget injection for regraded or up banding.

Jane remarked that RCN welcomed all the work carried out and thanked Tracey and team for producing. There was a concern around finance being discussed and advised that on the Q&A Document, Question 31 was best placed at Question 36. Jane reiterated if someone was working at a level, they require to be paid at that level as the Band 5 review had demonstrated and finance should not be the driver. Steven gave his thanks and acknowledgement to the team as previously on the consistency panel and a significant amount of work had gone into this, working in accordance with nationally agreed. Steven looked forward to hearing the outcomes of the quarterly and compliance checks. Lynn was supportive of this comprehensive piece of work and welcomed guidance for managers. The group agreed and Laura thanked everyone for the work on this.

c. Domestic Staff Listening Exercises – Elinor McCann/Lisa Charles/Elaine McConnachie/ - a presentation had been provided on Experience of Engaging with Domestic Teams across NHSG and other papers for the group. Main points:

- The background on this was anchors work, recruitment and retention as this staff group has higher absence rates and putting people first.

- 5 workshops were hosted with Domestic Assistants and Supervisors during the day and evening, facilitated by Employability and Public Health colleagues
- Comments from staff: spoke positively on challenges and what could be done better; took pride in work; a secure job with peer support and part of the team; balancing work life commitments highly valued; recruitment difficulties as a lengthy process and online made which makes it difficult for hiring; difficulty accessing IT during work hours hindered statutory/mandatory training; appraisal and iMatter system not meaningful change; and not always felt valued.
- Actions underway: Elinor updated that there was more accessible recruitment in partnership with Aberdeen foyer. Lisa Charles added that 10 disadvantaged young adults have secured jobs from this and working well with 2 sessions a year. Staff interview skills and workshops had been set up to provide key tips for successful interviews.
- Recommendations: A facilities and estates day has taken place to recognise good work; to raise profile on domestics and how they are required for the functioning of a hospital; and promoting ways to value and celebrate support staff. This was now being pushed out to other teams e.g. Catering Department.

Laura thanked everyone for the excellent piece of work, listening to staff feedback and acting on this. Martin agreed this was great information but had been unaware of this work and in terms of representation whether Staff Side had been involved. Lisa and Elaine were not aware if Staff Side had been included. Martin added that all engagement was important and it would have been a great benefit if Staff Side had been involved and queried where this had come from. Gavin replied that this was part of the 6 strategies for Facilities and Estates on cultural development and engaged with wider Facilities Partnership Group to develop culture and support structures for sector staff. Martin was disappointed from a Staff Side perspective and aware after the work had been carried out as this was not a good way to work collaboratively which should be kept in mind. Laura agreed that this was a point well made.

Melanie thanked everyone for the proactive work in culture space, putting listening into action and supported that Staff Side colleagues should be involved. Melanie was interested on how to share this across the organisation. Jug Johal added that there was a need to build on this and moving forward will engage Staff Side in further work in this area. Jug had faced recruitment challenges down south which were too clunky and difficult to navigate. The recruitment process was taken out to the community and actioned on the day which made a huge difference and may be something that could be done here.

Cameron Matthew echoed what had been said about the domestic and facilities service as the hospital would not run without them and referred to the bed busting team who sort out patients from ambulance to bed in the middle of the night. There was an opportunity to do better next time from Martin's point of view on Partnership colleagues.

Jason commented that real time feedback work from patients' experience included qualitive in cleanliness in areas and naming those in areas which has been fed back to nurses, medics and domestics to raise the profile of the breadth of the workforce. Jason would look out for opportunities of good stories in order to highlight. Steven thought this was a great piece of work not withstanding Martin's points. Keith Grant should have been involved as the rep for facilities and estates. It was good to see this rolled out in facilities and estates and staff groups harder to reach. Jane agreed with Cameron who covered from a nursing perspective and advised that RCN cannot commend domestic staff enough as they do a fantastic job but was sad to hear only one consultant said how important they are, as everyone should realise this. Domestics were part of the ward team previously and this needs to be reinjected. Elinor took on board Martin's comments and was surprised Keith was not aware what was happening as he sits on the board. Laura thanked everyone and there was an opportunity to share this out across the organisation and take Martin's point on board about learning and improvement for next time.

d. Non-Disciplinary Dismissal Procedure – Keith Grant presented a paper on this which had been added to the teams group. NHSG have a mechanism in place for this procedure that the rest of Scotland do not and seen to be ahead of the game. Concerns had been raised that we were out of sync with national policy which is silent on the matter. The Policies Sub Group discussed and have come up with solutions and recommendations. There is a gap in policy that NHSG had filled and would be reluctant not to have. Martin added that when discussed at the Policies Sub Group, Diane Annand and Martin had reminded of the process discussed previously. From a UNISON perspective and around policies, there were some significant cases which Martin had been involved in. UNISON had followed this process with decision taken, in terms of governance, protecting the organisation with defined process in order to prevent variances in the outcome, in terms of clarity and transparency on when and how the process was carried out. Thought process at the time identified risks as there was a gap and NDDP outcome of that as an addendum to the existing policy. Local policies were previously based on PIN policies and review of these came under Once for Scotland (OfS) which were now in place, and it was felt it

would be the wrong decision to reintroduce risk factors in respect of the paper.

Melanie thought that the documents added had filled the gap to ensure a safe process for the organisation and staff member. It was important to keep guidance and an infrequent requirement to fill the gap in the paper. Jenny added that this was a helpful policy and would want to implement to give clarity to staff members. Jane Gibson highlighted that RCN had a different perspective on this and it was an unacceptable governance risk to the clear alignment of OfS policy to standardise workforce practices nationally and any deviation from this would be permissible if there was formal agreement which was not the case. Dismissing someone is a serious employment issue and requires to be aligned with national governance arrangements and risk of parallel processes. There seems to be inconsistency and unfairness in some cases. Escalation should be triggered nationally if there is a gap and not decided by NHSG. RCN feels this should be escalated to Scottish Workforce and Staff Governance (SWAG). Employment tribunals and outcomes need to be looked at and policies increase the risk rather than mitigate. Employment tribunals don't work on basis legally permissible, but what is reasonable and proportion means of achieving objective. There are risks exposed and places NHSG in a financial risk on cases. On the surface, this may look like a safeguard but decisions made are subjective around dismissal and there is not clear guidance what significant other reason is. This requires to be suspended now and looked at nationally as this suggests we are an outlier rather than being ahead of the game. This raises real risks for NHSG as legal risks and does not safeguard.

Steven advised that an email had been received from RCN and was not surprised at their position on this. Steven agreed with Jane that NDDP originally in 2017, did cover a number of other aspects and the wording of the Fixed Term Contract Policy, if at odds, needs to be looked at. Steven thanked colleagues in the Policy Sub Group for carrying out detailed work and having a fuller conversation. This will be referred to SWAG as agreed by GAPF. Martin added that at the Policy Sub Group, the position was raised from OfS experience and if there was significant concern around this with timeline and alignment with OfS, this should come to SWAG as the correct governance route.

Melanie asked if RCN views were considered in discussion at the Policy Sub Group as she was concerned around suspending something with nothing else in place as there will still be gaps which expose NHSG to risk, as there is no clear process to follow if a case like this arose. There is a requirement to understand both before escalated to SWAG.

	Jane replied that she does not sit on the group and this was not the general consensus of Partnership although Jane understood Melanie's point on risk but there needs to be a balance and this was a historical document on the policy. There are very few cases OfS could not be used but there is a risk of subjectiveness as the policy was not clear to constitute and national agreed policies could not be used if fired or dismissed on the basis of the policy. NHSG may have to take on additional risk in terms of employment tribunals and many outcomes of that happening based on similar policies of NDDPs. Jane questioned why NHSG were the only board using this as an outlier and could be increasing risk. Melanie and Jenny to do work with colleagues before this is escalated to SWAG. Keith mentioned that SWAG was included at the end of the paper as all were aware this is unique but also the policy has been used before and potentially NHSG could be open to grievance due to this. Lynn agreed with Melanie on further due diligence at local level as the process has been used in a few cases but the absence of this for managers was a real challenge as there is a gap and different risk, with a balance required and needed to be thought about carefully. Steven pragmatically could see Melanie and Jenny require to do more work on this but with the infrequency of SWAG and meetings, this could take some time to get on the agenda. With the exception of Jane's position for RCN, Steven had not heard from anyone else to suspend NHSG NDDP unless Melanie or Jenny think this may change and would have time to do both. This should be referred to SWAG and detailed work done at the same time. Laura thought this was a sensible approach and supported as it made sense for due diligence and then consider referring to SWAG. This could not be suspended meantime as would leave a gap. Jane confirmed that RCN were not content which was noted. **Post Meeting Amended Minute following meeting on 16th July with addition requested by Jane Gibson below:** **Alignment with National Frameworks** While the NDDP may be capable of operating within the legal framework for SOSR (Some Other Substantial Reason) dismissals, the key issue is not simply whether the process is legally permissible. The more important question is whether a locally developed dismissal route remains consistent with the principles, intent and governance arrangements of the Once for Scotland (OfS) framework. A process that sits outside nationally agreed policies creates a risk that NHS Grampian may be perceived as departing from the direction of travel across NHS Scotland. This exposes the organisation to challenge that it has prioritised local arrangements over nationally agreed workforce policies, potentially weakening the	**MS/JS/ SL/LSK**

rationale for a Once for Scotland approach based on consistency, fairness and standardisation.

Staff Confidence and Organisational Credibility

There is also a risk that continued reliance on a Grampian-specific dismissal process could undermine staff confidence in the fairness and consistency of employment practices. Employees may reasonably question why staff in NHS Grampian are subject to a different dismissal route from colleagues elsewhere in NHS Scotland. Even where legally defensible, a perception of differential treatment can damage trust in management decision-making and weaken confidence in staff governance arrangements. The issue is therefore not solely whether the NDDP is lawful. It is whether its existence supports the principles of fairness, consistency and transparency that national workforce policies are intended to achieve. I gave 4 examples of Tribunal which NHS Grampian failed to defend and discussed the financial burden to NHS Grampian in such cases:

Krukowski v Grampian Health Board (2019),
Horn v Grampian Health Board (2019)
Taylor v Grampian Health Board (2025) and
Chandio v Grampian Health Board (2026) as examples

Legal Scrutiny Beyond Strict Legality

In any tribunal proceedings, the focus is unlikely to be whether NHS Grampian was legally entitled to rely upon SOSR as a potentially fair reason for dismissal.

The scrutiny is more likely to centre on:

- Why a local process was required when national policies exist.
- Whether the chosen route was consistent with accepted NHS Scotland practice.
- Whether the process was reasonable and proportionate.
- Whether employees were treated consistently with comparable staff elsewhere.
- Whether the organisation departed from national policy without sufficient justification.

A tribunal assesses not only legality but also reasonableness and fairness. A process that appears out of step with national arrangements may therefore attract greater scrutiny than one operating fully within established national frameworks.

Reduced Rationale for Retaining the NDDP

The original justification for the NDDP requires reconsideration in light of developments within Once for Scotland.

Of the three principal scenarios historically cited as requiring the NDDP, two are now substantially addressed through existing Once for Scotland policies and procedures. This weakens the argument that a separate local process remains necessary to manage situations that cannot otherwise be addressed within the national framework. Consequently, the case for retaining a standalone local policy becomes increasingly dependent on a relatively narrow range of circumstances, raising legitimate questions about whether a separate dismissal process remains proportionate or necessary.

Historic Use Is Not a Strong Justification

It may be argued that the NDDP should remain because it has existed and operated for many years. However, longevity alone is not evidence of compliance, appropriateness or continued necessity. The fact that a policy has historically been used does not demonstrate that it remains aligned with current governance expectations, national policy developments or best practice. Indeed, if concerns exist regarding alignment with national frameworks, continued use based solely on historical practice may increase rather than reduce organisational risk. "We have always done it this way" is unlikely to constitute a persuasive governance or legal defence. The central issue is not whether the NDDP is technically lawful. The more significant question is whether a locally developed dismissal process remains necessary, proportionate and aligned with Once for Scotland principles. Continued divergence from national frameworks creates legal, governance, reputational and employee relations risks, particularly where equivalent issues are now addressed through national policies. The existence of a long-standing local practice does not in itself justify ongoing deviation from nationally agreed approaches.

SOSR

Because SOSR is not clearly defined in legislation, there is an increased need for robust governance, consistency and alignment with national policy. The key issue is therefore not whether the NDDP is legally capable of being used, but whether a locally developed process based on a broadly interpreted and largely undefined concept can be justified when measured against Once for Scotland principles, national consistency requirements and Staff Governance expectations. This becomes particularly relevant where staff in different NHS Boards may be subject to different processes and outcomes for broadly similar circumstances. The policy does not define SOSR so is open to misuse. SBAR relies heavily on **“**it is

	legally permissible" but legal permissibility does not equate to policy compliance or proportionality. Tribunals also consider consistency and recognised frameworks. Being an outlier Board increases exposure, not reduces it.	
6	**Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued** a. Public Holidays 2026-27 – Melanie advised that this had been actioned. Gemma Hood mentioned a change to the Intranet was needed as the way in which this is written, March public holiday is from next year's tranche. This would be actioned with Diane Annand at Terms and Conditions group as co-chairs. b. Non-Pay Elements of Agenda for Change Pay Award as follows: • Programme Board (including Systems Group and RWW update) - Steven provided information from the AfC Programme Board held on 3rd June: o RWW moved from implementation to monitoring and evaluation. A repeat staff survey is in development to be launched at the end of August with analysis informing an update to the Executive Team in October. o Managers have been asked to verify staff records across eESS and Optima to ensure accuracy of contractual hours, grades and rostering arrangements. • Protected Learning – Jason added the following in the chat - o 9 OfS modules implemented. o Remaining local tidy up underway. o Local information from SMEs agreed in Partnership as not mandatory. o Review of remaining 3 mandatory training for all NHSG modules (waste, hand hygiene and BLS for all staff). This will include consideration of opportunities from profession specific mandatory. Mapping also being carried out on what other Health Boards are doing that is additional to understand the NHS Scotland-wide picture). o Performance metrics; ironing out mx reporting known issues. o Beginning to move into space of profession specific mandatory and revalidation; links to opportunity for national work or profession specific leadership. • Agenda for Change Band 5/6 Nursing Review – Jenny Gibb added the following in the chat:	

	○ 671 submissions, (617 last month), 196 matched to band 6 so far. ○ Panels planned for over summer months, potential yield of 30-40 submissions will be processed monthly. ○ SLWG for job descriptions being set up. ○ SLWG for titles ongoing. ○ Updated communications for staff under development. ○ Survey to understand rationale from colleagues that have not applied in development. ○ No end date to process.	
7	**Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community** • H&S Update and PMVA Deep Dive Papers – This was deferred to next month's meeting.	
8	**Appropriately Trained and Developed** Shared Executive Team Objectives 2026/27 - Laura had added these in the papers for information and transparency on agreed objectives and collective commitment on these: Strengthen Core Workforce Requirements; Promote and Support Staff Engagement (iMatter); Demonstrate Visible and Compassionate Leadership; Commit to Collective Team Development; Strengthen Succession Planning and Resilience Prioritise Board Business; Lead NHS Grampian's transition to a Population Health Organisation. Melanie agreed to share slides for extended leadership team on statutory/mandatory and appraisals linked to shared objectives. These will be returned too on a frequent basis and sense checked on progress.	
9	**Any Other Competent Business -** None	
10	**Communications messages to the Organisation** Laura agreed to feedback below to Comms colleagues: iMatter action planning timescales Non patient catering in orange zone Public holiday issue Revised job evaluation process Domestic listening exercise – to be brought to Board.	
11	**Date of next meeting**	

	The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 16th July 2026. Agenda items to be sent to: gram.partnership@nhs.scot by 29th June 2026	
	Audrey Gordon - gram.partnership@nhs.scot	