



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 20th November 10.00 am to 12.30 pm
Microsoft Teams

Present:

Steven Lindsay, Elected Staff Side/Employee Director (Chair)
Laura Skaife-Knight, Chief Executive, (Co-Chair)
Diane Annand, Staff Governance Manager
Ian Cowe, Head of Health & Safety
Faye Dale, Interim Head of People and Change
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Jane Ewen (on behalf of June Brown), Nurse Director
Michael Forbes, RCN
Gemma Hood, SoR
Stuart Humphreys, Director of Marketing and Corporate Communications
Sarah Irvine, Deputy Director of Finance
Natalie Jefferey, Business Manager to Head of Service Moray CHP
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager Surgical Services (part)
Jill Matthew, Head of Occupational Health Service
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 (part)
Gavin Payne, General Manager of Facilities and Estates (part)
Emma Pettis, Deputy Head of Communications
Sandy Reid, Lead People & Organisation, Aberdeen City CHP
Philip Shipman, Acting Director of People and Culture
Kirsten Stewart, RCOP
Kathleen Tan, CSP
Phil Tydeman, Interim Director of Improvement (part)
Karen Watson, Unite (part)

Audrey Gordon, Partnership Support Officer

In attendance:

Item 4b – Zoe Morrison, Lead Specialist, Culture and Experience
Item 4c – Geraldine Fraser, Chief Officer Acute Services
Item 4g – Alasdair Pattinson, Dr Gray's Hospital General Manager Acute
Item 6v - Jenny Gibb, Nurse Director, Health and Social Care Partnerships

	Subject	Action
1	Welcome and Apologies Everyone was welcomed to the meeting. Apologies were received from the following:	

	<p>Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee Jane Gibson, RCN June Brown, Executive Nurse Director</p> <p>Meeting declines - Gerry Lawrie, Head of Workforce and Development Alex Stephen, Director of Finance</p>	
2	<p>Minute for Approval</p> <p>Minute of the previous Meeting held on 16th October was approved. Extraordinary meeting regarding the KPMG report held on 5th August was approved.</p> <p>The Action Tracker was updated.</p>	
3	<p>Matters Arising</p> <p>There were no matters arising.</p>	
4	<p>Well Informed</p> <p>a. Single Improvement Plan, update on Assurance Board and 3 priorities</p> <p>Phil Tydeman presented slides. Main points:</p> <ul style="list-style-type: none"> • External diagnostic review headlines from Level 4 escalation response to review started in June and was published on 9th October. • Work was underway and sits within existing plans with 96 recommendations in the report. 54 mapped recommendations in 3 priority programmes under Value and Sustainability, Unscheduled Care and Planned Care. • 32 sit outside of these under Culture, Leadership and Governance and will report into the new Culture Programme Board to start on 12th December with clear governance structures to Staff Governance. • Each of the 4 programmes will report into the Chief Executive Team. • 10 were reviewed to remove due to duplications, amalgamated to single recommendation or not warranted any more at a seminar held on 13 November. These will go to the Board for approval with clear narrative on 11th December. • Next steps are to work with clinical and operational teams with detailed delivery plans for 96 and full governance report on 11th December. 	

Sandy Reid queried the decision on recommendations. Phil clarified those that are taken forward or not, sits with the Assurance Board.

Laura Skaife-Knight provided an update on the Assurance Board:

- This continues to meet every fortnight with the Minutes published online.
- The focus was on the 3 areas - Value and Sustainability, Unscheduled Care and Planned Care.
- There was a sustainability focus and regular updates from IJBs with scrutiny on these. Moray IJB was off track after month 6 and more detail was required to be looked into.
- The Assurance Board had more wide-ranging items which had gone through the Workforce Sub Group and Commission Forum for updates. The improvement plan had been talked through earlier. Specifically discussed was the annual review in preparation for the meeting on 1st December, Baird and Anchor governance board leadership and updates on 7th November integrated financial planning with next steps and update in terms of the first joint meeting of ACF and APF.
- Early discussions with the Scottish Government agreeing deescalation criteria will be discussed at the final Assurance Board at end December.

Phil clarified saving on Value and Sustainability:

- At month 7 there was a £27m saving against £25.4m as £1.6m above.
- Savings to March of £61.8k were now at £61.5k with £900k coming through in November. There were risks against this programme as now heading into winter.
- Improvements of £1m savings year to date, compared to last year.
- £1m savings year to date on medical agency spend. Non-compliant rotas had reduced from 32 to 6 between February and August. Improved culture with “At Your Best with Rest” campaign and August rotation of 47wte clinical fellows having an impact.
- £1.8m savings year to date on nurse agency spend. Nursing workforce had reduced the hourly agency rates paid to suppliers and the common staffing method had been put into place for “growing our own”.
- £100k saved on reducing non pay purchases linked to discretionary spend and new resource to manage invoice register. Procurement team continue to identify savings.

Planned Care:

- National target to be achieved by 31st March 2026 with no patients waiting 52 weeks for new outpatient appointment (NOP) or treatment time guarantee (TTG). The zero target will not be achieved but plan to reduce 52-week waiters

from 10,038 to 5,489 for NOP by end of March 2026. Plan for TTG to reduce 52 week waiters from 3,671 to 2,498 although CDU issue has impacted this.

- External support mutual aid with 1,330 planned to be seen by other Health Boards.
- Initial engagement with 7 Health Boards across 9 specialities to support NHSG patients. Urology is one of the more challenged specialities and 8 Health Boards have been approached to seek additional support.
- Response due back from Scottish Government on a bid which will mean no waiting time more than 104 weeks if this comes through.
- There are 775 patients to end March 2026 waiting longer than 104 weeks for planned and day care. There was a requirement to find out what this will take to bring down to zero.
- An external review was being carried out on planned care commissioned by the Scottish Government, Lothian, Tayside and Central for sustainable good practice and recommendations. This will come back via the Programme Board next Tuesday and then to GAPF to address recommendations.

Geraldine Fraser reported on Unscheduled Care:

- Work was underway with productive sessions this week and last with senior managers, recognising challenging performance and system pressures.
- Unscheduled Care Improvement Plan was agreed which will take a couple of months to see the benefit and improvement coming through.
- Immediate actions being looked at with 4 hours access ambulance turnaround times to maintain patient safety, reduce clinical risk and staff wellbeing.
- There was a sub group of the Scottish Government looking at activities of Unscheduled Care to stand up at the end of this year and beginning flow enablers to help with the flow of patients in hospital and through to the community with Health and Social Care (H&SC) Partnership undertaken at pace. Additional funding for social care for winter from the Scottish Government was being discussed to reduce pressures. Laura added that she had asked Scottish Government to bring forward escalation funding for 26/27 for an agreed Site Director on a fixed term for 12 months and Medical Site Director with more to follow. There was a big focus on internal practices around discharge planning and more work was required to be done internally on triggers, on call, escalation and tightening up. Laura had been asked to sit on the National Flow Board to support colleagues from GGC, Lothian and Lanarkshire to share good practice. Sandy highlighted that the Aberdeen City senior team had discussed unscheduled care and this was very welcome and positive for council areas as doing more

with the significant single impact that people were not employed by NHSG.

- Jamie Donaldson and Philip Shipman had carried out a walkabout on Tuesday in the Emergency Department (ED) and spoken to a senior charge nurse about the patient journey. The senior charge nurse had spoken freely of challenges and simple fixes to speed up the flow. Jamie will catch up with Geraldine on this. Philip and Jamie are due to meet the security team on Tuesday next week which was well received and appreciated by staff. Ward 104 was also visited regarding corridor care. Jamie questioned the ministerial visit on 1st December that there was no one attending from Acute and whether this needed to be looked at. Steven advised that Cameron Matthew was attending for Surgical as part of Acute.
- Philip added that this had been a good visit to ED for awareness and was insightful as linked to the quality improvement session at the Board last week. This quality improvement opportunity was flagged to Steven Fryer (Consultant in Critical Care) to take to the Enabling Steering Group to discuss and hopefully make a difference to the flow in ED. Philip thanked Jamie and Steven in responding to the insightful comment from the senior charge nurse. Geraldine agreed it was positive to have visibility and was carrying out a shadow shift in ED on 12th December for a full day and Ward 104 in January. Small things could be changed to make improvements and it was good to know how to enable and support teams to take forward by removing barriers.

b. Outputs from the GAPF Development Day held in September - Zoe Morrison provided a paper with the theme of “Change through Challenging Times” which had been added late to the Teams channel. Zoe presented some slides. Main points:

- 52 participants received the evaluation form with a 44% response rate.
- Registrations were low until prior to the event.
- There were last minute changes to the agenda for the day due to staff availability.
- Only a very small number joining late or leaving early.
- Technical issues at the venue.
- The military reservists from the Royal Army and Medical Service (RAMS) who are also NHSG staff had gone to some lengths to deliver their session which needed to be recognised. They required to go through the chain of command which took months. Some of those attending didn't realise the role of reservists but found the session inspiring. Their presentation slides were only given the night before and cleared to be used.

Recommendations from the event:

- To raise visibility and understanding of the Staff Governance Standard.
- Increase awareness of the Partnership Team and partnership working.
- Encourage accessibility and visibility of positive impact and outcome from partnership working in the organisation, for example through a series of posters highlighting who to turn to for partnership, shared responsibilities (including Staff Governance Standard) and contact details.
- Promote inclusive and respectful communication and behaviours.
- Support staff development through meaningful appraisals and training, reflecting staff governance standards within them.
- GAPF members to promote appraisal within their local area partnership forum.
- Continue with this event annually and consider ways to boost participation and engagement.

Steven hoped that this reflected the day for others as some aspects dovetailed with conversations staff were having within the Area Clinical Forum (ACF) at the last joint meeting. Recommendations were for GAPF to determine.

Philip thanked Zoe for the summary and the Action Planning Group for arranging the positive day and echoed the thoughts from this. Specific recommendations were all covered by topics considered at GAPF/ACF meeting to have one action plan for priorities that come out of this. Philip agreed that this should be supported annually and had appeared smooth despite the challenges.

Sandy reflected that the difficult challenges presented to NHSG did not compare to the challenges reservists had presented and had overcome. Sandy suggested it may be worth thinking about a mini event which might be useful around April to keep this going as well as the yearly big event, by bringing people together on what we have achieved. Stuart Humphreys thought this was an incredibly positive event and it was good to come together as a group, evidenced by attendees and agreed that the military personnel was an inspired choice which brought a different dynamic to the discussion. There was an important action as a result of the panel discussion, to action something on the Staff Governance Standard which has now been included in the new Corporate Induction for staff, filmed with Laura as a starting point for all new starts.

Laura thanked Zoe for the update and agreed to add recommendations to the set of papers ahead of the joint session on 3rd December to discuss. Laura agreed with Sandy that there should be more pace and momentum with commitment to 2 or 3 joint ACF and GAPF meetings a year in

a more informal setting which would be welcome. Steven added that there was a lot of work for the Action Planning Group to take forward and thanked Zoe and colleagues for summarising and presenting.

c. Update from Acute Triumvirate – Geraldine Fraser provided an update:

- Activity was coming together in the acute sector governance arrangements. 2 workshops with the wider acute leadership team and portfolio teams had taken place to shape governance and assurance under the new arrangements with good enthusiasm and engagement around this, ensuring this was being done with colleagues in an inclusive way.
- Interim acute sector governance system was in place now in week 3. Thursday afternoon meetings were taking place to allow each portfolio to come along and present service and any related activities on the pillars of governance to the acute sector triumvirate. This was focused on each portfolio but was open to all acute leadership team with good attendance and sharing. This allows support and challenge around concerns or issues to be discussed and for actions to take, looking across different acute services which was a real step forward.
- Alongside this, thinking about acute sector triumvirate roles and response, Paul Bachoo, June Brown and Geraldine were attending the acute sector meeting next week to discuss the finer detail of clarity, changes in roles and what this means for planned and unscheduled care.
- The group were keen to clarify arrangements for the wider cohort with an opportunity to think about roles and corporate leadership, in particular area leads for H&S, finance, infrastructure and other areas for the wider acute sector which will help with integration. Trying to streamline arrangements with the first meeting of H&S on 3rd December to review the new Terms of Reference (TOR). Any arrangements were being reported to the Chief Executive Team and committees with proposal on what this looks like in the interim and how to develop the final model.
- There was still discussion on the naming of portfolios/divisions and a survey may be produced to get views on this and share feedback. There was a sense that people want to move away from portfolio with a need to get to an end point and what this would be replaced with if removed. Jamie mentioned that he was happy to look over the TOR.

d. Update guidance regarding annual leave and public holidays from the T&C's Sub-group – Diane Annand had provided a paper on this. The local guidance document had been updated

and presented for awareness in the change of practice for TOIL and being on call on a public holiday to bring in line with other boards. The impact of this was recognised there will be increased TOIL after public holidays which may be a concern for services but inconsistency has been identified and required to be rectified. This will be updated on the intranet and published for everyone. Gemma Hood, Rachael Melvin, Faye Dale, Karen Watson, Michael Forbes and Cameron Matthew attend the T&Cs group as well as Diane. GAPF were being asked to approve the recommendation which requires a change in practice.

Cameron was happy with this but one concern raised was whether there was a risk to the organisation of people being able to claim back and what the position would be as this was being carried out differently. Faye replied that this did come up at discussions of the T&C sub group and it was agreed not to support backdated claims as the implementation of the original DL (Directors Letter) was agreed in partnership but was now required to be brought in line with other boards. Kathleen Tan commented that this looked good but wanted to clarify what on call session meant in Example 3. Diane clarified that on call sessions were periods of no more than 12 hours. Diane would look at detail of time period covered but if required on a public holiday e.g 25th and 26th December on call sessions were paid with no other payment if not called out. TOIL for being on call was in addition.

Steven advised that GAPF was in agreement to approve the recommendation with public holidays coming up and it was important to communicate the change in practice. Steven thanked Diane and the sub group for this.

- e. August Staff Governance Report – Diane highlighted the report which was provided. The summary of topics discussed on 28th August outlined whether this was assured or not and if not why not. Laura highlighted 1.5 “Medical Leadership was assured with the progress made” which was quite a sweeping statement and needed to be more precise on assurance on medical leadership. Diane took onboard the feedback on behalf of the Staff Governance Committee.

Steven commented that there were additional Staff Governance papers which had been added and scrutinised for Moray, Dr Gray’s and Aberdeen City.

- f. Moray Staff Governance Report – Natalie gave thanks to Diane for her support on this as well as Steven and Philip which was appreciated and Partnership reps that turn up for the meetings.

g. Dr Gray's Staff Governance Report – Alasdair Pattinson, Hospital General Manager at Dr Grays advised that one paper was not submitted in Partnership which Philip had commented on and wanted to be transparent. There had been some feedback from local partnership groups and this would not happen again.

Alasdair updated that Geraldine had described earlier on revisiting the acute sector governance arrangements and a few standalone committees for staff governance that Cameron chairs. Leads and H&S group will be working with divisions/ portfolios or directorates looking at all areas across the acute sector for plans in place and arrangements that support partnership working, staff governance and H&S to drive through a revised TOR in order to get appropriate representation. There were common issues from the Staff Governance Committee picked up which Alasdair would feedback following Diane's helpful reminders around appraisals and processes. Some parts were not performing well in the system in compliance and what was recorded. Phillip had made some comments to improve this, taking through local management structures for Statutory and Mandatory training of adverse reports. The use of bank and agency staff and a space for staff to speak up was being supported and arrangements were in place for psychological safety to describe and share or escalate concerns following the report.

Steven thought it was good to see reflections on this. In the last couple of years, GAPF had a cycle of Staff Governance Committee reports from various portfolios, sectors and there was no right answer to consider at GAPF but reviewing how we might best ensure to have escalated to us. Partnership forums that exist were not for a whole load of reports to be written but whether GAPF was satisfied on getting up to date information from the system in terms of agenda setting and to consider this. Jason Nicol added that he had similar discussion last month with Sean Coady and Natalie with regular reporting of appraisal and to link in or connect. Philip asked for this to be added to the agenda setting for a future item. The Staff Governance committee don't look at workforce information across the entire system but could do going forward for this group as a key measure as well as others. Philip thought that Alasdair's reflections were really positive and the report to the Staff Governance Committee would benefit on what was taken away as a result with good reflective learning from everyone on this. It was a helpful way of collecting learning with not just feeding back but how we do in a more considered way.

h. Aberdeen City Staff Governance Report

	<p>Philip advised that observations from the Staff Governance Committee was useful for GAPF as recognising there were some reasons in the background that it was not possible to carry out joint co-chairing as a steer that we should from local Partnership forums but this was not always possible for various reasons. Support available was identified in the Staff Governance reports with the Health and Social Care Staffing Act element for team support and assurance.</p>	
5	<p>Involved in Decisions</p> <p>a. Extraordinary Joint ACF/GAPF Meeting – Laura/Philip/Steven</p> <p>Laura provided a recap on recent meetings which had been convened in response to a meeting between Staff Side and the Assurance Board consisting of Stephen Gallagher and Fiona Hogg in August. A report had been produced to set out 9 or 10 themes including:</p> <ul style="list-style-type: none"> • Partnership involvement, engagement and information sharing • Lack of follow up and follow through of actions • Facilities and support for staff • Integration and silo working • Management and leadership issues • A&E workforce pressures • People and Culture • Governance around Baird and Anchor development <p>Two meeting discussions had taken place, one with the Chief Executive team and the other as a first joint GAPF/ACF meeting with open and honest conversation. The pieces of work that need to happen will be brought together under each heading for the next meeting on 3rd December as well as iMatter results and outputs from the Development session to agree jointly the priorities to take forward, in what order and timescales. The Assurance Board chair has asked for this to be on the Agenda on 4th December which Steven and Marc Burrell will attend. Steven thought the recommendations from the Development Event would assist ACF members in pre reading. Philip reiterated the strength of Partnership working in existence and also exceptions in terms of representatives from Trade Unions at GAPF.</p>	
6	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>Non-Pay Elements of Agenda for Change Pay Award as follows:</p> <p>i. Overall Group – Philip commented on the Change Programme Board and Systems group which was a very positive story in</p>	

terms of reconciliation done on initial change and systems now in place and preparatory work now underway. This was carried out in incremental steps last time for RWW but significant implications for the Erostering team as a “big bang” was well underway with huge thanks to them for the work done in the background. Ann Mudie, Programme Manager was working on this and if any questions to be contacted.

ii. Systems Group Update

iii. Reduced working week – Faye Dale updated that the submission window was still active until 30th November. There had been approximately 14% of submissions for required rosters which had increased this week but still very low. Steps were being taken to highlight the requirement to get submissions in and these were being monitored. Scrutiny panels for backfill requests were up and running and had met a few times over the last couple of weeks and working with Erostering colleagues to figure out an easy way to resource plan. There was anxiety around a deluge still to be submitted and there would be consequences if extended beyond the time to be implemented by 1st April. Early themes were appearing from scrutiny panels with the small submissions received. There were a lot of 9-day fortnight approaches, early closure of services or teams on Fridays and leadership backfill being requested for Band 8a and above roles. Staff Governance structure will continue to be used to escalate any themes and to highlight these.

Jamie added that he was one of the Partnership reps around this with several conversations this week around plans and managers implementing 15 min a day which was not beneficial and had asked them to think again. 9-day fortnight was a big one with mixed approach. Philip commented that it was good to hear there was an uptake in conversations with Partnership with the deadline only just over a week away. This has been trialled since September and there was no value in doing an analysis where submissions have not come in for targeted support. Emma Pettis had been asked to do some communications to that effect from the Programme Board and strongly communicated at wider SLT next week to reiterate these required to be submitted by 30th November. Backfill arrangements that are agreed, require sufficient time to recruit and an enormous amount of systems work to be done in the background.

iv. Protected Learning – Jason had positive news that all 9 Once for Scotland elements had been agreed on a national basis and agreement to be launched on 1st March. This would not be a “big bang” as replacement of modules, colleagues would still carry out the statutory/mandatory training as current refresher period and Once for Scotland will appear to complete for next

	<p>time. Wellbeing, Culture and Development and NES were carrying out work to launch modules. Other elements of the DL on specific training and revalidation for professional registration and guidance were in the final stages and expected in January 2026 for Health Boards to interpret locally and progress as a sub group and feed in. Local work was being done to link in with national 2 work measures of success in the spirit of the DL and background systems to develop and engaged with groups. Next steps were to think of an SBAR at Programme Board to describe next steps for PLT and how to communicate significant changes, also seeking responses across the system of the 5 methods teams were using to protect time for learning.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – Jenny Gibb updated that at the last meeting on 6th November, there had been 996 hits on the portal, which were now over 1.000 with 475 submissions out of this. Of those processed, 56 had gone through to a Band 6 and 12 at Band 5 with 7 appeals completed on the day. Panels were increasing and managing to get through more as getting slicker with quicker turn around process. It was anticipated processing 119 submissions by the end of the year. Mapping work was being carried out on where applications were coming from to see where to target and how quickly, on current evaluation process, it would take to get through outstanding if additional resource required. Mapping around where Band 5s coming in around Band 6 was being carried out. Learning sessions had been arranged by Tracey McDonald and Karen Watson with teams and already visited Dr Grays, Cornhill, Community Nursing and Children's Services. Philip highlighted that this was broadly consistent with other Health Boards around 75% from uplift. There was no indication of end date on this but there was a need to continue the good work being done.</p>	
7	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. GAPF Charities Sub Group 6-month report from 1.4.25 to 1.10.25 - A paper had been provided by Marc Blackhall and Steven advised this showed the allocation of funding for GAPF fund as NHS charities work. List of allocations were 40% just under annual budget as at 30th September.</p> <p>b. SLWG TOR – Steven had hoped to be able to share a paper from Lisa Duthie, Charity Lead but this was not yet available. There had been allocation of 50,000 for endowments (charities) money primarily for colleagues requesting learning and development opportunities, white goods, improving rest areas, etc. A much wider NHSG charity funding is also allocated to staff wellbeing initiatives e.g. the We Care</p>	

	<p>Programme was initiated though this and longer standing funding of retiral event catering and £10 per staff member for team social funding. All non-executive directors of the NHSG board are also trustees of this charity and Steven, as Elected Chair of Staff Side was a trustee and aware of wellbeing offering that charity supports, requiring to be reviewed and looked at. They were in receipt of legal advice to indicate how charity money was currently spent on retiral teas and social events with funding questions on how this may be permitted in the future. Lisa Duthie had produced a paper for this and due to meet early next week but Steven wanted to make GAPF aware that this was being looked at.</p> <p>Martin McKay was concerned about this, given the direction of travel of withdrawal of payment in kind offerings from an employer and whether this would be put under the microscope. Martin did take on board what had been said but the question needed to be asked if the £10 staff payment was at risk of being ended before Christmas. This has been in use for a long time as accumulated for nights out and would require to be ratified by GAPF and held off until the new year. Jason had a conversation with Lisa and the intent was not to make any changes to this festive period but going forward, any changes would need to be managed carefully. Philip recognised how this would be perceived if not going ahead and was unsure of the formal governance route for decisions on this with a sub group to look at, as unsure it would be GAPF. This was helpful to know but what would be the alternative possibilities for funding, to come back to GAPF with clarity on this. Steven was aware this would affect a reasonable large number. Steven and Jason were on this sub group and would seek clarity on this. The GAPF Charity committee will make this decision ultimately and how staff will be engaged in this. Laura shared Martin’s concerns in terms of where next and the end of this work. Outputs to come to GAPF to inform and make decisions going forward along with staff networks and engagement mechanisms but this doesn’t necessarily mean that funding will stop.</p>	
8	Appropriately Trained and Developed	
9	<p>Any Other Competent Business</p> <p>a. Annual Review – Steven had provided a pre submission for Scottish Government meeting on 1st December which would follow the same format and timings as the review in October 2024. This will take place in person with 11 to 12 on the attendee list and some may still be approached to attend and participate in this. Mark Burrell was attending for ACF with</p>	

some items being similar and brought up in their session prior to the GAPF session. Steven asked colleagues attending to reflect and consider what they might like to say around discussions.

- b. GAPF Terms of Reference – Steven shared a letter that Laura had received from Hilary Nelson, Senior Officer at RCN. Staff Side colleagues would be aware that Hilary had asked a similar question previously and recognised that Laura coming in to post as Chief Executive, raised an opportunity to ask the same questions. Steven reminded GAPF that this was a live document and there was merit in reviewing in terms of what Hilary was requesting but could produce a dramatic change and the make up of GAPF meetings. Philip and Steven had spoken to peers in other Health Boards. Philip commented that as a bit of an outlier, were we comfortable with this as NHSG was good at not only Partnership working and Staff Governance standards, involving colleagues on decisions affecting them, but to update the TOR to include full time officers would affect all of GAPF. There were a number of boards with full time employed officials of Trade Unions and Professional Organisations who do participate and the sole rep of that Trade Union or Professional Organisation. A number of those, where able to attend and contribute, could not vote as full members and others who only had observer status to enable them to attend.

Martin had internal discussions within UNISON Grampian health branch in the past and would not participate in bringing full time officers to GAPF meetings. The employee processes and full-time officers advise branch committee and stewards but do not lead the work done on behalf of the employee. Martin was not in agreement to any change on this. Jason thought these were helpful comments but was not clear what the proposed direction of travel would be as a number of different ways to be responded to and what the options might be to make an informed decision around this. It would be helpful to know the addition of extending current membership and how many full-time officers that would be. Steven in terms of conversation with Laura and Philip, all had the same view that there was a potential to most directly impact members of GAPF who are accredited Staff Side reps and it was a decision that Staff Side collectively should come to. This was a heads up for GAPF today and depending on the outcome, to go through process of seeking views across all 16 Trade Unions and Professional Organisations with some more active than others. BMA may not express a view as do not participate in GAPF. This could be discussed at next week's meeting of Staff Side but would need at least a calendar month and to advise at the January GAPF meeting. There may well be a divergence of view of Partnership working and how to disagree agreeably was important. The action from this was

for Steven to discuss collectively at Staff Side and work to be done by a small number of individuals in GAPF on what this might be and would look like. Philp and Laura agreed the timescale was not unreasonable.

- c. Parliamentary announcement around sub national arrangements – Laura had received a DL and ministerial direction was shared less than a week ago which was previously known as regional arrangements with 2 groups looking at planning and delivery in the east hosted by NHS Lothian and the west hosted by NHS Greater Glasgow and Clyde Chair and Chief Executive. North of Scotland will move into one of those sub national groups. The only change from a board perspective was that NHS Highland would come under west while others were moving to east. The aim was to build on the direction of travel already seen through the DL and update from Caroline Lamb with recent example along mutual aid and planned care working across Scotland that Phil talked about earlier. There was a push to boundaries without changing legislation with 4 key areas to focus on for 26/27 - system flow, business system work, digital front door and orthopaedic improving the TTG position across Scotland. The first east meeting took place a couple of days ago with many concerns raised through the north east Scotland construct as unable to see lots of rural and island boards and recognising North of Scotland regional team people require real care and attention. Laura was being vocal on the North of Scotland construct and HR arrangements around this to ensure the transition was as smooth as possible and ensuring as we do transition, no work is lost or slips through the cracks with clinical networks in particular to continue until new arrangements of pause or transition into sub national group. As a board, there is requirement to have conversations around how to engage and lead into these and from a Grampian perspective, opportunities for us within the couple of weeks collectively to be discussed as a benefit for this on a planning footprint on what is right for Scotland. This was early days and being worked through. A presentation shared with chairs and Boards will be brought to next month meeting at GAPF on what this practically means.

Steven highlighted that this work carried out to DL completely sidestepped and ignored staff Partnership forums, STAC and SWAG with none of these groups given a heads up. With 48 hours notice, national Staff Side were invited to engage with civil servants at national level which was not Partnership working and not without difficulties. Martin added that in the interest of transparency, Trade Unions were given the information on this after a hasty announcement which was concerning although understood this was a pre-election period and reasons why it had been done. Another item required was discussions for release time for stewards as involved in other

	<p>national working groups and need to be mindful that they may be asked via organisations to be involved in future work. Laura responded that the way this had been done and handled was far from ideal and had fed back to Caroline Lamb and Christine Mclaughlin as this was inappropriate. The first meeting from an east perspective was clear to give consideration of configuration of planning and delivery committee and the role of EDs on these to be contacted to see how we go forward as an agreed action to reach out on what engagement would look like and membership would be. Philip asked for this to be kept on the GAPF Agenda going forward. A single plan was required by 31st March for each of the planning groups to be in place and how we feed into that and what it might look like. Steven had already been asked to join the group to look at for East. Jamie had read the DL and Unison response was that this was very central belt led which was concerning that they will overrun and become diluted in smaller boards within that group.</p>	
10	Communications messages to the Organisation	
11	<p>Date of next meeting</p> <p>The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 18th December will be held on Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 4th December 2025.</p>	
	Audrey Gordon - gram.partnership@nhs.scot	

