



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

Present:

Laura Skaife-Knight, Chief Executive, (Chair)
Steven Lindsay, Elected Staff Side/Employee Director (Co Chair)
Diane Annand, Staff Governance Manager
June Brown, Executive Nurse Director
Olive Davies, Unite (on behalf of Karen Watson)
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Jane Gibson, RCN
Gemma Hood, SoR
Natalie Jefferey, Business Manager to Head of Service Moray CHP
Martin McKay, UNISON
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
Gavin Payne, General Manager of Facilities and Estates
Sandy Reid, Lead People & Organisation, Aberdeen City Health and Social Care Partnership
Philip Shipman, Interim Director of People and Culture
Kirsten Stewart, RCOP
Phil Tydeman, Interim Director of Improvement (part)
Alan Wilson, Director of Infrastructure and Sustainability
Audrey Gordon, Partnership Support Officer

In attendance:

Item 4b – Geraldine Fraser, Chief Officer Acute Services
Item 4e – Louise Pearson, Acting IFP DGM
Item 5b – Lisa Duthie, Charity Lead Finance
Item 6ii – Lorraine Hunter, Head of HR Service Centre
Item 6v - Jennifer Gibb, Nurse Director, H&SC Partnership

| | Subject | Action |
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| 1 | Welcome and Apologies Everyone was welcomed to the meeting. Apologies were received from the following: Faye Dale, Interim Head of People and Change Alison Evison, Chair/Non Executive Board Member Gerry Lawrie, Head of Workforce and Development Cameron Matthew, Divisional General Manager Surgical Services | |

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| | Karen Watson, Unite | |
| 2 | <p>Minute for Approval</p> <p>Minute of the previous meeting held on 20th November 2025 was approved.</p> <p>The Action Tracker was discussed:</p> <ul style="list-style-type: none"> • AfC Non Pay Reform Funding – Philip Shipman advised that this was being worked through. For Reduced Working Week (RWW) there were 150 outstanding out of 1097 rosters. The scrutiny panel had carried out work and backfill requests were being pulled together. The target date is the beginning of the new year to show what funding arrangement might be. Laura asked for an update on the back funding at the January 2026 meeting. Philip was being frequently asked nationally for risks on RWW on financial, recruitment and service/performance and would provide an update to GAPF on this at the next meeting also. • Workforce Commission – this is due back for a detailed update at the NHS Grampian Assurance Board meeting on 27 January 2026. This was on track and being discussed at the Board Sub Group this afternoon. Philip to update at an early January 2026 APF on this work and progress. • Facilities Release time – Philip had hoped that this would have been discussed at the joint ACF/APF meeting but hadn't been. Philip to catch up next week with Steven Lindsay. Steven added that Jamie Donaldson, as elected Chair of Health & Safety reps had a conversation with Geraldine around capacity and resource available for additional H&S release. Steven was aware that a paper would be required to be submitted for any increase in funding. Philip and Steven were looking to pull this together, hopefully for the next GAPF meeting in January 2026. Jane Gibson highlighted that the RCN had raised concerns around release of members. It was agreed to add this to the January 2026 agenda. • Improvement Plan – Phil Tydeman to update on today's agenda. • Staff Side rep for Planned Care Plan – Phil to pick this up with Jamie directly and report back to January 2026's APF on progress. • H&S toolkit – This will be discussed by Ian Cowe at quarterly H&S update at February 2026 meeting. • Zero Tolerance Policy – Laura advised that there has been a focus on this at APF and ACF in recent months and at December 2025's public NHS Grampian Board meeting such are the concerns. June Brown was taking forward. This was split with clinical and staff management policies with zero tolerance as clinical, led by June, to be discussed at the Clinical Director's professional forum. Philip to touch base with June on this for the timescale and update at next meeting. | <p>PS</p> <p>PT</p> <p>PS</p> |

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| | <ul style="list-style-type: none"> • Staff Governance Committee Reports to GAPF – Diane reminded that this was in connection to service and directorate reports that come from the Staff Governance Committee to share reports and whether these were “hitting the mark” for GAPF requirements. Steven had commented at last month’s meeting but did not want to add extra pressure to the system to produce a different report and had queried the routes of escalation. There was no specific action but agenda setting group required to be mindful of this. Laura asked that we get feedback from members of APF at today’s meeting re: whether the reports are hitting the mark for GAPF, with GAPF being content with this. It was agreed to close the action on this basis. • GAPF Charity Funding – Jason Nicol was meeting with Charity colleagues next week and would be in a clearer position to mitigate any changes at next GAPF meeting. To be added to the January 2026 agenda. • GAPF Terms of Reference – To be added to the agenda for the January 2026 meeting. Steven updated that Staff Side had been asked to provide responses to questions. The timetable should line up and could be closed off after the meeting in January. Laura would then respond back formally to Hilary Nelson, Senior RCN Officer following her direct letter to the CEO about attendance of full-time Trade Union officials at GAPF. | |
| 3 | <p>Matters Arising</p> <p>a. Update from Annual Review – Laura asked if there were any reflections from the meeting that took place on 1st December 2025 with Neil Gray, Cabinet Secretary and Christine McLaughlin, NHS Scotland’s Chief Operating Officer and Deputy Chief Executive in attendance. Steven advised that it had been a good opportunity for all who attended to contribute and Staff Side colleagues were able to do this. It had been helpful that the Cabinet Secretary had made the link that the financial situation was not the primary driver to the detriment of staff wellbeing and improving performance for patients and staff. Mark Burrell, as Chair of ACF had a similarly productive session. Jane agreed that it had been clear regarding performance first and finances second. The culture challenges at NHS Grampian were discussed and psychological safety had also been made clear.</p> <p>Martin McKay did not disagree but had an alternative view of the Cabinet Secretary statement which was used to avoid the point raised on the output from the Audit Scotland report about funding. This clearly stated that without a significant change and funding in structure of NHS Grampian, including the bed base, then the current situation would not improve and avoided the question as quality and not money that was</p> | |

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| | important. Laura thanked all for attending and contributing to the Annual Review process so fulsomely. | |
| 4 | <p>Well Informed</p> <p>a. Sub National Arrangements – Laura provided an update on the process of standing up the new arrangements. There were 4 priority areas: improving Orthopaedic waiting times, system flow and unscheduled care, digital front door and business systems. Scotland East and West were asked to focus on these in 2026/27 with plans to be submitted setting out how they will do so by the end of March 2026. It was critical for NHS Grampian to lean in and maximise engagement and input / voice in all areas with APF/ACF and especially clinical Executive Director input. The first East meeting was due to take place tomorrow, to be attended by Alison Evison and Laura for NHS Grampian. Governance is being set up and stood up, financial position paper for the East and paper on remote, rural and island were on the agenda to discuss among other areas, Terms of Reference includes for the first East Sub National Planning and Delivery Committee. The sub national paper was discussed at the public NHS Grampian Board meeting last week to explain and describe what these changes mean to the public and our community and to set out how NHS Grampian is engaging with this important work. This paper was available in the pack of papers for today’s meeting. Laura had agreed to be the Chief Executive lead for scheduled care in East with the first set up and scoping meeting tomorrow. An update to be provided at the January 2026 meeting. There were concerns in the North of Scotland to ensure there is a safe transition, especially given the clinical networks and pathways in place in the North of Scotland and to ensure there are no unintended consequences for patients in this period. The Chief Executive’s group in the NoS will stay in place during transition for this reason and June Brown and Hugh Bishop were contributing to discussions with Clinical Executive colleagues re: clinical pathways/networks. Laura said that there was a need to not lose sight of the people in the current North of Scotland team and to get processes correct for teams and individuals. Philip was supporting Laura with this. Clinical arrangements require to be flushed out with clarity from ACF and the role of Employee Directors in the new governance and partnership arrangements. It was agreed that one communication would go out to all CEOs and Executive Teams and cascaded weekly, as agreed at the East Chief Executive meeting, commencing this week. The remote, rural and island paper was the big concern as a Board and losing a voice on this in the new arrangements which had been recognised and underpinned by a 5th workstream which will span the East and West. There was a paper at the meeting tomorrow and Laura would share this.</p> | LSK |

Steven attended a national Staff Side meeting in Edinburgh yesterday, led by Caroline Lamb, Director General and other civil servants. Caroline Hiscox, Chief Executive NHS Lothian (and East CEO lead) and Jann Gardner, Chief Executive of Greater Glasgow and Clyde (and West CEO lead) also attended. This was an opportunity for details to be discussed on the Directors' Letter (DL) issued and the statement in Parliament. Collectively in partnership to discuss how things move forward. It was agreed at this meeting to determine how Staff Side engage in all levels and participation. The level of participation to be decided by the national Staff Side in the coming weeks. West had met for the first time last week. Laura added that these were positive steps forward.

Lynn Morrison asked if it was known who the leads were for the other 3 priorities and clinical engagement around this as set out by Laura and whether work was being done to connect Allied Health in the new structures going forward with a shared concern around rural. Laura replied for East, Orthopaedic waiting times was Nicky Connor at Tayside, Digital was Brian Chittick at Shetland, and Business System was Peter Moore from Borders. The West group leads was still under discussion. Carol Potter, from Fife, to support with consolidated financial plans for the East for 2026/27 given her background as a Director of Finance.

Sandy Reid advised that he is the lead of Grampian Sexual Health Service who provide patient support to Orkney and Shetland patients and queried if there would be a change in this. Laura confirmed there is no indication at this stage of any change.

This item to be a standard agenda item in order to keep everyone informed and details cascaded appropriately.

b. Organisational Updates

Update on Assurance Board – Laura updated that there was a strengthened focus in the fortnightly meetings on unscheduled care and related performance and spending less time on value and sustainability with growing confidence in this and planned care. Steven and Mark had attended the last Assurance Board meeting to update on outputs of the ACF/APF meetings with tangible outputs from these. 2 sub groups were in place for unscheduled care and workforce. Stephen Gallagher, Chair of the Assurance Board, said at the last meeting that there will be 3 principal areas of focus for the Assurance Board in 2026 which were: operational performance (unscheduled care and improvements), value and sustainability (sustainability of improvements) and redesign and transformation with a strengthened focus on improving organisational culture also.

An agreed agenda item on draft de-escalation criteria would take place at the second Assurance Board in January 2026 and details would follow on this at the February 2026 APF meeting. There was continued focus on stakeholder and partnership relationships, including those with Scottish Ambulance, HIS, NES as examples and how IJB finances are scrutinised. Laura reminded everyone that the minutes from the Assurance Board were available online and in the public domain, which is a welcome step forward. Phil added that there was growing confidence in the work as he had attended 11 meetings with the pace of having every 2 weeks which was helpful to ensure we keep up the pace needed. The Assurance Board sits with the Scottish Government but the responsibility to drive this as an organisation, sits with us.

Improvement Plan – Phil updated that the 11th December 2025 Board paper included 8-10 weeks of work on how to deliver the plan on governance arrangements response to the external diagnostic review which was published on 9th October 2025. The Chief Executive Team (CET) in October 2025 took time to discuss the delivery of this plan and in November 2025 there was dedicated time with the full Board on governance and oversight of the Plan. The Improvement Plan was approved at the NHS Grampian public Board meeting on 11th December 2025. Recommendations will feed into one of the 4 Programme Boards now in place which now includes the Culture Programme Board who met last Friday for the first time. All will report into the CET on a monthly basis. Each recommendation will be worked through with delivery plans and key performance indicators (KPIs) and evidence base for each of those. The intention of recommendations and improvements is that these are sustainable and have positive impact across the organisation. From each of the 96 recommendations, it is the responsibility for the CET and Board Committees to determine if these are met or not and the role of the Board to officially close or if not content, determine that more work is to be done. 96 recommendations were in the report and 9 in the paper were reviewed that should not be taken forward. The Board has supported this decision. All KPIs will be mapped out by the end of December 2025 by operational teams and shared with CET in January 2026. Jane was happy to see that the reduction in nursing substantive levels had been removed. Vacancy control and the slowing down of feeding into this, remained a concern. Phil added that the Vacancy Control Panel had asked for a staff side representative and engaged with teams as much as possible to come to consensus around this but would welcome further feedback.

3 Priorities - Planned Care, Unscheduled Care, Value & Sustainability:

Unscheduled Care – Geraldine Fraser updated that there was a lot happening. Performance remains very challenged. There was pressure on 4-hour access performance and ambulance turnaround times which need to be improved for patient and staff experience. Hospital occupancy was at 109% in ARI and 95% at Dr Grays and reducing occupancy levels was one of the objectives of the improvement plan. There were 183 delayed discharges across Grampian. Flu had hit 2 weeks earlier than normal, but hospital occupancy related to flu had come down and there was a hope this would continue to decrease. There were 46 patients now in hospital with flu from 54 across Grampian. The Emergency Department were still seeing a lot of people presenting with respiratory illness and there was focus from teams on this. Strengthened management arrangements were in place between now and end January 2026 with operational site meetings daily for the acute sector to come together. Programme Board weekly meetings were taking place and delivery timescales for 19 projects with 4 slightly delayed moving from December 2025 to January/February 2026 but were on track. Another bid was being submitted to Government on reallocating slippage monies.

Planned care – Phil presented that the Scottish Government had set a target to have no-one waiting more than 52 weeks for a new outpatient appointment (NOP) and treatment time guarantee (TTG) by the end of March 2026. NHS Grampian, whilst making progress, will not achieve zero target but work was being done to improve and return the best possible results for patients. There were 10,038 outpatients waiting over 52 weeks which had a revised trajectory reduced to 5,489 for NOP by end of March 2026. £500,000 funding had recently been secured from the Scottish Government to support 1,000 on Urology waiting more than 52 weeks.

Achieving trajectory for TTG was more challenging due to the Central Decontamination Unit (CDU) but teams had done a lot of incredible teamwork around this. TGG had deteriorated by 1,124 patients adversely impacting the year-end TTG position compared to forecast. Scottish Government has asked for confirmation of the current level of underspend and to redirect to other Health Boards to benefit the Scotland position. Additional weekend lists in Theatres at ARI and Dr Grays is being explored between January and March 2026 with a potential additional 170 patients through that process and teams were working on this. Increasing independent sector support and adherence to procurement rules with Scottish Government being asked for support for next year.

CDU was currently operating at 85% usual capacity. 2 new washers to come on line by end January 2026 and 3 more through February 2026 to get back up to 100% capacity.

Jason asked about additional mitigation and whether this was reliant on potential funding from the Government from underspend elsewhere. Phil replied that the mutual aid has been agreed nationally with other organisations at no cost to us. £700,000 has been retained with £400,000 of that to use.

Value and Sustainability – Phil advised that monthly figures were now out and savings of £31.7m have been delivered against £30m target at this stage in the year and savings identified to get to £61.8m by year-end. Phil appreciated that this was down to all staff and their extraordinary efforts. There was a need to deliver 3% recurrent savings. Next year was broadly on track with a likely gap of £40m target next year to focus on. There were 13 workstreams and teams were working up ideas for 2026/27. There were 114 ideas so far to be prioritised by end December 2025 along with indicative savings. This was a Scottish Government 3-year plan and the North East Transformation Group aim to work closely on transformational and innovational ideas with are pan-Grampian. The Terms of Reference (TOR) will be circulated at the meeting in January 2026 for this group. Sub national work will also feed into the year 2/3 opportunities and national policy - including the Service Renewal Framework and Population Health Framework and opportunities at national level.

Culture leadership and governance – Philip updated that the Culture Programme Board met last Friday and will oversee improvements across the organisation under the 3 pillars fundamental to management: Leadership & Management Development, Wellbeing/Value and Recognition, and Equality, Diversity & Inclusion. The group looked at audit of facilities following the supreme court ruling, funding, sexual harassment and approval of work from joint meetings to support managers and Trade Union reps around mental health, including suicidal ideation. How to measure success going forward and KPIs will be discussed and identified for statutory/mandatory training rates, appraisal, sickness absence, equality, diversity and inclusion, etc. The TOR was important to be set up and would require Health and Social Care (H&SC) partnership reps, Steven as joint chair and Mark Burrell as members of this. The Improvement Plan discussed earlier on the agenda - leadership, governance and iMatter priorities will form part of this Board's actions for overseeing delivery of in 2026/27. The Programme Board will initially oversee with wider engagement in the organisation.

Kirsten Stewart added that following the joint ACF and APF meeting, Katie Cunningham, Specialist Facilitator in Wellbeing, Culture and Development, had contacted around mental health first aid training and will keep the group updated if there was anything in place. Philip thanked Kirsten in supporting this and will reach out to different leads of the

pillars to start to take this forward. Jane Gibson highlighted that RCN had raised concerns around culture for some time and had serious concerns with this and governance across NHSG which was affecting members in many areas with growing concern. Jane would appreciate RCN being involved in this group. Bullying and harassment data collection and reporting has been an ask from NHSG to do and there have been issues pulling this together. There were questions around why this had not been done previously and this was being progressed going forward for transparency to staff as there was no trust in the process and applying governance. Philip replied that in terms of data collection, this should be referred to Roda Bird, Interim Quality and Diversity Manager. Reporting was included in the staff assurance report at Staff Governance which included numbers and those upheld which was available from Diane Annand. There was no standardised data set of reporting in Scotland and the Culture Programme Board will look at this along with other elements of equality, diversity and inclusion. There was in England which was used to gather historically from this data set, with the intention to refresh with information currently held but may not have all in terms of ethnicity which would need to be looked into and was part of considerations within the Culture Programme Board. Jane added there was ongoing research into this and someone had requested an FOI from NHSG which could not be provided with numbers or information which is a disconnect in this. It was good to start gathering this information and align to feedback. Laura summarised that Philip would pick up with Jane directly to agree and colleagues' involvement in our culture work generally and the Programme Board and provide clarity around data and reporting going forward. Joyce Duncan commented that this had been raised at the Staff Governance Committee for a number of years in various formats with portfolio reports and there should be Partnership involved which Diane has chased up on several occasions. Laura said she was exploring how to further strengthen operational governance and decision-making at NHSG, and this was under discussion.

Industrial action – Philip reported that the BMA were currently balloting Resident Doctor members for strike action which would close at noon tomorrow. Legislation around strike action ballot needs to be by post so it was unsure when the outcome would be announced but a lot of work was being done to prepare for this. This was carried out a couple of years ago and arrangements had been refreshed from this with tactical cells and leads on these. Communication was key with Emma Pettis leading on this and plans. There was complexity of arrangements for 650 Resident Doctors in Grampian and located in a range of Health Boards across Scotland. NHS Education for Scotland (NES) also employ some in Grampian. Pauline Stokes, Workforce Service Manager was looking at

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this and where all based. This will continue in Partnership with Faye Dale leading the work in the Trade Union negotiation cell to ensure lines of communication were open with the BMA and there were contingency arrangements with support from plans. The welfare cell would support anyone who might be affected and facilities available. There would be an increase in clinical risk over 5 days and Gillian Poskitt was leading this. Bronze, Silver, Gold command will need to be in place if the strike goes ahead. Christine Hemming was leading the work for the Acute Sector. Sandy added that it is expected this will go ahead and the need to maintain and increase good relations with potential strikers. Steven reflected that NHSG communication cell messaging, should there be strike action, require to consider what requirements and obligations there were on those that are not members of BMA. NHSG will have communications around this and from the national Staff Side meeting yesterday, this was recognised and Agenda for Change unions will issue guidance.

- c. iMatter – comparison with National Report and organisational priorities/response - Philip had provided a report on national benchmarking for iMatter to compare with NHSG. Grampian were performing in line with the national average on 13 aspects of this and lower national average on some, significantly organisation and line management, culture comparison, visibility and performance management. There was an increase in action planning up by 13% with 2/3rd having an action plan higher than average across Scotland. Priorities for the coming year will be overseen by the Culture Programme Board but key headlines are adopting a different approach to Board visibility and staying connected to the front line, prioritising the culture programme and looking at how decisions are made in the organisation as well as focusing on ensuring all staff have an annual appraisal and statutory and mandatory training is prioritised. IMatter actions will be built on and followed through with appropriate governance.
- d. October 2025 Staff Governance Report – Joyce Duncan updated that the Committee has a greater deal of confidence in information being received in allowing to identify areas of fundamentals of culture and whistleblowing. More information from portfolios was now being seen therefore may need to review what was being asked and what needed to be done, focusing on challenges on this and looking at gaps when comparing against information from other reports.
- e. Staff Governance Report – Integrated Family Portfolio – Louise Pearson was in attendance and Geraldine Fraser. A detailed paper had been provided which was discussed at Staff Governance. There were no questions around this. Steven advised that Joyce had made reference from the Staff Governance Committee of other resources and reports such

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| | <p>as from Non-Executive Director visits going forward, which would enable discussion at Staff Governance to be more rounded with additional perspectives on this. Philip agreed with Steven as there had been a significant number of challenges and responses to this report at the Staff Governance Committee. Phillip appreciated Geraldine and Louise attending and Laura thanked them both.</p> | |
| <p>5</p> | <p>Involved in Decisions</p> <p>a. Extraordinary Joint ACF/GAPF meeting with agreed priorities - Steven reflected that the meetings have been useful but what would happen 6 months from now and how much progress will have been made on these is now key. Jason had produced a survey covering staff welfare, provision of secure storage and access to breaks which had the deadline extended to next week. This was at 40% completion at the moment with MUSC to be encouraged to action. Jane thanked Jason for the update and thought 40% was disappointing as there was a slight disconnect from verbal updates. Consideration needed to be taken into account that some don't engage as busy clinically and others do not want to speak up. Jason highlighted that the survey was not for all staff but managers from each team and Staff Side input to respond and was thoughtful in extending deadlines on this. Alan Wilson added that all should be encouraged to speak out and have their say and complete these. Philip agreed to encourage and targeted within MUSC. It would be unlikely to have a 100% response rate but a sense check could be carried out once outcomes were received. Jane agreed with Alan's point and there was a need to ensure not just managers were spoken to. Gemma Hood echoed this and suggested a follow up with staff on why this wasn't being filled in which would be useful. Jason provided the group with confidence on this and was happy to have a follow-up with colleagues as actively updating UOMs. There was a granularity of questions to delve deeper into these. Lynn Morrison was happy to promote across groups and not just Allied Health Professionals (AHPs) as other staff groups across all portfolios to ensure they have a voice as may not receive through the UOM route. Jason was happy to have a conversation with Lynn as this had not included AHPs. Jane was aware of the complexity and RCN had raised as there was a big priority on clinical staff being able to change from contaminated uniforms and to store any valuables securely. Jason reminded that the scope of work was initially 3 areas: changing facilities, access to breaks and storage. Changing facilities had been set aside due to the Supreme Court ruling and will be returned to and taken forward by the Culture Programme Board.</p> | |

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| | <p>b. Policies for Approval by GAPF – Donations and Fundraising Policy – Lisa Duthie had provided the updated policy as there had not been one in place previously to provide clear guidance and procedures. All processes had been undertaken through the Policy Sub Group and Lisa asked for any questions. Steven thanked Lisa for leading on this supported by the Policy Sub group. Laura advised the group were happy to approve this and thanked Lisa for all her work on this.</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</p> <p>ii. Systems Group Update – Philip updated that all were working hard in the background with no escalation, thanks to Lorraine and erostering colleagues.</p> <p>iii. Reduced working week – RWW had been carried out on a staggered basis previously and this time was a “big bang” which was well under control. On track for this and tidying up for backfill funding and recruitment to be done to mitigate any impact on services by 1st April.</p> <p>iv. Protected Learning Time – Jason updated that the 9 national core statutory/mandatory training had been agreed and due to launch on 2nd March with communication to raise awareness. When staff were completing, the refresher training will be seen on Turas. There was a change to some in frequency which was longer than currently the case. The Counter Fraud module was new for staff with a 6-month leeway period on completion of this from 2nd March. Job family specific guidance and re-registration from the updated DL at end November were being considered at the sub group. The intent of the DL is to measure success from a system basis nationally and locally and work was ongoing at the national group on this to improve compliance. Joyce asked if there was an ability to provide information for Staff Governance Committee on Statutory/Mandatory for everyone and job families also to link to portfolios more easily. Jason replied that this was possible for Statutory/Mandatory core modules for all but job family specific work was mapped across the whole country with lots of sub divisions and published principles for boards to consider which would take some time to work through per job family and did not anticipate this would be soon.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – Jenny Gibb</p> | |

updated that the group continues to meet monthly and supporting teams to push on with the process. At the last meeting on 4th December 2025, submissions were sitting at 511 up 36 from previous month. In November 104 now processed up 36 and 80 progressed to Band 6 which was an increase of 24. Panels were increasing and it was hoped to have 109 completed by end of year. There was no end date in sight with regards to process and all eligible to apply were being encouraged to do so. Mapping had been undertaken on where applications were coming from to identify areas of shortfall and what band 5/6 nursing workforce might look like in terms of landscape and to consider what this means as a workforce and modelling on how long it will take to do submissions at this rate. There had been discussion at the last meeting around using co-pilot for batching applications and whether this would be possible. Jane added that this was news to the RCN Board that co-pilot was to be used to batch but welcomed enhancements to improve the process. Jane highlighted caution around this as academic institutions ban the use of AI and there should be safeguards in place. Jane was pleased the panels were moving forward and RCN asked if this could continue as taking a lot of time to release people from Staff Side. Those not achieving the banding, seems to be due to applications submitted not robust enough rather than reaching the threshold. Jane thanked Jenny for work done at Band 5 meetings. Gemma Hood was involved in the processing around this as job matching for Staff Side and thought it would be interesting to see how the batching will work with co-pilot. The Job Evaluation Coordinator does try to keep these to the same department which makes it easier and helps get through quicker at panels. Jane added that Gina Littlejohn and Tracey McDonald had worked really hard on this and should be recognised for the work done. Jenny confirmed that co-pilot will not be undertaken until convinced this will work and Jane will be around the discussions at review meetings. Mappings were actioned at the November 2025 meeting and the December 2025 meeting to be scheduled in but appreciated how busy Geena and Tracey were and will progress.

Alan raised the issue of those being discouraged to apply due to being told that there was no money for this work and staff may have to work in another location. Jenny replied that since inception, there had been challenges with nurses not being encouraged for a variety of reasons. Nurses were actively encouraged through the group and communications. Adam Coldwells previously put out communication on this to ensure all should receive the salary for work they were undertaking. CET and Nurse Directors have been very supportive. June Brown highlighted that individual discussions require to be carried out with areas and Nurse Director to work with the person to get a fuller understanding. Laura agreed this was the most appropriate way forward and supported this.

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| 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. OHS Update – Jill Matthew had provided a paper summary on the project outline and anticipated benefits from eOPAS G2 Upgrade benefits. The timeline had been adjusted and system downtime was now end March and upgrade mid-April with go live on 20th April 2026 contingent on security and projects finalised, working alongside HR. Any questions to get back to Jill. Laura thanked Jill for update.</p> | |
| 8 | Appropriately Trained and Developed | |
| 9 | <p>Any Other Competent Business</p> <p>a. ESM (Executive and Senior Management) Pay Settlement 25-25 and 26-27 – Philip provided a paper for noting which will be paid in January 2026.</p> | |
| 10 | <p>Communications messages to the Organisation</p> <p>Laura advised below:</p> <ul style="list-style-type: none"> • Band 5/6 conversations had been touched on • Jason and colleagues around MUSC survey continuing • The change in OHS • Broadly continue to update Culture Programme Board and what being discussed • Strike action • Month end finance results. <p>Kirsten had raised the funding side of Band 5/6 review within own team and members were aware of finances and expenses issues. Some staff feel responsible for savings within Kirsten’s department, so communication around the funding being separate for Band 5/6 review would be a good idea. Laura agreed to give thought around this. Philip added that there should be targeted communications for Band 5/6 review as finances were available for those successful and will be added to the department budget.</p> | |

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| | <p>To communicate more widely and add to the Agenda for Change Programme Board and Emma Pettis to communicate this out to the organisation.</p> <p>Laura thanked everyone for all contributions this year and wished everyone a lovely Christmas and New Year.</p> | |
| 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 15th January 2026 will be held on Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 5th January 2026.</p> | |
| | <p>Audrey Gordon - gram.partnership@nhs.scot</p> | |

