



Approved

NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 15th January 2026 10.00 am to 12.30 pm
Microsoft Teams

Present:

Steven Lindsay, Elected Staff Side/Employee Director (Chair)
Laura Skaife-Knight, Chief Executive, (Co Chair)
Diane Annand, Staff Governance Manager
June Brown, Executive Nurse Director (part)
Mark Burrell, Service Clinical Director
Faye Dale, Interim Head of People and Change
Geraldine Fraser, Chief Officer Acute Services (part)
Jane Gibson, RCN
Gemma Hood, SoR
Natalie Jeffery, Business Manager to Head of Service Moray CHP
Martin McKay, UNISON
Jill Matthew, Head of Occupational Health Service
Lesley Meldrum, Head of Corporate Communications
Emma Pettis, Deputy Head of Communications (part)
Rachael Melvin, Deputy Service Manager, Child and Family Mental Health Services
Lynn Morrison, Director of Allied Health Professions
Jason Nicol, Head of Wellbeing, Culture and Development
Gavin Payne, General Manager of Facilities and Estates
Sandy Reid, Lead People & Organisation, Aberdeen City CHP
Philip Shipman, Acting Director of People and Culture
Kirsten Stewart, RCOP
Karen Watson, Unite

Phil Tydeman, Interim Director of Improvement (part)
Audrey Gordon, Partnership Support Officer

In attendance:

Item 4g – Janine Legge, Co-Chair GAPF Development Sub Group
Item 6v - June Barnard, Nurse Director Secondary & Tertiary Care Acute

	Subject	Action
1	Welcome and Apologies Everyone was welcomed to the meeting. Apologies were received from the following: Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON	

	<p>Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee Alison Evison, Chair/Non-Executive Board Member Gerry Lawrie, Head of Workforce and Development Cameron Matthew, Divisional General Manager Surgical Services Kathleen Tan, CSP Alan Wilson, Director of Infrastructure and Sustainability</p>	
2	<p>Minute for Approval</p> <p>Minute of the previous meeting held on 18th December was approved subject to a change from Kirsten Stewart on page 15. Wording to be changed from “funding side of Band 5/6 review within own team” to "some staff feel responsible for savings within Kirsten's department, so communication around the funding being separate for B5/6 review would be a good idea".</p> <p>The Action Tracker was discussed:</p> <ul style="list-style-type: none"> • Facilities Release time – Steven Lindsay and Philip Shipman have not yet met and work has not progressed. A meeting has been arranged for Monday to discuss which had been deferred due to strike preparations. • Staff Side representation to support Planned Care Plan Steven asked if there was a Partnership representative on this. Phil to pick up outside of the meeting. • Zero Tolerance Policy– Philip was meeting with colleagues from the Workforce Information Unit tomorrow to work on data set for Culture Programme and will discuss at the Board on Friday. Phil welcomed Jane Gibson’s involvement on the EDI pillar. This should resolve the concerns Jane flagged up. 	
3	<p>Matters Arising</p> <p>There were no matters arising.</p>	
4	<p>Well Informed</p> <p>a. Organisational Updates:</p> <p><u>Update on Assurance Board</u> – Laura Skaife-Knight updated that the first meeting had taken place on Tuesday this week. The first half was dominated by unscheduled care performance with the impact of the weather, etc. There is a strong focus on unscheduled care on performance against the implementation plan and work continues to be carried out on the impact of the discharge process. Scottish Government were looking for an update on the progress of this. The mini firebreak was touched on just before Christmas and leadership and recruitment in unscheduled care appointments. Planned care summarised position was being updated with the impact of the weather. Progress on the CDU was discussed to bring</p>	

back online and equipment installed later this month. There is a patient safety and debriefing learning exercise at the end of January. Significantly less time is being spent as strong progress has been made. Awaiting results up to month 8 for 25/26 for planning. For 2026/27, Judith Proctor, IJB Chief Officer in Moray was involved with systems partnership doing a deep dive in information planning on 27th January with a strong focus on culture, governance leadership and workforce sub groups. De-escalation criteria was also on the agenda to be discussed. Fortnightly meetings were taking place but the frequency will be reviewed at end March if progress is continued to be made, this frequency could be relaxed.

3 priorities – Planned Care, Unscheduled Care, V&S

Planned Care – Phil Tydeman updated on the key points of the Scottish Government national target to have no Health Board patients waiting longer than 52 weeks for a new outpatient appointment or an elective inpatient or day case procedure by the end of March 2026. NHSG will not achieve this but was improving on new outpatients. There were 10,038 patients originally waiting over 52 weeks but with help from Scottish Government funding and individual sector forecasting by the end of March this will reduce to 4,489 which was an incredible output. There would be a slight deterioration from 4,489 to 5,439 due to challenges around dermatology support from independent sector expectations. A trajectory would be submitted to the Scottish Government on Friday.

An additional £4.8m of funding was received for elective and day case patients to treat 970 patients. The forecast position will improve the long waiting list from 4,622 to 3,936. NHSG have asked for an additional £1.2m and if approved this month, will be used to treat over 3,300 patients across Endoscopy, Urology, Dermatology, ENT and Orthopaedics.

2 machines are expected in CDU to be up and running by 26th January with a further 3 to be installed in February. External support will continue until fully back up and running. There was a learning report due in January on this.

Last week, due to the adverse weather, this had an impact on 211 in patient elective operations being cancelled and 1,789 new or follow up outpatient appointments. Waiting list management will be discussed at the Programme Board and Phil will report back next month on this. Steven thanked colleagues that have been working through all the challenges. Mark Burrell added that he understood the reasons for slippage and queried when CDU was back online, would there be capacity to improve the position going forward and whether this would be sustainable, additional work for a tired workforce. Phil thought this would be normal capacity for CDU

and Health Board mutual aid would continue to be used. CDU was not limiting capacity but maximising efforts of staff at theatres over weekends, with insourcing and outsourcing. There was more to do with a further 100 patients through Q4 in ARI Theatres over a weekend.

Unscheduled Care – Geraldine Fraser updated that there were challenges still in light of the adverse weather but teams had stepped up and had done a great job.

- Resilient partnership transportation cell out of ARI control room had organised transport for patients and supplies as well as working with mountain rescue. There was a Learning Review meeting taking place this afternoon on what to take forward.
- Challenges continued this week with occupancy in Dr Grays at 110% last week with a high number of boarded patients in surgical areas. Discharges were reduced from last week, but this was being worked through.
- The 4-hour performance was challenged and ambulance turnaround times. There was an extra vehicle to support transportation and transporting in and out for those that can leave when they can.
- Good progress was being made with the plan on workstreams with a flow navigation centre supported by GMED with increase consultant sessions to ensure calls are picked up promptly.
- Additional staffing increase in contact rates to Funding Nursing Care (FNC) and a redirection rate of 62.6%.
- Expansion of Rapid Access Clinic (RAC) in AMIA with increasing opening hours to take more patients, with up to 8% of patients presenting in Emergency Pathways.
- Hospital at home expansion into Westhill and Portlethen began on 8th January with 4 picked up over the weekend. There was further requirement for Hospital at Home teams to expand.
- Discharge to Assess services in Aberdeen and Moray were in place, with Aberdeenshire due to start this month. Further expansion/enhancement of Aberdeen and Moray services was planned with recruitment underway.
- There was a slippage of money on utilisation as this was not spent as quickly as planned due to recruitment lead in times and agreement on the plan. There were short term immediate actions for additional temporary capacity and support for the period between now and end of March.
- Rapid implementation of additional project to utilise North East Volunteers Scotland (NERVS) to deliver discharge medication, allowing patients to go home in advance of medication being ready was supported and operational in Frailty wards ahead of Christmas. This will be rolled out across General Medical wards starting on 19th January.

Sandy Reid thought it was good to highlight Discharge to Assess team as looking to double the capacity of 500 hours, trying to get to 1,000 if there are enough staff. The Scottish Government budget announcements were linked into delayed discharge as new money for NHS but not for social care which makes this a real challenge as it will impact on NHS. GP walk in centres will be a challenge around unscheduled care. Grampian test of change by using motorbikes to drop of tablets is having an impact and all were encouraged to get around this. Geraldine thanked Sandy and was delighted that NERVs and volunteers were delivering medication and expanding this fits in line with earlier discharges in the day. Geraldine was keen to bring Frailty into the Discharge Lounge.

A new initiative of '10 before and 10' will be introduced by Rick Strang, Site Director. Before 10 each morning, 10 moves to be made from ED and AMIA to avoid back up of ambulance waits through the day which was positive.

Jane Gibson highlighted that staff have done incredible work over the last couple of weeks with District Nurses wading through snow to get to patients, etc. RCN had raised concerns on the dignity of patients and safety with some now in unplanned bed areas of up to 5 rather than 3 initially. Jane asked if the Discharge to Assess feedback could be shared. Geraldine replied that this was not optimal for patients. Risk Assessments were in place for non-standard beds and the morning site meeting monitored this with teams being supported. Discharge to Assess were collecting feedback and Geraldine was keen to get a better way to monitor this. Key impact measures have been agreed and balanced scoresheets to make sure this was impacting and looking at getting patient experience improved was key. This was still in the starting up phase of pulling information and Geraldine would be delighted to share once this was available.

June Brown thanked Jane for the update on safety concerns and if this could be shared with June Barnard who was on the Non-standard Bed Patient Group to see what was going on to balance the risk and how to do. Jane added that RCN wished to raise the points for safety of staff as well as patients and keeping communication open to understand and support staff involved.

Martin McKay asked if there was a figure of how far over capacity the main hospitals were and the impact on reporting figures for safe staffing whether there was any way to get an update on those, given recent events and ambulance waiting times. This has a direct impact on patient care and staff wellbeing. Geraldine updated that hospital occupancy last

week in ARI was 110.7% up from the previous week of 99.7. Dr Grays was also 110.7%. These figures come to the Chief Executive team weekly. Boarded patients were a concern and teams were actively reviewing with some able to be moved. Staffing is reviewed constantly by Nurse Managers. June echoed this and advised that safe care was in place and staff were able to input into the system for risks as red flags. Additional staffing was sought for areas above templates for agency requests with this process being looked at several times a day. Any that are left in red are escalated to June.

Value & Sustainability – Phil highlighted that this programme was on track to hit the £40m target with final approval in March.

- There was engagement by staff through December which has been great despite some challenging operational pressures.
- Currently 77 schemes through all workstreams, with a total of £33.5m expected through 53 schemes and analysis on this through operational and clinical teams. Review by Finance started last week.
- 24 schemes have no values attached to these and require to be built on.
- There is a cautious delivery risk assessment applied of £24m but improvement expected through Q4.
- The Programme Board meet fortnightly and is made up from executives looking at 12 more difficult operations which will continue through Q3 and Q4. Phil will keep the group updated on this.
- All schemes are due to come to the Chief Executive team in February and following this, Phil will share saving schemes with all Integrated Joint Boards (IJBs).
- The North-East System Transformation Group is being reestablished in February with the 3 Councils, IJBs and NMSG to create greater efficiencies. The Terms of Reference (TOR) was circulated in draft and will be finalised in February.
- The first Quality Impact Assessment (QIA) panel will be chaired by 3 clinical executives and held on 27th January. NMSG is ahead of last year and closer working with IJBs will focus on quality impact.
- Month 8 figures were being looked at rather than month 9 due to the timing of GAPF. Phil was confident that the trajectory of £61.8m savings will be reached.

Steven added that the GAPF meeting dates were earlier this month and next, due to the Board meetings and thanked Phil for the update.

Mark Burrell advised that this was presented to the Area Clinical Forum yesterday and welcomed the improvements

commented on. Feedback will be provided to Phil on the impact assessment element as involvement from a clinical point of view. It was good to hear NHSG were on target and the hard work that had gone into this.

Laura thanked Phil on the update and suggested that the saving schemes for the year should be discussed in detail at the next GAPF meeting in February. From the budget announcement, all boards had received a 2% uplift on base line funding with £28.2m funding for NHSG NRAC for all boards. This moved with 0.6% parity target now at 9.8% as receiving £11.4m funding. Laura will send the summary briefing of the draft budget to members of the group for headline messages. Steven agreed this would be useful and Audrey to circulate in usual way. Steven echoed Mark's comments with thanks and appreciation to all colleagues in realising savings targets and moving in the right direction. Jason asked if there were any ties to the additional funding from a Government perspective or was there freedom to use this additional funding to prioritise. Laura replied that the 2 specific examples had no special criteria attached to them.

LSK/AG

b. Approach to developing 2026/27 organisational priorities

Laura asked that a detailed paper is brought back to GAPF in February. There were too many priorities on the external diagnostic review but good progress had been made on this. Planning was underway for 2026/27 organisational priorities to build on the work already done with clear delivery and workplan to describe to staff, communities and Partnership. The Chief Executive Team (CET) have looked at the draft and will be discussed again next week. There was a hope to build on the approach taken with clear KPIs and metric for 2026/27.

LSK

c. Strengthening operational governance and decision making

Laura asked that a more detailed paper is discussed at the February meeting. There had been diagnostic review effectiveness and how decision making happens was much more inclusive and where to go for decisions. The CET have started this and Laura will bring back to this meeting in February with work underway from feedback from iMatter and links into the culture programme.

LSK

d. Sub National arrangements

Laura updated that the first East meeting took place in December and were now in the process for standing up governance arrangements and groups around 4 priority areas. NHSG senior colleagues were part of these. Geraldine attended the orthopaedic meeting yesterday and also chairs the unscheduled care meeting on behalf of the Chief

Executive in the East. There is a meeting next Monday which Geraldine will attend for rural and island work which was now the 5th area of focus for East and West. Hugh Bishop is the Medical Director representative for East on digital front door and Alex Stephen and Stuart Humphreys attend the business systems meeting. Orthopaedic and unscheduled care were meeting next Monday. A National Trade Union meeting was planned to happen last week but didn't take place to discuss how Staff Side and Employee Directors are involved and where they fit in for East and West meetings with ongoing discussions.

Recruitment for the lead director post was on hold until these are up and running with a transition plan, moving from 3 regional to 2 sub national groups. It was important from a North of Scotland point of view that things don't slip through the tracks with a plan on this and tightened governance.

The Scottish Government draft budget letter issued earlier this week showed a financial 3-year plan in tangent with sub national work. Weekly communications and cascade started before Christmas and will restart from this week to share with this group. The next sub national meeting for East is on 28th January. Lynn Morrison deputises for the orthopaedic group and June Brown for the digital front door sub group.

Steven was aware of the National Trade Union meeting to take place which was now towards the end of next week and will provide similar updates from this. Philip added that several NHSG employees were directly employed by the North of Scotland regional planning team. They were seeking to meet with reps from this group and individuals to provide support on ongoing conversations taking place with national Staff Side and Scottish Government on the way sub national arrangements are communicated and handled and how we work together following the Director Letter (DL) that has now been issued.

Martin asked whether the island element, as the newest group, was down to concerns raised as not on the original planning. Laura replied this was a concern across the North of Scotland to lose the voice of rural and island communities and lobbied hard for this. The Cabinet Secretary and Caroline Lamb did accept this. At the first East meeting in December, a paper was put together for a proposal and it was agreed to span East and West. This had been circulated to members of GAPF.

e. Resident Doctor strike update

Philip thanked all colleagues involved in preparing for the potential strike as well as the severe weather event, the festive

period and CDU being down. This was reasonably well prepared for but was avoided as this was called off. The action group had debriefed individual planning action groups and will continue to make sure this is appropriately closed off. In terms of key elements passed to the PLT subgroup, there was a discrepancy on BLS training that colleagues had undertaken. There was a need to ensure levels were kept high going forward. AfC profession specific training for medical colleagues was a key learning from the debrief and was on the PLT agenda going forward.

Mark added that the ACF and clinical staff were relieved as a huge amount of work had gone into this and commended those leading, collaboration from staff and those stepping up which was welcomed to see. There were learning lessons and senior leaders to reflect on BLS training. Contingency plans were now better as some of this work had been carried out. Steven agreed that everyone echoes the sentiments and comments. Sandy commented from a personal observation, that the system worked extremely well as it did during Covid but doesn't when we are not in a crisis.

- f. Facilities Release Time Update – updated earlier in the meeting.
- g. GAPF Development Sub Group Report 2025

Jason Nicol and Janine Legge as Chairs of the group, provided a presentation included in the papers. Main points:

- Aberdeen City Council numeracy model was a new route into nursing and will be replicated with Aberdeenshire and Moray councils for training.
- 80 plus successful Foundation Apprenticeships. Douglas Andrew, who has now retired, was pivotal around this work in NHSG.
- Key discussion update on review of Management Development Programme which has been around for some time and continues to be reviewed and updated. Management fundamentals work is currently underway with changes to process for applying and management approval to connect back to PDP discussions for management support. There are now reduced frequency of sessions and recorded sessions are provided and a dual stream curriculum instigated. Utilisation rate on the programme was looked at and balancing measures undertaken on the impact on applying and completion of the course with manager approval. H&S training is now a prerequisite to complete before applying which may have a detrimental impact.
- 333 individuals have completed the H&S toolkit for managers in 2025 with 593 in total for 2025.

- The Learning and Development policy is being reviewed and work is ongoing as picked up by Practice Education colleagues for funding development opportunities.
- The updates from the PLT sub group provide the direction of travel on statutory and mandatory modules gate keeping function, connecting back to national work and job family specific mandatory training.
- In 2026 there will be an increased focus on appraisal learning support and support to PLT subgroup for 9 modules to be completed by all NHSG employees.

Steven thanked Jason, Janine and colleagues on this group as it was a useful reminder of the work sub groups carry out. Kirsten added that the CPR for feet Turas module, from a Podiatry perspective, was very important to be classed as mandatory as there were now a number of these cases coming into the service. Jason replied that this was a helpful comment as requests were considered at the sub group for mandatory training but may not be for all. The job family will need to be worked through as a next stage and the need to balance requirement and complexity. Kirsten added that she was happy to assist in this. Jason queried the route for PLT work and job family training national guidance on where this should be taken to for decision and whether there were any thoughts on this. Steven thought both routes through GAPF and AfC Programme Board. Philip asked to take this conversation offline and recognised that GAPF have an important role to play but no financial responsibility which needs to be considered. Janine highlighted that discussions and commitment to staff training are great but there was a need to ensure staff have time and capacity to undertake training which is the difficult bit. Steven agreed this was a good point well made and this should be discussed in the review of the L&D policy and liaising with the Policy Sub Group. This will be approved by GAPF in the process.

PS/SL

- h. GAPF Charity Funding – There has been a Short Life Working Group (SLWG) NHSG Charity committee set up to review the funding for staff wellbeing initiatives. Steven confirmed that this group has now met twice and was in the early stages of work. Lisa Duthie as the manager oversees this and intended to bring a paper or presentation to February GAPF to present outputs from this group. This group oversees the future direction and consequences there may be as a result of this.

Agenda Setting

5	<p>Involved in Decisions</p> <p>a. GAPF Terms of Reference – Steven reported that each of the 16 Trade Unions and Professional Organisations Grampian Area Partnership (GAPF) reps and deputies had been emailed following the meeting in November and correspondence received by Laura from Hilary Nelson, Senior Officer at RCN. All were asked to answer a question on the attendance at GAPF meetings and whether the TU/PO wished to change the attendance to include full-time/employed officials. If the answer was “Yes” which type of participation would be preferred.</p> <p>A number of TU/POs do not have active reps and don't participate in GAPF e.g. British Dietetic Union, Orthoptic Society and Association of Clinical Biochemistry which drops the number to 13. BMA and BDA have their own separate local negotiation structures and did not reply. There were responses from 7 after chasing up all and from those, 4 voted “no” and 3 organisations voted “yes”. On that basis and given the majority, this was discussed at Staff Side yesterday. Steven advised that Jane Gibson on behalf of RCN raised a degree of disappointment with the outcome but the question had been asked and the collective view was no change at this time. Jane was asked by RCN to speak on behalf of them as they were beyond disappointed at this result and it was thought TUs were blocking other TUs as this was not within Partnership working. This happens in 12 out of the 14 territorial Health Boards already and was successful. RCN were interested in managerial views as well as Staff Side. Jane suggested a third way for collaboration and to work cohesively in a trial period to see how this works and if any benefits or disadvantages, rather than being divisive and then decide as the benefits were unknown going forward. Steven was interested in management colleagues' views on how such a decision was taken as previously taken to Staff Side to consult and come back with a view. It was always difficult when not successful for those that have advocated.</p> <p>Sandy thought this was up to TUs to vote on but there was an argument that not all had voted yet and to come back to the meeting to create a result with more views. Steven commented that there had been 7 results out of potentially 16 in NHSG as 2 are vacant and BMA and BDA do not attend meetings and have their own structure.</p>	

Martin had made clear on behalf of UNISON views on this which had been asked within the branch in the past and discussed again last week. The view was consistent as before. There was a process in place and the answer given was a local democracy from Martin's perspective as the forum was actively participated in by those who attend and there were no blocks within the current system. Over the years, this has been enhanced for participation across the organisation. In terms of Sandy's point on another voting gathering "if you don't weigh in, you don't get to wrestle" and there was no benefit in doing this. Martin attended as a local rep as staff were elected within the union to represent staff views locally and there was no benefit of non-employees being involved in this as it works well.

Philip added, from his perspective, he did not see any issues or concerns in the way GAPF operates as the group work collaboratively well together in all they do which was evidenced in strike preparation work, as BMA was involved as well as the Employee Director and Partnership working in NHSG. Discussion from colleagues in other Health Boards is very different to the way Grampian operate. Staff are involved in decisions that affect them and Philip asked union colleagues to consider the RCN letter closely but that the status quo should be maintained and was not inclined to change this as it works well. Partnership working in Grampian is recognised nationally in the strength of this and if not working so well, that would be different. The view that has been reached, should be recognised and respected. Gemma Hood added that SoR (Society of Radiographers) could benefit from a full time officer attending as Gemma is the only active rep in Grampian. Interests may need to be represented if Gemma was not available but was unsure how a trial would work as 1 TU has 1 seat and they may need to give up a seat for a full time officer to attend with someone being responsible for this decision. Jane stated she had listened respectively and did not disagree with large parts of the views shared but reiterated that out of 12 of 14 Health Boards, this does work well. Jane understood that the status quo may be maintained and if not broken, do not fix. Jane clarified that full time officers under the TOR, can be invited in to observe those democratically elected reps of unions and to put their perspective forward and not own. There were benefits to this and Gemma's point on what it is like for smaller unions. Jane questioned why benefits and improvements were not embraced and what people feared as there were not many risks but only benefits. If after a trial period, it was felt this was not beneficial, a vote could be taken to change this.

Kirsten asked if this was successful for other unions in boards or only RCN. Jane replied that 12 boards were open to all officers and full time employees with good feedback for additional experience input for all TUs. Steven commented that colleagues at Staff Side had discussed the same request in 2023 from Hilary and in October 2024 reached out to those in the 21 Health Board and 8 national boards. Unsurprisingly as elected chairs of the Staff Side version of Partnership working, involvement is good and there is no Once for Scotland model. Steve did not receive any feedback from the request for information. There were a range of views and the majority of 22 Area Partnership Forums will permit employee members to attend with a range of options.

Laura was hugely respectful of all views and RCN disappointment but Martin was correct that the agreed process has been run and was now at the end. Jane's perspective on continuous improvement should be the starting point of status quo but to be kept open minded as an outlier in this area and Laura was curious to understand in headline terms, the perceived advantages and what this may bring. Laura questioned if Staff Side colleagues had considered this over the last few weeks and had gathered this information. Every organisation is different but all should have curiosity to be perceptive and take this into account. There is a continuous improvement mentality for perceived benefits to further enhance arrangements in this forum and others. Steven's understanding on the numbers given by Jane of 12 out of 14 territorial boards was not the same as 2 boards in Scotland not doing this. Staff Side regularly meet every 2 weeks and there is a robust debate on a range of issues. Time was given and minuted for recommendations, with GAPF reps and deputies asked to speak to colleagues elsewhere in Scotland. On that basis, the only comment Steven could reflect on was within Unite the Union branch who engaged with others in Scotland to get a sense on different issues, succession planning, etc but Steven was unsure how extensively other colleagues had carried this out. The deadline for responses was Tuesday and this was discussed yesterday at the Staff Side meeting. Steven recognised and respected the level of disappointment from RCN. It was not ideal that all were not taking the same view on this issue but this was not a new thing and the trick was to disagree agreeably on this. After listening to contributions and proposal from RCN to consider a pilot approach and with other contributions from Laura and Philp respecting the process, Steven was unsure how well received this would be to ask Staff Side to reconsider a pilot. Jane

	<p>respected all views on this and concurred to disagree agreeably. Jane had missed some discussions at RCN and failed to grasp the disadvantages and concerns from other people on this but there may be advantages to evolve going forward and not a state of permanence. Laura respected the process followed, the clear conclusion and was respectful for everyone's views. Laura suggested not to close the door forever, to return in another moment in time and be open minded in the detail of perceived benefits from the territorial Health Boards. Steven thought it may be useful to feed into the national Staff Side meeting on the proposal to review Partnership working in NHS Scotland. Laura, with support from Philip, will capture the essence of the conversations and reply to RCN colleagues.</p>	<p>LSK/PS</p>
<p>6</p>	<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> <ul style="list-style-type: none"> i. Overall Group – Philip commented that the Programme Board had met yesterday. ii. Systems Group Update - Philip reported that there was a lot of pressure on Erostering colleagues as it was agreed to progress to start the backfill arrangements. The nuance of implementation date for RWW for rostering purposes is 31st March but payment from 1st April. There were ongoing STAC discussions nationally. At the moment, it was anticipated that financial application of backfill of £10.9m for 189 against £20m cost, will increase rather than decrease and will be sense checked by the Executive Director. The entire programme costs were considerably more than the funding provided by the Scottish Government. The reason behind this was the huge unknown percentage of those being successful and until this was known, the financial cost was unknown. The end date decision was not for NHSG to make. iii. Reduced working week – Faye reported that this was now at 92% of 1,097 rosters submitted, 8% being followed up and tidying up needs to be done as there may not be the number of rosters suggested. A paper was reviewed by the Executive Team on Tuesday, outlining themes and analysis from the scrutiny panel submission which had taken place and highlighted some key questions around this. Leadership, critical support services, income generation on financial position and risks around inconsistencies in submissions and operational challenges need to move forward for Erostering colleagues who have a considerable amount of work to do. Replies and 	

notifications require to go back on all submissions for back fill which has been commenced in batches. Matters were being considered by Executive Directors with reports being provided today to review detail and to make decisions for agreement on the way forward underway. There was planning underway for clear guidance to services and managers on the outcome and what is required to do as there will be a knock-on effect for support teams around this. Philip thanked all involved in this as the same people had been involved in the potential strike operations. The organisation was holding a significant risk for RWW as not far off 200 full time equivalent in terms of back fill and the ability to recruit within the timescale, if at all with a question around workforce supply. Nationally all boards require to provide an update on risks of RWW to the Chief Executive on a monthly basis. It has been agreed to progress recruiting of higher risk categories to consider more nuance observations. Further learning can be taken from this and significant improvements on the last time. Faye added that Scottish Government regular updates were completed through the sub group.

- iv. Protected Learning Time – Jason updated colleagues on the 9 modules to be implemented with updated links to current modules which were changing on 2nd March online. All are required to update when due but if completed after this date this will be the new Once for Scotland model. There is one new counter fraud module going live on 6th March with a 6-month leeway period as additional local communications were being planned to ensure all are aware. This will benefit national modules frequency agreement and beneficial to time demand as some are the same or longer frequency in NHSG which will now match national requirements. An SBAR was being presented to the Programme Board for next steps of PLT to scope or not and approach taken on each roster for PLT with advantages and disadvantages, given the work completed. Timing will need to be considered around work for RWW. Job family mandatory work guidance at the end of November, focused on going forward with levels of complexity around this. A key part of direction was stepping up national workstreams for measures of success around this to compare across all 4 Health Boards.
- v. Agenda for Change Band 5/6 Nursing Review – June Barnard updated that there was no formal end date for this nationally. NHSG were 3rd place nationally since the beginning of the process. There have been 1,047 hits on the portal, 547 submissions received, of those 118 processed, 93 approved and moved to band 6 with 82 already processed by payroll. 16 remained a Band 5 and 7 appeals were being looked at with 2 already heard. This was a significant amount of work for the job evaluation process and was now being reviewed to batch using AI nationally as a set piece of work to speed up ability by 50%.

	<p>Mapping exercise to look at areas of successful applications with themes and places was being looked at in the next meeting to see parity for all people working in those areas. Communication was continuing for all colleagues to support applications and to come forward with any concerns. Philip thanked June and asked that this is added in a Daily Brief to reiterate that even though there is a financial situation, to highlight to staff that this has no bearing on this review and support from colleagues to share. There was active encouragement for more specialist nursing skills to apply and more work in areas where there were no submissions. All to share with June or Jenny Gibb where concerns are to target and enable support. Jane added that in relative terms, NHSG were doing well with those that have entered the process but it was not understood where the barriers were but it was good to share intelligence as some areas may turn into Band 5 or 6 areas and may make recruitment and retention difficult in those areas. From an RCN point of view, Jane will do more walkabouts and speak to areas on who has applied and any barriers to support. June highlighted that the mapping exercise was crucial for those that had applied and there were huge gaps, which the Band 5 review group will take forward. Karen Watson added to the chat that Acute were not embracing face to face sessions that had been set up by Tracey McDonald, Geena Littlejohn and Karen. Karen to contact June to progress.</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>	
8	<p>Appropriately Trained and Developed</p>	
9	<p>Any Other Competent Business</p> <p>Martin was recently responsible in taking all member contacts to distribute to branch stewards for UNISON. The themes that were coming through during the bad weather pressure, was that staff felt there was unnecessary welcome pressure to come into work and work extra shifts. There had been direct questions for support around inappropriate use of leave and not adhering to current adverse weather guidance. Martin was supporting staff members and reminding managers of how they should have been treating leave during the adverse weather event over the 10 days with some areas continuing longer. It was disappointing that clarity is out there as there were inconsistencies on those having to take annual leave where the clear direction of the policy should have been used and staff managed. Martin asked if this could be managed by communicating to the organisation retrospectively.</p> <p>Jane had the same conversations as Martin with colleagues asked to travel if safe to do so which could be subjective. In terms of community colleagues, nurses had to see patients. Police, fire</p>	

	<p>and emergency services have vehicles with winter tyres and advanced driving instruction but NHSG staff do not. Staff were in danger and under pressure and unable to leave patients. Going forward, it would be good to have contingency discussions to overcome difficulties and safety for staff doing this in addition to Martin's suggestion. Philip advised that in terms of policy advocating, it would be helpful to flag up and know where these areas were outwith this meeting. In terms of not having winter tyres, this was a historical review as lease cars did not have. There was an opportunity to review this for the use of all weather tyres as the policy had not looked at this and this was a valid point and subsequent to this, look at driving skills. The car leasing team colleagues could look at this in the meantime for arrangements to see if this would be possible. Gemma added that further to Martin's comment, the use of carers leave shows disregard for the policy as this happens constantly. This situation had highlighted a lot of bulldozing behaviour from managers under stress with people who do not know who they are and feeling pressurising to do things that may be unsafe, with no choice given. People were confused and this caused bad ill feeling of frustration and being pushed down by managers under pressure. Lynn Morrison thought it would be good to understand where those particular challenges have been as described and learning from this. Lynn was happy to support around this and services. For winter weather, it was a good suggestion of the lease car element to explore. Some motoring companies previously did not charge for advanced driving opportunities and this could be explored. Steven, Philip or HR were attending the debrief learning exercise on weather this afternoon as noted in the chat by Laura. Philip was not aware of this but would see if there was capacity to attend. Lynn agreed it would be good to clarify the scope of the learning exercise and if this was across system picking up community or more acute sector element, as unsure who was around this. Steven asked if colleagues were raising specific issues, to contact Philip or operational HR around this and find a route to the debrief this afternoon.</p> <p>Martin, as a UNISON rep, represents members across the workforce and these issues were coming from various areas. If there could be a communication via the debrief later today, to remind the organisation that during adverse weather there is a policy and staff should be supported through that. This requires to be an organisation wide message to go out and absences managed through that. Philip to consider doing this and ask Stuart Humphreys or Emma Pettis to pick up.</p>	PS
10	Communications messages to the Organisation	
11	Date of next meeting	

	<p>The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 12th February 2026 will be held on Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 26th January 2026.</p>	
	<p>Audrey Gordon - gram.partnership@nhs.scot</p>	

