



**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)**  
**Thursday 12th February 2026 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  
Ian Cowe, Head of Health and Safety  
Jamie Donaldson, Elected Chair of Health & Safety Reps, UNISON  
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
Geraldine Fraser, Chief Officer Acute Services  
Stuart Humphreys, Director of Marketing and Corporate Communications  
Natalie Jeffery, Business Manager to Head of Service Moray CHP  
Kylie McDonnell, RCN (on behalf of Jane Gibson)  
Martin McKay, UNISON  
Cameron Matthew, Divisional General Manager Surgical Services (part)  
Emma Pettis, Deputy Head of Communications  
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  
Philip Shipman, Acting Director of People and Culture  
Kirsten Stewart, RCOP  
Phil Tydeman, Interim Director of Improvement (part)  
Karen Watson, Unite  
Audrey Gordon, Partnership Support Officer

**In attendance:**

Item 4a – Paul Bachoo, Medical Director Acute  
Item 4b – Susan Harrold, Senior Planning Manager, Shantini Paranjothy, Deputy Director  
Public Health, Preston Gan, Head of Performance Finance, Luan Grugeon, Strategic  
Development Manager, Jenna Young, Planning Manager  
Item 5a - Lisa Duthie, Charity Lead  
Item 6v - Jennifer Gibb, Nurse Director

	<b>Subject</b>	<b>Action</b>
1	<b>Welcome and Apologies</b>  Everyone was welcomed to the meeting. Apologies were received from the following:  June Brown, Executive Nurse Director Faye Dale, Interim Head of People and Change Alison Evison, Chair/Non-Executive Board Member Jane Gibson, RCN Gemma Hood, SoR	

	<p>Gerry Lawrie, Head of Workforce and Development  Jill Matthew, Head of Occupational Health Service  Sandy Reid, Lead People &amp; Organisation, Aberdeen City HSCP  Alex Stephen, Director of Finance</p>	
2	<p><b>Minute for Approval</b></p> <p>Minute of the previous meeting held on 15<sup>th</sup> January was approved subject to an amendment from Lynn Morrison on Page 8 regarding sub national meetings to say “Lynn deputises for the orthopaedic group and June Brown on the digital front door sub group.”</p> <p>The Action Tracker was discussed and updated as below:</p> <ul style="list-style-type: none"> <li>• AfC Non Pay Reform Funding – Philip Shipman advised that there would be a clearer picture of this next month. To be added as a bullet point under RWW to discuss as a separate finance item.</li> <li>• Workforce Commission – Philip updated that the sub group key headlines are that KPMG has a different set of assumptions. To be added as a separate agenda item for next meeting to go through in detail with slides to narrow down the areas to focus on for test of change.</li> <li>• Facilities Release time – Figures were still awaited from Finance.</li> <li>• Improvement plan – The frequency of this update to GAPF will be quarterly and the next update to the public Board was due next week with Staff Side representation to support the Planned Care Plan. This could now be closed off.</li> <li>• Planned care was added to the workplan and could be closed off.</li> <li>• Staff Side Representation for V&amp;S savings plan – Phil has sent an email to Jamie Donaldson on 2<sup>nd</sup> and an invitation as a rep on the control panel. Steven Lindsay sits on the QIA panel.</li> <li>• H&amp;S Toolkit – This was on the agenda today and could be closed off.</li> <li>• Zero Tolerance Policy– This was on the agenda to discuss and could then be closed off.</li> <li>• GAPF charity funding – Lisa Duthie was attending the meeting to update and then to be closed off.</li> <li>• GAPF TOR/Full Time Officer- Following on from the conversation at the January meeting, Laura has followed up with a letter to Hilary Nelson at RCN and this could now be closed off.</li> <li>• Culture leadership and governance – Philip still to catch up with Jane Gibson but to be closed off.</li> <li>• PLT Work and Job Family training – Jason Nicol updated that this could be closed off as the route for this is through the sub group to the Programme Board and then GAPF.</li> </ul>	
3	<p><b>Matters Arising</b></p>	

	There were no matters arising.	
4	<p><b>Well Informed</b></p> <p>a. Organisational Updates:</p> <p><u>Sub National Update</u>– Laura Skaife-Knight reminded that the Directors Letter (DL) issued before Christmas on population level planning had 5 specific elements - planned care improvement in orthopaedic waiting times, emergency healthcare and flow, digital front door and business systems and a consolidated financial plan for East and West. There was a commitment to capture a rural and island workstream and East has commissioned work on this. Planning and Delivery Committees have been set up (East and West) and 2 formal meetings have taken place with papers shared through the Chief Executive Team. Standardised Board papers updating on Sub-National developments will ensure consistency across all Boards. The DL set out what was changing but there are no changes to the clinical workforce or financial governance arrangements for Boards or changes to Accountable Officer status for CEOs. There has been progress since all workstreams have been set up and Laura was chairing the East workstream around unscheduled care with weekly meetings and a strong clinical input to all of these groups including from NHS Grampian.</p> <p>There were ongoing discussions at a national level with Staff Side and Trade Union colleagues about the Executive posts with interim posts for leadership in place in the meantime. This would not be resolved in the near future. The finance group and Directors of Finance looked at East and the combined deficit position. The size of the financial challenge is £330m and Directors were working through this as there was a scale of opportunities to work together with efficiencies. All areas formal commissions have been agreed by delivering communications and Terms of Reference. There are Chief Executive leads and Executive leads with strong representation from NHSG.</p> <p>A letter had been received this week from Christine Mclaughlin, Chief Operating Officer and Deputy Chief Executive for NHS Scotland, with timescales for submission of draft plans to Scottish Government and the Cabinet Secretary. The first is 27<sup>th</sup> February with early drafts for orthopaedics, unscheduled care and business systems due to the Chief Operating Officer of NHS Scotland and an end point of Ministerial approval by early Summer. The Digital Front Door submissions are slightly later. There was a transition plan for North from 3 regions to 2 sub national and formal governance agreed by North Scottish Chief Executives for oversight, in</p>	

terms of clinical risk and safety. Philip Shipman added that lead Executive roles will take a considerable time to appoint and to work in partnership to conclusion with issues around T&Cs. Steven Lindsay highlighted that there had been media reports with a variety of understanding on the letter sent from Caroline Lamb, Director-General Health & Social Care and Caroline Hiscox, Chief Executive NHS Lothian who are taking responsibility for the sub national work. The National Staff Side view is that nothing is agreed until everything is agreed with Staff Side involvement in structures and how these will relate to STAC (Scottish Terms and Conditions), SWAG (Scottish Workforce and Governance) and Scottish Partnership Forum. In the past 12 months there has been ongoing discussion and there needs to be a refresh or reset on all of this with the remuneration question. Steven agreed with Laura and Philip that this will take some time to finalise. Laura added that we cannot lose sight of the impact of recent announcements and changes for the current North of Scotland team and confirmed that support is in place for these colleagues.

Stuart Humphreys updated that the digital front door sub national group for East have met twice and are meeting fortnightly. The key headline was the initial plan to launch as the web only portal had changed slightly and now creating both an Apple and Android application for access. This was launching in April and available to all but scaled back from initially planned emergency patient information e.g. blood group, etc and where best to access right care. Over the course of 12 months, additional functionality will be rolled out but this was not set out in detail for boards to roll out currently. This will have implications on service delivery for scheduling inpatient clinics and prioritised patients will need to be standardised for patient care. This was not just digital but there were other implications.

Update on Assurance Board - Laura updated that the main area of strong focus was on unscheduled care with the new Site Director at ARI and new Medical Director attending recent meetings, working alongside Executive Directors to provide updates. The 4-hour standard and ambulance handover times were not presently improving but sub metrics were, such as few delayed discharges. Focus on planned care was moving towards exception reporting. Paul Bachoo had given a useful update on learning on CDU shut down and opening. From January there was a strengthened focus on governance, leadership and culture. There was a strong focus on the culture programme and a challenge around composition of membership from Scottish Government and updates on the work underway to strengthen operational governance and improve leadership visibility. The draft de-escalation criteria principles have been reviewed by the Board and will be

discussed again at next Thursday's meeting to go back with proposals to the Scottish Government and to be clear that NHSG want to own this. The Cabinet Secretary has asked for an update from Stephen Gallagher as Chair of the Assurance Board on how things are going and the progress. Stephen has fed back that there has been a positive shift and has asked for a meeting with the CEO and Chair to discuss further.

Single Improvement Plan – Phil had provided slides on this.  
Main points:

- The Executive Team are reviewing recommendations and looking at the governance structure on how to take forward.
- The framework was agreed in December with 96 recommendations which has now reduced to 87. 9 were agreed to be removed either as duplication or a decision taken as not viable.
- If the single Improvement Plan is delivered with 3 priorities, this will bring together and towards de-escalation.
- The 87 recommendations are very detailed with delivery milestones and timescales for closing recommendations and evidence base determined. All feed into one of the Programme Boards.
- An updated paper will be presented to NHSG Board on 19<sup>th</sup> February with a timetable on when to close.
- This was not just a tick box exercise but sustainable change to embed in the organisation and to support these with a review in the internal audit programme for 26/27 to ensure this was still being maintained.
- This was not a small plan and a huge ask across the organisation with a commitment to review resource for those to commit to this, as there was a requirement to be careful on how to engage and not overburden.

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

Planned Care – Paul Bachoo presented:

- This was slightly ahead of position at the present time regarding outpatients on planned and slightly behind on Treatment Time Guarantee (TTG) position.
- Surgery and inpatient treatment were the main risks as some locums had been lost as part of the Operational Improvement Plan appointing for orthopaedics and one large contract for dermatology, unable to fulfil and deliver the work required. This had happened not only in NHSG but elsewhere. Plans were in place to help reduce the shortfall but would not cover the entirety of this.
- Revised trajectories over January were accepted and formed the basis of the plan versus real curves. It was important to look ahead to April, May and June and

confirmation of independent sector contracts additionally will be carried over to the first quarter as normally this was given back.

- CDU update training was at 36% of decontamination staff trained with hands on experience. This continues to be progressed. This was a learning curve for staff to become familiar with the new set up in the most appropriate way. By the end of March everyone should be trained.
- There was increased activity with new machines in place, 5 in total. All should be complete by end of February.
- Mutual aid remains active with NHS Orkney, but others have been paused.

Steven asked Paul to pass on thanks to CDU and teams that were supporting this, as a huge amount of effort had gone into this to get back up and running.

Unscheduled Care – Geraldine Fraser updated that performance has been challenged with attendances through Emergency and AMIA in respiratory with a number of admissions coming through. Positive activities have provided benefits in relation to working with staff colleagues to reduce maximum ambulance time wait. This has been brought down to 12 hours and now at 6 from this week. Any that have breached this are investigated and will continue to do further.

10 before 10 initiative was in place with 10 patients every day moving from ED and AMIA into ward areas and 10 patients discharged from ward areas to home which was an ongoing process and being embedded as business as usual. This was led through Site Director, Rick Strang who has seen benefits elsewhere.

There have been wider work themed weeks with boarders' week, working hard for management and discharge plans in surgical areas which was a huge amount of work and had managed to reduce boarders by half. Last week was pharmacy week and opportunities looked at for medicines being ready and efficiencies that could be put in place. This week was AMIA week and it was useful to have a focus on a week-to-week basis and daily acute site meetings. The improvement plan was reviewed in assurance meetings with work stream leads to confirm progress and impact. Service expansions in the upstream flow navigation centre, ambulatory care centre, and hospital at home have proceeded smoothly and are showing positive results. There has been a further ask to Scottish Government for one off costs for additional slippage and this was awaited. Reforecasting on Q4 metrics, based on information now and learning over 5/6 months, will form the outset of the plan and will be presented at the next meeting.

Kylie McDonnell raised some concerns in Staff Side on the target with ambulance figures and maximum wait time transferred on the basis of acuity and not length of time of ambulance waiting. Geraldine replied that this was in the planning and operational procedures as additional patients brought in and clinical acuity was a priority. There was additional capacity and not instead of.

Value & Sustainability – Phil reported that there had been a huge amount of effort across all teams and was happy to report that this was £1m ahead of plan with £38m delivered and the target of £61.8m will be met with all controls embedded. This represents total recurring savings of 3.51% which exceeds the Scottish Government target of 3% recurring savings. The sharing of good news stories that impacts staff and patients will be added to monthly staff briefings. Lynn Morrison thought bringing numbers to life on the plan through stories and wider communications would be valuable. Laura agreed and would give careful thought on how this could be viewed in all priorities in the same way and translate into what it means for patients and staff.

Savings 26/27 - Phil advised that next year's plan was well on the way to be delivered to the Board at the end of March. There are 13 workstreams who meet weekly or fortnightly and 80 opportunities and ideas have come from staff. There is £33.5m current saving with £30m as deliverable money and a gap to target of £10m with ideas to look into on how to close the gap to deliver £62m this year. Focus transformational opportunities and programme board are focussed on this. There has been work with IJBs (Integration Joint Boards) with 8 opportunities for system wide benefits. The group are meeting in March to progress these. The first QIA panel took place in January with 15 schemes, 7 approved and 8 required additional information. Closing the £10m final gap is a challenge but there is a commitment to do this.

b. Approach to developing 2026/27 organisational priorities – Laura thanked Shantini Paranjothy, Preston Gann, Jenna Young, Susan Harrold and Luan Grugeon for attending to update with a presentation on this.

- Laura updated that there was a small working group in place since before Christmas and there was a need to hit the ground running going into Q1 with clear priorities.
- There are 3 priorities this year which have given a real focus and seeing results in delivery building and approach of this.
- A key objective of the board is to achieve de-escalation as soon as possible in a way that is sustainable. The draft de-escalation feedback was reviewed by the board on 22 January and indicated the areas of focus. There is an

external diagnostic review and clear feedback from Stephen Gallagher to turn our attention to redesign and transformation of services.

- Shantini updated that the 26/27 priorities were focusing on people, leadership and governance to improve staff experience and wellbeing, to be more visible and listening to support teams through initiatives.
- The focus is on prevention and shift including digital innovative approaches for intensive weight management programme for people newly diagnosed with type 2 diabetes.
- Improve equity of access including screening and vaccination programmes.
- Continued focus on planned care, urgent and unscheduled care.
- Retain the focus on V&S and the goal to reduce the financial gap by £40m including working with partners to identify viable opportunities by March.

Stuart highlighted that any thoughts or feedback can be emailed for anything not covered or missing and how to connect to your areas. SMART KPIs were being worked through for each topic as becoming clearer and what success would look like. This was being presented at ACF and the all staff briefing tomorrow and Monday and will be brought back to the wider SLT on 23<sup>rd</sup> in addition to partner engagements mentioned earlier. The finished paper will be presented to the Board in March and once endorsed, to actively talk about these websites and social media with staff, partners and the public. The Plan for the Future remains the long-term plan but requires to be refreshed and will be carried out later this year.

Jason added that it was good to have what was aimed at but asked if there were plans or what merit there would be in asking teams to focus on priorities and what would need to be dialled down, paused or stopped in order to carry this out and get behind the plan. Stuart replied that there were a small number of priorities last quarter which need to be built on as these are not where they need to be and continue to be overstretched. Quality and safety underpin everything which is the fundamental goal with business as usual and also a targeted approach on what moves us out of escalation and focus of the organisation. This would not diminish business as usual but there was a need to know what was being focused on for the Board, Assurance Board and other areas. Laura thought wider leadership communication could be explored through this.

Joyce Duncan was concerned that the priorities have been seen previously in NHS Grampian and would ask what has changed and what was different this time with engaging and viewing prevention in a better way, for example. Laura agreed

this was a fair challenge and she welcomed this. There was a requirement to look at what was missing and what this will look like with KPIs and what was different in reality. The delivery and follow through needed to be different this time. There are regular drip feeds into the organisation every month on what was “said we would do” and where we are on a regular basis and will rise to the challenge.

Kylie was concerned that there was an inequality in healthcare as it was difficult with services being cut for HDU that has a direct impact on care which is the exact opposite of targets. Stuart replied that consistency is a virtue and a systemic issue that is grappled with, but this doesn't take away the need to see hope and optimism. There are far fewer priorities than previously seen on the delivery plan.

Luan reflected on the communication services and third sector that there was a feeling of cuts and challenges but building in transformation focus on substance users as a small test in ADP and drug action on how users use ED. To understand how the system works for them and liberate staff to work much more un-siloed with high intensity users. Luan was working on translating priorities as tangible examples and not just high level but in reality to people, as they experience healthcare. This will be worked in partnership across community services and whole system for prevention work and embed prevention but not as business as usual to give focus on this. To systematically look to embed this will not happen by 2027 but over the next 2-3 years, to demonstrate progress and to set out milestones of how we get there over time.

Laura reiterated that if there were any other comments to email [gram.communications@nhs.scot](mailto:gram.communications@nhs.scot). There are a series of briefings and once these are worked through in the engagement period and with refined KPIs, it would be helpful to have an additional joint APF/ACF meeting in early March to discuss. Steven agreed with a joint meeting in the future and the opportunity may present itself. Laura will action this and take forward.

- c. December Governance Report - Joyce provided a report for December and updated this was a busy meeting with several areas covered. The focus was on ensuring attention is paid to staff governance standard compliance throughout portfolios and comparison to seek improvement with other portfolios. Focusing on training, development, opportunities, wellbeing and use of appraisals for feedback and to ensure visibility of the Board and staff are getting feedback they need to get. There were no issues with this report.
- d. H&S Update and Toolkit for Managers – Ian Cowe provided a report for the meeting.

**LSK**

- The H&S committee met last week and decided to meet more regularly and wind down the H&S Expert Group.
- There were helpful deeper dives on data available for PMVA last week and there was a hope that this will be used for local H&S committees to address issues.
- A more detailed reports for H&S will be coordinated with staff governance schedule when the portfolio report is due.
- There were concerns around local committees not meeting and trying to arrange meetings with chairs of groups. H&S offer support to chairs of local committees and help set agendas, etc.
- Three areas have been visited for the organisational monitoring programme with a common theme of risk assessment foundation which was important that areas have as HSE would term as not suitable and sufficient. There is a recommendation for each portfolio to have a central H&S Risk Assessment on SharePoint.
- The H&S Toolkit was mandatory for all managers in the organisation which was at 75% but it was a struggle to get figures as they did not tie up but compliance figures. These were looked at for more senior managers, Band 8c and above.
- V&A was looked at more deeply and reported to Laura and the Chief Executive Team in January which contained recommendations and an action plan was being developed. The benchmark for training offered, is in line with other boards.
- eLearning compliance was reasonable but other areas were poor. Since September 2025, training was being delivered on this with a 20% increase on course utilisation rate but struggling with engagement as more areas are requiring training. There was a plan set up, with options being looked at, as not sustainable for the resource and staff being released.
- The number of cases has risen for adverse events for V&A which could mean more engagement and reporting or numbers of cases have gone up. There is under reporting of verbal abuse not recorded as it should be. The Datix team are looking at this to ensure this was easier to report.
- The Scottish Government has implemented a zero-tolerance policy but putting into practice can be challenging.
- A standard of behaviour protocol is being looked at for patients and visitors, written by the H&S team and legal office. This has gone to the Professional Directors meeting.
- There are new H&S policies nationally for Once for Scotland and there will be some work on local guidance on these.

Jamie Donaldson advised that H&S committees have written to Laura as there is a breach of legislation which Jamie was

	<p>worried about. There were no H&amp;S committees in some areas with a safe working environment, and numbers were decreasing due to pressure in services and getting staff released for training which was provided by Ian and Team. V&amp;A incidents were worrying that had come through on Datix. There was a requirement to do better for staff as this was just not good enough and needed to change. Laura agreed and was due to meet Jamie soon with some thoughts on how to take this forward, as this was not good enough. Philip added that there were a number of gaps in governance legislation and organisation compliance in H&amp;S but will be making a number of changes to address these. There will be an emphasis and focus at the Chief Executive Team meetings and Staff Governance Committee.</p> <p>Philip hoped GAPF would welcome a paper and action plan on a deeper dive on PMVA at the next meeting on where this is going in the future and historically. Other areas need deeper dives and how to schedule these in require to be discussed. A key area historically in terms of V&amp;A training rate was the limiting factor of those wanting to attend and fortunately this has now switched but the end result was far from ideal with not enough staff trained on PMVA. One action for PMVA is to look at demand for training and capacity in Ian's team. A lot still needs to be done but PMVA was the biggest gap. Laura added that governance is one thing and it was clear where we are being held to account and on the expectations of managers. Formalising the wider SLT will enable different conversations on this in the next couple of months and Laura will speak to Jamie on this.</p> <p>Kylie reiterated concerns from RCN about lack of training and updated on the reduction in training happening around mental health and disability services which was highly concerning. If this limitation was as a result of staff not being released, there needs to be an understanding on what was causing this. Laura added that the focus on deep dive Philip had mentioned could look into this and bring back to next GAPF as there were many conversations around this to ensure staff were safe at work and to be able to dedicate more time on this.</p>	<b>PS</b>
<b>5</b>	<p><b>Involved in Decisions</b></p> <p>a. GAPF Charity Funding – Lisa Duthie provided an update on the staff health and wellbeing support that the charity provided</p>	

	<p>and the Short Life Working Group (SLWG) that was underway. Charity funding has been provided for a number of years for staff health and wellbeing with last financial year receiving over 300 applications at a cost of £1.5m. Historically, these have come to the Charity group without any strategic oversight on an ad hoc basis and no indication of when and what this would look like and links back to organisation priorities. This has been reviewed with legal advisors and trustees to make a decision on whether to continue this and a requirement to determine what support looks like going forward. The SLWG has been set up to look at, and 22 people attend this on a fortnightly basis. There are elements that will no longer be supported - staff sports, £10 social activity and retiral teas. The aim of the working group is to understand where staff wellbeing and development priority needs are and what support can be given for future years. The programme allows staff to access funds and there was a positive benefit of this. Lisa had received good feedback from sessions and spoken to colleagues on priorities and where to focus but clear that there were areas that will not be supported. Laura added that it was clear health and wellbeing was a top 3 priority in the Culture Programme Board on charity work and the SLWG need to hook into this Board to have one, joined-up conversation. Jason agreed with Laura and what matters to staff with practical issues addressed on the staff welfare survey, spaces for storage, breaks, etc, connecting work into the Culture Programme Board and data around MUSC staff welfare.</p> <p>Laura queried the timescale when this support would stop. Lisa required to have a conversation with trustees, but this was due to be by the end of the financial year but was hoping to stall on cascading this and to lead with a future solution and not what was being taken away. Laura agreed that this should tie in with the launch of the staff health and wellbeing programme. Jason was the Chair of this group and Lisa will be invited to attend.</p>	
<p>6</p>	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>Non-Pay Elements of Agenda for Change Pay Award as follows:</p> <ul style="list-style-type: none"> <li>i. Overall Group – Philip commented that the AfC Programme Board met yesterday and a summary had been added to papers.</li> <li>ii. Systems Group Update - Philip reported that work was ongoing for a streamlined approach for hours. 1,000 notifications were received this week and these were being</li> </ul>	

worked through. Payroll colleagues will action and Philip was grateful to them on the work involved.

- iii. Reduced working week – There have been 1,097 roster submissions across the organisation and 1,020 have received outcomes from those and confirmed back to roster owners. The high risk for approved backfill has been actioned and lower risk submissions were being looked into. This cannot be expedited but needs to be as streamlined as possible for recruitment. Information was available on the intranet for issues - [Reduced Working Week – Phase 2 Implementation](#). There was an inability to recruit to post for approved backfill as not enough workforce supply. A sub group was working on communication on risk mitigation on this and how to communicate this across the system to minimise supplementary staffing.
- iv. Protected Learning Time – Jason updated that the new 9 national statutory/mandatory modules were being launched on 2<sup>nd</sup> March and everyone required to complete training as normal. One new module is Counter Fraud and there is a lay period until end September to complete this. Communications are planned at national level and within NHSG. Completion will take 2.5 hours per annum and PLT needs to be planned for this. The number of modules will be less frequent to reduce the load. It has been agreed through the sub group that 5 methods are shared with the national group on how this can be carried out. There is an intranet page for PLT on the home page - [Protected Learning Time \(PLT\) - a consistent approach](#). National Once for Scotland modules will feed into this group and how this connected to higher education group had not been considered previously at national level. The first phase of PLT was implementing the 9 modules, and the next phase is job family and training.
- v. Agenda for Change Band 5/6 Nursing Review – Jennifer Gibb updated that there was a meeting last week:
  - Hits on the portal were at 1,091 currently as the 3<sup>rd</sup> highest nationally which has been consistent. 556 have been submitted and from that 113 processed in total, 96 approved as Band 6 and 17 remain at Band 5 with some going through the appeal process.
  - Matching panels were ongoing and 9 were scheduled over the next 3 months with a further 55 applications expected to get through. Training has been carried out on batch matching and sessions have been set up with an additional 36 processed over the next month.
  - A mapping exercise has been undertaken at high level for areas where no applications have been highlighted through the group and taken back to areas.

	<ul style="list-style-type: none"> <li>• There are issues with Band 5s reporting not being supported to do. Intensive work was being done on this and on every agenda.</li> <li>• Awareness sessions have been carried out with better attendance in some areas than others. Acute have been criticised for non-attendance but have operational pressures that can impact. Sessions to continue and speaking with staff. Jenny thanked staff and Staff Side colleagues for their help with this.</li> <li>• There was no end date announced but in England, RCN were supporting the process as they had not yet started.</li> <li>• Scottish Government have asked for stats and positive figures on progress have been provided. There was further training taking place on job matching or job evaluation this year with communication to be looked at around supporting teams, in terms of next steps when someone leaves a Band 6 post, as there was not a clear need to have conversations and to provide guidance on this.</li> </ul> <p>Karen Watson added that herself, Tracey Mcdonald, Job Matching lead, and Gina Littlejohn, Job Evaluation Coordinator had attended sessions at the Suttie Centre, Dougal Baird, MLT, maternity, children's hospital and on teams with some f2f sessions well attended. Only 3 people had turned up at the Suttie Centre and Dougal Baird and 5 at MLT in ARI which was appalling. This was being raised at various meetings and had been raised with the Cabinet Secretary on why Acute were not embracing this. Jason thought this was operationally challenging to release nursing staff and whether there were other innovative ways to seek engagement virtually or when people were off shift. Philip acknowledged the concerns that Karen had flagged up and there was a need to think what can be done on this Band 5 nursing group at the AfC Programme Board and to engage June Brown and June Barnard in this. Laura agreed to raise this issue at a meeting later in the afternoon.</p>	<b>LSK</b>
<b>7</b>	<p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b></p> <p>a. Zero Tolerance Policy/Behavioural Contracts – Philip advised that Ian had mentioned under the H&amp;S update. To have this staff element of sanction and behavioural contract is the element of this and for visitors. Comments and observations were due back at the end of next week from the Clinical Professional Directors forum and a SLWG to work through and finalise and bring back to the forum, where non staff management, non workforce policies are discussed. This will be brought back to GAPF for noting and how we do everything we can to ensure staff are safe and this is implemented and supported. Laura thought it was good to see this being</p>	

discussed and raised at ACF meetings. Jason highlighted that a previous behavioural contract framework was implemented historically and used in primary care who may be able to give access to the background. Ian thanked Jason and advised that Dr Gray's have used occasionally and factored this in with the central legal office to review and a need to know if legally enforceable. Jamie added that the sooner this comes out to make patients, relatives and staff safe, this might reduce behaviours seen previously and may ease a lot of anxiety. Lynn thought this was a helpful discussion at the Clinical Professional Directors meeting and getting the balance with clinical, underpinning clinical conditions presented as the main driving factor. How to balance this and get the tone right and an ability to deliver care when we need to do, with feedback from the forum would be helpful to share. Philip advised this was the main reason this was through this forum as it was important to be noted. Philip asked if Jamie was happy to be part of the SLWG to look at this which Jamie was happy to do. Laura will bring back to this group for noting.

**LSK**

- b. Non-Standard Bed Base – Steven updated that Staff Side colleagues had discussed at meetings the issue of continued, sustained and interesting use of non-standard bed uses which had been brought back for attention. This was not a new issue or concern but in December 2023, the organisation wrote to Adam Coldwells as Interim Chief Executive and June Brown. Meetings had taken place at that time however this was at +3 and +4 then, but now +5 and +6 were taking place. Collective Staff Side asked for this concern to be raised and evidence trail as Trade Union/Professional Organisation were not supportive of this as this was not good for patient care with staff expected to work and deliver the best care they can in these conditions. This was raised at GAPF at the same time as staff lockers, rest areas, and changing spaces with the use of non-standard and moral injury but other areas were dealt with. Organisation priorities at a high level were welcomed for focus on staff health and wellbeing but one tangible action for Staff Side was asking for a clear plan to stop relying on non-standard bed base use, not to get worse and proactively reduce. There had been conversations over years with June Brown and colleagues and no one was in favour of this, but nothing had changed. Steven had written to Laura and Audrey would upload the letter to the Teams channel which Laura was happy to be shared. Laura had shared this letter with other executive colleague and understood why this had been escalated and the need to reduce and eliminate over time. There was a plan through the improvement plan and a need to see results come to fruition. Laura thanked Steven for this on

behalf of the Chief Executive team and would reply formally and was happy for this to be shared in the spirit of transparency.

Martin McKay highlighted that there had been discussion about lack of engagement in the Acute sector for Band 5/6 review and the pressure of workload which is at the heart of this. Staff have excessive workloads and cannot think about their future. This is a core issue for Staff Side and everyone if we are unable to get a grip on this. Staff have not had a break since coming out of the impact from the pandemic and that pressure continues with significant impact on absence, mental health, wellbeing and longevity of careers. Registrants have an issue to raise this in Staff Side and can be seen to be complicit if not done. Laura agreed that health and wellbeing priorities for the year required to see traction on this.

Kylie was asked by RCN to raise a concern around leaflets that have been handed to patients in non-standard bed spaces in the corridor and was appalled that this explained why a patient had been placed there with instances of seeing people dying in corridors. Relatives are patients and treated with lack of respect and dignity. Leaflets should never be used in that situation instead of 1 to 1 individual conversations which was not acceptable as this was being normalised by handing these out. Jamie added that the leaflet was designed in the Non-standard Patient Bed Group to aid 1 to 1 conversations and as additional information given to patients. Nurses do explain and hand this over to try to shorten the process. Laura thought there was a need to rethink this and Philip to feedback to June. Jamie sits on the group and will raise. Kirsten agreed that there was a concern in normalising corridor care and why this happens as this was not the position to be in. Laura agreed that Jamie take back to the group and share feedback from colleagues.

**JD**

- c. IMatter Schedule 2026- Philip had provided the schedule update in the papers which was due to start on 21<sup>st</sup> April



Stuart updated that part of the Culture Programme Board discussions was the proxy measures, looking at success indicators including completion rates for annual appraisals and iMatter. Jason added a similar point to Stuart on organisation priorities with staff engagement and wellbeing and to format 3 actions, to try to push into one. Action plans and compliance numbers were up, and conversations were taking place around this on the quality and opportunities within that, connecting back to organisation priorities.

8	<b>Appropriately Trained and Developed</b>	
9	<b>Any Other Competent Business</b>	
10	<b>Communications messages to the Organisation</b>	Emma Pettis thought there had been interesting discussions and all processes were in hand for communication.
11	<b>Date of next meeting</b>	The next meeting of the group to be held at 10.00 am to 12.30 pm on Thursday 12th March 2026 will be held on Teams.  Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 23 <sup>rd</sup> February 2026.
	Audrey Gordon - <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a>	

