



Approved

Board Meeting  
10.04.25  
Open Session  
Item 16.8.2

**NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)**  
**Thursday 20<sup>th</sup> February 10.00 am to 12.30 pm**  
**Microsoft Teams**

**Present:**

Tom Power, Director of People and Culture (Chair)  
Steven Lindsay, Employee Director (Co Chair)  
Sean Berryman, Unit Operational Manager Surgical on behalf of Cameron Matthews  
Diane Annand, Staff Governance Manager  
Dianne Drysdale, Smarter Workforce Programme Manager  
Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
Mark Burrell (part), Non Executive Board Member, Chair of Area Clinical Forum  
Joyce Duncan, Non Executive Board Member  
Jennifer Gibb (part), Nurse Director  
Jane Gibson, RCN  
Sarah Irvine (part), Deputy Director of Finance  
Natalie Jeffery, Business Manager, Moray CHP  
Gerry Lawrie, Head of Workforce and Development  
Martin McKay, UNISON  
Deirdre McIntyre, RCOP  
Jill Matthew, Head of Occupational Health Services  
Jason Nicol, Head of Wellbeing, Culture and Development  
Rachael Melvin, Deputy Service Manager  
Sandy Reid, Lead People & Organisation, Aberdeen City CHP  
Michael Ritchie, Unite the Union  
Philip Shipman, Head of People and Change  
Kathleen Tan (part), CSP  
Alan Wilson, Director of Infrastructure  
Audrey Gordon, Partnership Support Officer

**In attendance:**

Katrina Blackwood, Healthcare Chaplain, Spiritual Care – Item 5b  
Elinor McCann, Head of Catering – Item 5d  
Christina Cameron, Programme Lead Planning - Item 5e

	Subject	Action
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Adam Coldwells, Interim Chief Executive (Tom Power on behalf of Adam as Chair) Lynn Morrison, Director of Allied Health Professions Jamie Donaldson, Elected Chair of H&amp;S Reps Karen Watson, Unite the Union Cameron Matthew, Divisional General Manager Surgical Services</p>	

2	<b>Minute for Approval</b>  Minute of the previous Meeting held on 16 <sup>th</sup> January 2025 was approved.	
3	<b>Matters Arising</b>	
4	<b>Well Informed</b>  a. December Staff Governance Report  This report had been added to the Files tab for the group. Joyce Duncan provided highlights from this below: <ul style="list-style-type: none"> <li>• Integrated Specialist Care Services Portfolio had spoken to the Staff Governance Committee. The Committee was assured and pleased with the positivity of the report given recent challenges.</li> <li>• Tom noted that there was an opportunity, with ISCP having attended the Committee previously, to make connections to previous actions being progressed and follow up on those. This helps to provide assurance on staff governance being upheld across the organisation.</li> </ul> Tom Power thanked Joyce and Diane Annand for this report.  b. Green Car Salary Sacrifice Scheme  The Flash Report had been added to the Files tab for the group. Diane Annand updated as below: <ul style="list-style-type: none"> <li>• A significant amount of time had been spent by the Terms and Conditions (T&amp;C's) working group to take forward the procurement process. There had been 4 company presentations on 30 and 31 January and follow up sessions with 2 companies for specific questions and a demonstration of the ordering portal.</li> <li>• There was a preferred provider but the procurement process had not concluded and this was being kept confidential at this stage.</li> <li>• The Implementation Group will be formed with membership as outlined in the report and T&amp;Cs subgroup members which add a service aspect. The remit will be to devise the policy and procedures necessary to run the scheme.</li> <li>• Information Governance engagement had begun with Lorraine Hunter, as SRO on this project and Diane who met with Alan Bell regarding the information on our employees</li> </ul>	

	<p>given to the provider. This was being negotiated to be one unique identifier that is not employee identifiable data.</p> <ul style="list-style-type: none"> <li>• The timeline was 10-12 weeks once contracts signed but could be shorter depending on discussion with the provider. Part of the marketing would be to inform employees that the scheme was coming once the timeline was firmed up. Some may want to hold off buying a new car to see what a lease could be through the salary sacrifice scheme.</li> </ul> <p>Tom had noted in the flash report that learning had been taken into account from NHS Highland and one other board and queried what had been learnt from them. Diane explained that learning was still to be obtained and Annie Ganguly as Project Manager from Value and Sustainability was in contact with Highland who had given some indication of their uptake since their launch last September. NHS Grampian had already been working with predictions based on the uptake of models of cars, tax brackets, etc last year to understand potential level of savings. There could be no accurate prediction but modelling had been carried out on the companies' experience. Diane had spoken to NES last year who advised that preparation was important as they had felt rushed to launch before some policy decisions being made.</p> <p>Jason Nicol welcomed this piece of work for the organisation, environment and employee benefit and was a positive message to communicate. Jason queried whether lease was the only option, could a car be purchased at the end of the lease period. Diane confirmed that discussion to date had been about returning the car as damage waivers had been raised. <b>(Post Meeting Note 20.3 – communication has come out to advise there is now an option to purchase in the process)</b> The options at the end of the lease period would be made clear in the FAQs. Diane stated that early communication had also been raised at the Value and Sustainability Delivery Group however a level of policy decision was required first e.g. eligibility as not all staff would be eligible. For example those on a fixed term contract would require their contract to be longer than the lease term. In addition, after sacrificing a proportion of salary, it cannot take the employee below the Scottish Living Wage. This would mean that a Band 3 employee would not be able to lease a high end car. There would be other options available to staff such as a personal lease through the provider which would hopefully be competitive.</p> <p>Alan Wilson asked whether there had been thought given on the electrical infrastructure for charging. Diane advised that they would not be encouraging staff to come on site to charge cars but offering a range of cars (electric, hybrid, ultra-low emission and used cars) to take into account geography of where members of staff live and for affordability with a home charging unit included for the staff member to order and fit at their home.</p>	
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	<p>Gerry Lawrie thought that presumptions were being made that a Band 3 role would not be able to purchase a high end car and could family income not be taken into account. Diane clarified that no judgement was being made as it was factual from the example used that sacrificing that amount of salary would take them below the Scottish Living Wage. Family income cannot be taken into account as it can only be that of the individual who is sacrificing salary under HRMC regulations. Gerry queried if it was the Scottish Living Wage as NHSG had signed up to pay the Real Living Wage. Diane would raise with Lorraine Hunter and the provider to clarify this.</p> <p>Tom thanked Diane and Lorraine on the positive development of this project.</p> <p>c. Once for Scotland Phase 2.2 Update</p> <p>Diane shared a presentation on the latest tranche of Workforce Policies. Main points:</p> <ul style="list-style-type: none"> <li>• Phase 2.2 - there were 8 refreshed policies under Equalities (Equality, Diversity and Inclusion and Gender-based Violence), Foundation (Facilities arrangements for trade unions and professional organisations) and Employment Contract (Personal Development Planning and Performance Review, Employment Checks, Secondment, Redeployment and Fixed-term contract) coming online soon. Additional 4 guides – Racism, Reasonable adjustments, Sexual Harassment, Transitioning.</li> <li>• Transition arrangements were scheduled for early February 2025 but a confirmed implementation date is awaited.</li> <li>• Phase 3 was scheduled for consultation 18 February 2025 to 18 March with an anticipated soft launch will be January and February 2026 with publication in March 2026. This covers the following: Adverse Weather, Menopause and Menstrual Health, Alcohol and Other Substances, Smoking and Vaping, Work-related Stress, Work-related Violence and Aggression, Work-related Driving, Manual Handling, Lone Working and Workplace Biological and Chemical Hazards (COSHH).</li> </ul> <p>Steven Lindsay commented that the Phase 3 consultation was pending however this should go live soon. The Cabinet Secretary approval for phase 2.2 policies was ongoing. There was an NHS Fife employment tribunal which may influence the Equality, Diversity and Inclusion Policy and the Transitioning guide but this had been adjourned until July 2025 with an outcome potentially not being known until Autumn of this year. The Equality, Diversity and Inclusion Policy and guide may then be amended due to the outcome of this tribunal. A decision was awaited whether the current versions would launch now as originally planned.</p> <p>In addition, the Once for Scotland Facilities Policy did not allow for an appendix to be added outlining the constitution of GAPF whereas</p>	<p><b>DA</b></p>
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	<p>this was currently hosted in the NHSG policy. Therefore this would require to be hosted differently. Steven had spoken with Sarah Duncan as Board Secretary and had proposed, subject to GAPF approval, that Philip Shipman, Adam Coldwells and himself involved in GAPF Agenda Setting, would bring forward an updated Terms of Reference for GAPF to consider and approve. Tom thought this overview was helpful and welcomed any views on Steven's proposal, starting with small group and bring to this forum which he thought would be a good process. HR Directors had sought views from the Scottish Government on their position on matters arising from the Fife employment tribunal relating to the Equality, Diversity and Inclusion Policy and the Transitioning guide, which need to provide clarity.</p> <p>Philip informed that Diane was presenting to the wider Senior Leadership Team (SLT) a more detailed overview of Phase 2.2 policies. It was agreed that this topic should be on future GAPF Agendas and Audrey was asked to note this for next Agenda Setting meeting for these to come to GAPF once published. Diane had carried out detailed work on comparing the new policies with NHS Grampian policies and topic specialists such as a member of Jason's team for the Personal Development Planning and Performance Review policy. Diane would consider what format would work for GAPF, after seeking feedback from GAPF members present at the wider SLT. Mark Burrell advised that Diane was welcome to come to the Area Clinical Forum (ACF). Jason added that the Managers Development Forum who meet monthly may be another forum to attend.</p> <p>d. Concerns re staff experience (Monthly) – Steven Lindsay/Tom Power</p> <p>Concerns had been raised last year and a group had been set up to move forward and understand access to break spaces, facilities for colleagues and noting concerns around the ability to access these. Jason had spoken with Jane Gibson and Gavin Payne since the last GAPF. The main areas being looked at were: access to private / non-public spaces for changing, access to secure storage and access to space for breaks including mealtimes. This was to be concentrated initially at Dr Gray's and ARI, an approach endorsed at GAPF in January. There was a focus on how to capture data via the management and leadership structure through the iMatter hierarchy at team level. This was being refreshed at the moment.</p> <p>Gerry highlighted that bids had come from a previous GAPF Development Day around taking breaks and managing fatigue, some of which were funded. It may be good intel to add to the knowledge of what was going on. Jason had spoken with Lisa Duthie who outlined this funded work and was very enthusiastic but cost may be an issue as a barrier to address the gaps. Through the</p>	<p><b>AG</b></p>
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	<p>survey, a comprehensive picture of provision and gaps could be collated with a view to close as many gaps as possible. Steven added that the 80 bids were across the system and non-recurrent funding of its time but had now moved on.</p> <p>Jason shared the questions to include in the survey for improving staff experience and this would be shared with the group. Philip thought it would be good to see detail on this and helpful to comment on. The only concern was to what extent this would create an expectation that we were unable to live up to and what would happen next. Jason added that this had come up in discussion within the group as staff experience would deteriorate if finance was an issue. Jane Gibson had previously raised as there was an expectation when staff come to work, they were offered basic environmental factors, one being the ability to change and store valuables. This had become normalised as staff were not reporting on basic facilities at work and conditions. Staff would appreciate any work looking at this and were aware this wouldn't happen overnight but was a good step forward.</p> <p>Steven agreed with Philip and reminded the group that Alastair Grant and Keith Grant looked at supporting a review and evidence historically was anecdotal. There was a need to collectively manage expectations. Tom commented that this was an important piece of work and asked colleagues to provide feedback on questions to Jason. Jason would add a timeline and text to manage expectations in the introduction of the questionnaire. A test questionnaire was being set up and Jason had spoken to Gillian Poskitt to seek input from other elements of Corporate Services to get moving. Aiming for end March to try out the design and test this. Tom thought it would be helpful to put this out before iMatter to give time between these to complete. Jason would provide an update on this next month.</p> <p>Tom thanked Jane, Jason and Gavin on the work carried out on this.</p>	JN
5	<p><b>Involved in Decisions</b></p> <p>a. Public Holidays</p> <p>Steven and Philip thanked Diane and colleagues on the T&amp;Cs group for the work on recommendation of dates for 2026-29. It was agreed to remain as the status quo and keep under review for different local areas when systems may be up and running by then. The dates were available on the Files tab on the Teams Channel. GAPF accepted recommendations from the T&amp;C group on these.</p> <p>b. SBAR 5<sup>th</sup> Anniversary Covid Lockdown</p>	

	<p>Tom welcomed Katrina Blackwood, Interim Head of Spiritual Care and thanked her for preparing an SBAR on this. Katrina explained she spends time with staff and patients on wards and wellbeing was still being impacted on since Covid. It was suggested that it would be good, throughout the month of March, for people to take time in the chapel spaces quietly writing very personal issues and hanging on a tree. It was important to mark this with people gathering and taking time to think through all aspects on how this impacted us. An in-person event to mark Monday 24<sup>th</sup> March was suggested, inviting people along to take time to remember. This would be limited to numbers who could attend but there was a need to reach far broader. The Carol Service at Christmas was recorded and this could be something similar which could go out to the whole organisation for all staff, featuring the quilt in the corridor in Critical Care, poetry and reflective time. Spaces could be set aside in person in ARI and Dr Grays in the chapel for staff to talk about things. Katrina felt it would be good for GAPF to have some input and to cover any questions.</p> <p>Tom thanked Katrina and Spiritual Care colleagues. This was the probably the most significant shared challenge in our working lifetimes and it was important for this not to pass by unmarked. Steven had met with Katrina a few weeks ago to discuss this and welcomed the opportunity for staff to reflect on Covid in terms of work and more generally. Adam Coldwells, Alison Evison and Emma Pettis were very supportive and Tom advised that everyone in the Executive Team had supported. Sandy agreed this was a good idea as this would serve as a reminder of challenges faced and looking to the future on other issues, staff had overcome this. The system impact had shown that staff worked much more together in 2020 than currently. The Archivist (Fiona Musk) in NHSG might want to think about commissioning them to have a photo exhibition marking this time to allow people to reflect. Jason agreed with everyone's comments that the potential concept of a Month of Remembrance with Wellbeing, Culture and Development (WCD) was welcome and WCD Wednesday in the team brief could be used to raise this. Martin McKay welcomed the proposal as beneficial for the organisation to balance this out during the period proposed to emphasise some of the gains in the work the organisation has done and what was learned in terms of staff wellbeing. This was still impacting on people but the balance of some positivity with reflection on Covid was welcomed.</p> <p>Jill Matthew had a concern that some people could be triggered by the remembrance of this but was happy to work alongside Katrina from an OHS perspective and signposting if some were struggling. Tom agreed this would be an important step to signpost support. Jason added that Katrina could link with Sean Harper, Director of Psychology to build on Jill's point, as he is leading on Trauma Informed support. Tom summarised that there was a strong level of support taking into account the suggestions made. Katrina thanked everyone for this and would have conversations with others. This</p>	
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	<p>was being recorded on Monday and would take a couple of weeks for this to go out. Tom thanked Katrina and thought the opportunity to mark the 5<sup>th</sup> anniversary would be valued by colleagues.</p> <p>c. Finance Update</p> <p>Sarah Irvine shared a presentation on the current position. Main points:</p> <ul style="list-style-type: none"> <li>• In month overspend of £6.3m. Year to date overspend of £56m</li> <li>• Funding allocated to budgets in January for areas where backfill was agreed for Reduced Working Week (RWW). There has been a low number of Band5/6 applications and as such likely to be minimal cost relating to this in 2024/25. There remains a risk around the final cost of AfC non pay reform going forward.</li> <li>• A number of non-recurring accounting adjustments will be actioned in March to improve the financial position on non-delegated services</li> <li>• Contributions to IJB overspends will also be accounted in March.</li> <li>• NHSG non delegated forecast has improved since June and is below the level of expected overspend.</li> <li>• Some risk around medical pay award with estimates indicating funding may not be sufficient to cover the costs of the medical pay award and further discussion is underway with the Scottish Government on this.</li> <li>• The system remains under significant pressure and there remains a risk that service pressures and other unplanned cost increases may drive the monthly overspend to a higher Portfolio level of £5m a month (£60m for the year)</li> <li>• There is a clear expectation from Scottish Government that NHS Boards financial plans for 25/26 will present <ul style="list-style-type: none"> <li>○ A clear programme of work and supporting actions to achieve a 3% recurring savings on baseline budgets over a 3-year period</li> <li>○ An improved forecast outturn position compared to 24-25</li> <li>○ Trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved.</li> </ul> </li> </ul> <p>The draft plan outlines we are unable to deliver an improved forecast out-turn but remain committed to achieving the other 2 asks.</p> <ul style="list-style-type: none"> <li>• Savings will focus on 3 key areas for 25/26 <ul style="list-style-type: none"> <li>○ £29m further savings delivered through Value and Sustainability</li> <li>○ £6m Savings identified by operational areas through service change proposals</li> <li>○ £2m identified savings from KPMG</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>• The Financial Plan will be presented to the NHSG Board for approval on 10<sup>th</sup> April 2025</li> </ul> <p>Tom added that a process was underway to provide assurance that the £6m saving from service change proposals could demonstrate balance across key strands of governance. The £6m was part of a much longer list that couldn't be delivered in a safe way.</p> <p>Steven thought it was troubling that only £5m had been used of the £19.6m allocated to the Board for implementation of non-pay elements for Agenda for Change, but given the complexity of this, was not surprising. The Band 5 review implementation date pre dated this financial year. Steven queried how this would get accounted for and if the risk was even greater in future years. Sarah highlighted that we were only able to recognise costs in 2024/25 where there was certainty and this would be challenging given the low number of applications through the process. There remains a significant risk that the final cost of AfC non pay reforms would exceed the recurring funding allocated by Scottish Government, noting that any successful band 5 to 6 regrade applications would be backdated. Sarah confirmed the risk was being recognised in the financial plan and in discussions with Scottish Government.</p> <p>Steven flagged that there was potential risk around the savings identified from the external review work given the costs associated with the review. This was acknowledged and confirmed that the final financial plan would reflect identified savings from the review. Any savings identified may be reduced in year one but would contribute in future years if saving was recurring.</p> <p>Mark Burrell stated that Sarah would be welcome to attend the Area Clinical Form to share an update and Sarah confirmed she would be keen to attend a future meeting to update on the financial position.</p> <p>Sandy asked if the risk on medical pay referred to 2025/26. Sarah confirmed that the medical pay risk related to the current year. Our financial plan assumes a pay award of 3% in line with planning guidance.</p> <p>Tom summarised that next year and future years will be challenging following the escalation to level 3 with Scottish Government.</p> <p>d. Aroma Cafe Price Rises</p> <p>Elinor McCann, Head of Catering had supplied an SBAR paper available in the Files tab. Elinor updated that patient and non-patient catering was looked at. The Trading Account content was included up to the end of December and had shown expenditure far outweighs what is being taken in. This was not subsidised and as a minimum there was a need to break even as the Government directive. There was a need to charge more and make areas viable</p>	
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	<p>following the Covid period where some money had been clawed back. Food had increased by 30% and wages increased by 35% and Elinor was unable to sustain what was being charged any longer. There were significant differences with comparison of local and national chains coffee prices. This was a reasonably substantial price increase to claw back the deficit with a 10% increase from 1<sup>st</sup> April.</p> <p>Tom advised that an earlier price increase proposal had been discussed with GAPF in the past and it had been noted that ultimately this was a management decision. This was an opportunity for GAPF to discuss, understand and relay the rationale in local partnership forums. Philip asked whether the experience of increase previously had equated to a reduction in activity. Elinor replied that sometimes in the first week or two this happened but people do come back as it was value for money compared to competitors. There was the Keep Cup initiative to pitch for staff as further discount. Tom noted that GAPF had reviewed the proposal on having to increase prices and it was agreed to proceed with this. Tom thanked Elinor for her input.</p> <p>e. Whole System Acute Integration</p> <p>Christina Cameron, Programme Lead Planning provided a presentation and paper which was available in the Files tab. Christina update on progress of this work evolving and planned. The presentation was progressed under route map for strategic change with the Oversight and Strategic Change Board concerns on how we approach integration of the Acute system. Main points:</p> <ul style="list-style-type: none"> <li>• In 2022 and 2023 the strategic intent was summarised for Plan for the Future and the role and function of Dr Grays Hospital (DGH).</li> <li>• In 2023 and 2024 there had been good progress. The Clinical Skill Centre in Dr Grays had expanded beyond demand and met accommodation needs for training and oversees staff with limited resource.</li> <li>• There were indicators from the operational system to create sustainability as this was rapidly needed. The Chief Executive and the Board reflected on this high level need to reassess the approach on how to achieve output and how important Dr Grays was.</li> <li>• Challenges flagged up in Dr Grays were not just for Dr Grays but the whole Acute system and there was a need to address a whole system approach for the Acute Service for everyone.</li> <li>• There were challenges, issues and risk on a whole system approach. <ul style="list-style-type: none"> <li>○ Plan on a population health basis</li> <li>○ Focus on delivery services for people not buildings</li> <li>○ Unified integrated approach to teams, management and governance.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Structures, systems and processes produce the prevailing culture</li> <li>○ Horizontal integration at service and pathway level</li> <li>○ DGH role for whole of Grampian</li> <li>○ Strategic Change Board to shape the commission for whole system acute integration.</li> </ul> <ul style="list-style-type: none"> <li>● How is this being taken forward <ul style="list-style-type: none"> <li>○ Immediate Operational Concerns</li> <li>○ Whole System Acute Integration</li> <li>○ Local Site Implementation</li> </ul> </li> </ul> <p>Agreement was required on how the above is prioritised and what is done first. The Commission will be finalised within the next several weeks. Services areas and teams are of immediate concern and ensure these were being accommodated. Resources were needed and lessons from the past to align these.</p> <ul style="list-style-type: none"> <li>● It was hoped to be able to move into the delivery phase in April.</li> </ul> <p>Tom thought this was helpful to see set out in this way. Steven commented that this was a challenge given the number of existing and long-standing change processes in Dr Gray's and other parts and asked which of those were going to be overtaken or deprioritised for this work to be carried out with important messaging set out clearly. Christina agreed that it was absolutely right as this was an ongoing challenge on decisions on what we stop or merge and did not have an answer at this time. It has helped by prioritisation work mentioned previously as everything was important to start/stop/continue and to use corporate support, resource and time from clinical colleagues' route map as this would be the key to how this was decided. Tom added that at the Strategic Change Board at the start of January, recommendations had been accepted on work done on the framework last year and the initial review of potential items for the strategic change route map, had been brought to the fore. This would be discussed at the Chief Executive Team (CET) on Tuesday. The Organisation Management Oversight Group, which is a partnership group, is a feeder group to the Strategic Change Board.</p>	
6	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p><b>a. Non-Pay Elements of Agenda for Change Pay Award</b></p> <p>i. Overall Group - Tom updated that the Programme Board now met monthly to reduce the burden on colleagues but not many programme level decisions had been made. The Daily Brief had set out the timeframe today for reducing to 36 hours, so this may need to step up to meet more. Steven added that it would be interesting to see the response from the Cabinet Secretary letter of Staff Side colleagues on RWW in April 2026.</p>	

	<p>ii. Systems Group Update – There was no update</p> <p>iii. Reduced working week (RWW) – Philip thought it was good we had more notice than the last time for the next reduction. The focus was on getting RWW for first cohort of staff as still 1,000 short and a lot of work going into this on where they were, the services, and whether this was the correct number. It is likely this will be a much lower figure due to workforce changes since the programme commenced. Philip advised that if anyone received an email from Matt Jobson, this should be acted on.</p> <p>iv. Protected Learning – Jason updated on the core 9 standard modules. Scoping of profession specific had started across Boards and a decision would need to be made locally in NHSG on how to factor the restart of PLT based on the RWW timeline.</p> <p>v. Agenda for Change Band 5/6 Nursing Review – Jennifer Gibb reported that 58 submissions had been received with one successful application. There was good news on panels increasing through March and April and weekly from the summer. A small team was responsible for setting up panels and were working hard on this. There were some issues around time factor for completion and feedback was varied on this. Feedback on support for this was mixed and highlighted through group members and Chief Nurse agendas in a supportive way. Staff recognised that there were no blockages in applying for this. An RCN roadshow was due to take place at the end of the month to support. Tom advised this was being publicised through the Daily Brief and HRD colleague had advised on a “nudge function” was being built into the portal to remind colleagues who have logged in / started and not gone further, so this may help. Jane Gibson noted that time was a huge issue as a barrier to this and complexity when engaging with the form. Tom advised that news of any deadline for applications was still awaited. Diane added that the deadline was back on the agenda for the Job Evaluation Group looking at the Band 5 review but had not been agreed at the moment. This was a decision for Scottish Terms and Conditions (STAC) and recommendation from the group Diane was on. Jane noted that local RCN roadshows are being held on 26<sup>th</sup> and 27<sup>th</sup> February and thought it would be good if some managers could come along to the RCN roadshow which would show to staff as being supportive.</p> <p>Martin urged all and any members on the meeting today to look for communications from any organisations on agreed pay deal, 12 months towards an election for the Scottish Government. Many meetings had been organised across Agenda for Change (AfC). Tom agreed that the Cabinet Secretary timing of the letter was not long after Trade Union correspondence was made available.</p>	
7	<b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b>	

8	<b>Appropriately Trained and Developed</b>	
9	<b>Any Other Competent Business</b> <ul style="list-style-type: none"> <li>Steven updated that a letter had been received from STAC RRP group who had agreed to extend Recruitment and Retention Period (RRP) for Estates staff for another 2 years until 30 September 2027. Any further extension to this would require NHS Grampian to submit this by 30 September 2026. This was uploaded to the Files section in the Teams group.</li> <li>Steven highlighted that this was Tom's last meeting and thanked Tom very much, on behalf of GAPF, for his support and work and wished him well in Lothian. Tom thanked everyone for the positive and constructive conversations he had enjoyed over the past 4.5 years. He was sad to be leaving great colleagues. Philip would be taking over Tom's role in the interim.</li> </ul>	
10	<b>Communications messages to the Organisation</b>	
11	<b>Date of next meeting</b>  The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 20 <sup>th</sup> March 2025. Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 3 <sup>rd</sup> March 2025	

Audrey Gordon - [gram.partnership@nhs.scot](mailto:gram.partnership@nhs.scot)

