APPROVED by APF 21st July 2025

Area Partnership Forum (APF) Meeting
Monday 19th May 2025 at 2pm via MSTeams

Present:	Claire Burden,	Chief Executive (CB) (Joint Chair)
	Ewing Hope,	Employee Director (EH) (Joint Chair)
	Sarah Leslie,	Director of Human Resources (SL)
	Jennifer Wilson,	Nurse Director (JW)
	Vicki Campbell,	Director of Acute Services (VC)
	Nicola Graham,	Director of Infrastructure and Support Services (NG)
	Kirsti Dickson,	Director of Transformation and Sustainability (KD)
	Derek Lindsay,	Director of Finance (DL)
	Roisin Kavanagh,	Director of Pharmacy (RK)
	Tim Eltringham	South Ayrshire Health & Social Care Partnership Director
	Craig Lean,	Head of Workforce Resourcing & Planning (CL)
	Lorna Kenmuir,	Assistant HR Director (LK)
	Carrie Fivey,	Organisational Development Manager (CF)
	Lucie Fontana,	British Association of Occupational Therapy – BAOT (LF)
	Deborah Logan,	British and Irish Orthoptic Society – BIOS (DL)
	Sam Mullin,	General Municipal Boilermakers Union – GMB (SM)
	Allina Das,	Royal College of Nursing – RCN (AD)
	Lorna Sim,	Royal College of Nursing – RCN (LS)
	Wendy Smith,	Royal College of Midwives – RCM (WS)
	Nicola Gault,	Society of Radiographers – SOR (NG)
	Pauline Brady,	UNISON (PB)
	Tom Cairney,	UNISON (TC)
	Lovina Reid,	UNISON (LR)
	Frances Ewan,	Unite (FE)
	Terri Colins,	Unite (TC)
	Ken Brown,	Partnership rep for Acute (KB)
	Lisa Davidson,	Assistant Director of Public Health (LD)
	David Black,	Head of Learning and Development (DB)
	Tracy Scott,	Wellbeing Lead (TS)
	Kimberley Montgomerie, Business Support Manager/UNITE (KM)	

In attendance:	Ashleigh Kennedy,	Corporate Secretary (Notes)
	Marie Leach,	Royal College of Nursing – RCN (Shadowing)
	Siobhan Aston,	Royal College of Nursing – RCN (Shadowing)
	Lorraine Crum,	Principal Lead for Pay, Policy and Terms and Conditions

Apologies:	Elizabeth Bruce,	Chartered Society of Physiotherapy – CSP
	Crawford McGuffie,	Medical Director (CMcG)
	Lynne McNiven,	Director of Public Health (LMcN)
	Miriam Porte,	Communications Manager (MP)
	Elspeth Jaap,	British Dietetic Association – BDA (EJ)
	Calum Anderson,	British Medical Association – BMA (CA)
	Louise Sinclair,	Royal College of Podiatrists – RcoP (LS)
	Christopher Pitt	Federation of Clinical Scientists (CP)
	Paula Dumigan,	Interim Lead Nurse (PD)
	Carole Murray,	RCN Officer (CM)
	Gail Dobie,	Royal College of Midwives – RCM Deputy (GD)
	Matt McLaughlin,	Attending as the Regional Officer for UNISON (MMcL)
	Claire Craig,	Chartered Society of Physiotherapy – CSP (CC) (Attending on behalf of EB)
	Siobhan McCready,	FT officer for UNITE (SMcC)
	Julie Lamberth,	Royal College of Nursing – RCN (JL)

Item	Title and Summary of Discussions	Action/Owner
1.	**Welcome/apologies**	
	CB welcomed those in attendance and apologies were noted as above.	
2.	**Notes and action tracker of previous meeting**	
	The notes of the meeting on 17th March 2025 were approved as an accurate record.	
3.	**Matters Arising**	
	CB asked for the action tracker to be updated with progress against actions.	
4.	**Service Updates**	
4.1	**End of Year Finance**	
	CB provided an update on the month 12 position and advised that NHS Ayrshire & Arran (NHSAA) was currently forecasting a year end deficit of £51m (2024/25). This is slightly better than plan but fell short of Scottish Government (SG) expectations. SG have supported an in-year extension of brokerage to cover the £51m which enables the Board to meet that financial standard required of the Board, but this has increased the cumulative debt of the Board which is now >£100million. The highest cumulative debt in Scotland. However, in-year the Board has delivered circa £27million through the CRES programme of which 2.1% is recurrent, the majority of these saving have been transactional, ie as agreed there are no planned reductions in the NHSAA workforce but through workforce efficiencies, reducing agency spend and SLA/contracted services. Through all directorates teams have been working to collectively reduce the monthly spend of the Board by reducing waste and spend from as many processes as possible.	

	As a Board we need to deliver >£30million CRES every year for at least the next 5 years if the Board is to achieve financial balance. It will only be once financial balance is achieved that the historic brokered debt will need to be repaid. We have had the support of an external consultancy, and it is through their support that in 2024/25 NHSAA has delivered more CRES than has been achieved in any previous year. This has been with the combined efforts of Viridian and every directorate of the Board, which is a credit to all involved. Every piece of service reform, every positive procurement change, helps maintain the services we need to provide. For 2025/26 we have a CRES plan to the value of £30million and that supports a revenue plan with a year-end deficit of £33million. We have been advised by the government that we need to reduce our in-year spend by a further £8million getting our year end position closer to £25million. This work is on-going.	
4.2	**CRES Approach**	
	CB shared a presentation on the CRES Approach. EH advised that APF members would review the presentation in detail and provide any feedback to the next APF meeting.	
4.3	**Improvement Programme Steering Group (IPSG) updates**	
	CB shared a presentation on IPSG updates. EH advised that APF members would review the presentation in detail and provide any feedback to the next APF meeting. WS raised concerns that the band 7 and 8's that are holding additional portfolio work are now being asked by Viridian to only input 8am – 4pm through SSTS. Portfolio work is now being completed as unpaid and there are expectations that a certain amount of work should be completed over contracted hours which will also impact the reduction in the working week going forwards. CB advised that staff are not expected to work unpaid and concerns should be raised through line management to ensure that they can be dealt with through the appropriate pipeline. Viridian is an independent company, supporting cost improvement and cannot make decisions on the Board's behalf. In response to a question in relation to changes to nightshift patterns, CB assured members that if any changes meet the criteria, they will be taken through the organisational change policy. Process will also be followed for protected pay.	
5.	**Financial**	
5.1	**Financial Management Report (FMR) for the twelve months to 31 March 2025**	
	DL presented paper 4, FMR for the twelve months to 31 March 2025 and highlighted the following key points: • The Board overspent by £51.3 million in the year ended 31 March 2025. This is in line with the £51.0 million forecast in Month 11. The Board will did not meet the statutory requirement to breakeven in 2024/25 but did remain within the revised brokerage cap of £53.5 million. • The Board achieved £26.8 million of efficiency savings against a backdrop of significant operational and workforce pressures. This was above 3% requirement of £26.5 million, however some of this was non-recurring. • Acute Services are £36.9 million overspent.	

	• The New Medicines Fund overspent by £10.4 million. This was due to the cost of new medicines approved by the Scottish Medicines Consortium being higher than the funding provided by SG for this purpose. • North IJB have notified the Health Board of a likely overspend. A £1.8 million contribution towards health overspends in North Health and Social Care Partnership is included in our position. • Paragraph 2.14 to 2.16 of the report shows the areas where savings have been achieved for 2024/25. Not all of these savings are non-recurring. • The Board spent £10.173 million and therefore remained within the Capital Resource Limit and a breakdown of detail is included at paragraph 5.2 of the paper.	
6.	**Pay Reform**	
6.1	**Reduced Working week**	
	CL presented paper 5.1, Reduced Working week and advised that the NHSAA response to the first milestone for the residual hour of RWW is attached at Appendix A, and our position with regard to compliance with the first 30 minutes implementation is provided at Appendix B. As referenced in Appendix A work has already taken place within the Board in terms of: • financial modelling of worst-case scenario (i.e. backfilling 100% of time associated with the reduction of 1 hour for all AfC posts) of recurring resource requirement to enable the further hour of RWW to be implemented, a cost of approximately £14.3million; and in tandem • initial assessment of risk associated with the implementation of the further hour, across all Directorates, and the indicative additional staffing resource that may be required. As we look towards the second Scottish Government milestone, of 1st October, the Tactical Pay Reform Group is considering how we build on the outputs of the two aforementioned exercises to further refine and definitively detail the additional staffing requirements of the organisation and the resultant cost. Key considerations in respect of forward planning will be workforce supply, particularly for registrant supply and opportunity for part time staff to retain existing hours should they wish to do so and funding is available to facilitate this. In accordance with PCS(AfC)2025-01 this planning will be taken forward in partnership and the final plan for the October milestone will come to the APF. EH noted the significant work that the co-groups and tactical groups have undertaken. There are still some concerns on what evidence is required and if this is to support or oppose the further reduction of the working week. CB advised that we have been clear on the risks in regard to the reduction of the working week and the issues relating to the national and local availability of staff to employ to close the gaps are known. The direction of travel is unknown; however NHSAA want to offer staff the best employability options as possible and safer staffing will always come first.	
6.2	**Band 5 review**	
	LC presented paper 5.2, Band 5 review and advised that the Band 5 Nurse review continues to make steady progress. Communication is ongoing with the use of Stop Press and Daily Digest messages; 7 minute briefing; direct emails to nurses and management teams as required and updates included in the Nursing Newsletter. The Job Evaluation page within O&HRD (within HR Services) has been updated to ensure ease of access to information with links to all of the relevant documentation including FAQs and a recorded briefing session. In line with other Boards, applications received to	

	date are relatively low in relation to the potential number of applicants. A closing date for applications has not been set nationally. Members discussed the low number of applications and raised awareness that some managers are actively discouraging their staff members from applying. Examples of challenges to be shared with JW. LC will update the FAQ and communication to reflect some of these challenges. JW advised that clear messaging was clear on the purpose, the role and the function of the Band 5 review. Communications will be taken through the Senior Charge Nurse Meetings to ensure that this message is reinforced. In response to a question regarding the closing date, CB advised that members of staff already in the process will be entitled to run through the entire process irrespective of the closing date. EH and LC are due to meet to discuss backfill and the significant difference in the roles in relation to panel and facility time. DL to be included with regards to the costing components. A wider conversation with colleagues will follow.	All/JW LC JW EH/LC/DL
6.3	**Protected Learning Time**	
	DL presented paper 5.3, Protected Learning Time and advised that due to the ambiguity of the DL coupled with the enormity of the task to present the requested detail, following consultation with Boards, the national PLT group established three work streams comprising of NHSiS Learning Leads from Boards and representatives from NES, with leadership from the Scottish Government to navigate a clear and consistent approach across Scotland for a successful outcome. The three work streams are as follows: • Work stream 1 – Focusing on core mandatory training modules with a national passport followed by job/role/profession mandatory training; • Work stream 2 – Looking at systems modifications i.e. SSTS, eRostering and Learning Management Systems (i.e. LearnPro / Turas Learn) • Work stream 3 – How success will be measured with a clear framework and without creating an industry (i.e. PDR/P Appraisal / iMatter) Phase 1 of Work stream 1 focuses on core mandatory and statutory training (MAST). Currently NHS A&A has 9 agreed modules and in transitioning to a national Once for Scotland model, the modules applied by NHS A&A will be scored for suitability together with comparable modules used by other Boards. The outcome will inform a national recommendation for the most suitable module for each specific topic as being the preferred national module for consistent application across Scotland. Local panels are currently being established comprising of the e-Learning and Development team and the named subject matter expert for the specialist topic. Phase 2 of work stream 1 involves job/role specific mandatory and statutory training. The national PLT group has defined this as 'The minimum standard of training - beyond core mandatory training for all staff - that a regulator, industry standards and/or Health Board considers to be necessary for staff in a given job family to deliver their role safely and	

	competently, and allow the organisation to function effectively'. In essence, this is essential job/role specific learning which is the next level up from core MAST. Although information has been gathered by representatives from Directorates, for consistency, to enable the Scottish Government to undertake a detailed analysis spanning all 22 Boards, they have requested job/role specific learning is presented to them using a national template which they have recently developed and circulated. The data requested is in job family, sub-job family/profession; job title; specialist area; agenda for change banding; course title; training type (mandatory/statutory); delivery mode and duration of training (length of time). Although a national submission date of 30 April 2025 has been agreed, NHS A&A has negotiated an extension to 30 May. In response to a question regarding Child Protection models, DB advised that Child Protection had not been given the same focus and attention however there is a move forward for NES to look at Child and Adult Protection and further detail will be shared when available.	
6.4	**Distributed Working**	
	LK provided an update on Distributed Working and highlighted the following key points: • It has been decided that NHSAA will be using the Once for Scotland Flexible Working Location Policy for staff who are in scope across the organisation. This will be in conjunction with organisational change process and steps. • A distributed working protocol was drawn together in 2023, this has been updated and will be shared virtually across the group. • Letters will be issued to staff offering 1:1's as part of organisational change. It is important to note that everyone effected by organisational change is entitled to a 1:1 however not everyone may need them. • Staff drop in sessions are being arranged and communication will be shared as soon as possible to share the dates and locations of these. Management, Staffside and HR will be in attendance at these sessions. • The workforce sub group will continue to meet four weekly.	
7.	**Policy**	
7.1	**Uniform Policy**	
	LC presented paper 6.1, Uniform Policy and advised that the Uniform, Dress Code and Laundering Policy was considered by APF at their meeting on 17th March 2025 and Policy Group met to consider feedback at their scheduled meeting on 24th April 2025. Policy Group considered the following with detailed responses included in the paper: • The section on footwear does not make a clear and consistent position on footwear by reference to CROCs • Clarity sought on the definition of 'excessive jewellery' • Notes from Infection Control received on 1st April re wording re 'bare below the elbow' plus proposal to move theatres section to an appendix rather than in the main policy • Laundering section of the policy – not specified • Lack of inclusion of nursing and clinical representatives in the development of the document	
7.2	**Landline and Mobile Communications Policy**	
	LC presented paper 6.2, Landline and Mobile Communications Policy and advised that the policy was significantly outdated in terms of systems references and terminology and required a full update in this regard. A policy sub group was set up with members of the main policy group supplemented with representatives from Digital Services and Information	

	Governance. The updated policy has been developed incorporating some of the format and content that the sub group had sourced from other Boards policies, utilising the most up to date language and references to technology. The attached policy is the output from the sub group, finalised and approved by the Policy Group on 24.04.25	
7.3	**Professional Registration Policy**	
	LC presented paper 6.3, Professional Registration Policy and advised that Professional Registration is included within the Pre and Post Employment Checks PIN (March 2014) and the Boards Professional Registration Policy was historically developed in accordance with this. The minor update includes the following changes: • Update to include reference to Managers receiving automated reminders from eESS regarding registrations due for renewal and they can also check on eESS at any time for registration related information • Additional wording to clarify that the Staff Member is required to advise the organisation of any change of name. The name they are registered with the professional body should be the same name as they hold with the organisation • Amendment to wording to ensure that payment in cases of failure to maintain effective registration is in accordance with SWAG guidance issued (that was issued after the original policy was published). • Equality Statement Updated LC to update page 5 section 33.1 to amend from “pharmacist/pharmacy technicians” to “pharmacist, pharmacy technicians” and remove the word “Chiropodists”.	LC
8.	**Full capacity Protocol**	
	VC provided an update on the Full capacity Protocol and thanked colleagues who have either commented in writing or met with Michelle and Ruth to go through the policy. The policy was prepared to provide a more enhanced and robust governance arrangements around the use of Full Capacity Protocol. It is recognised that this is not the position that the Board aims to be in; however there are times and occasions where this is required. The main focus is on the staged approach, with a tight governance and rigours process in place, is that we all agree when going into full capacity this needs to be a last resort. A decision log process is used particularly over the weekend where demand is at its peak. Significant progress has been made in regard to coming out of 55 non-standard spaces over the last two months. It will be important to sustain the improvements introduced to continue to operate within our bed footprint. Funding has been received for wards in the Crosshouse Hospital site. A final meeting with UNISON is due to take place to discuss the monitoring and compliance of the policy however this doesn’t stop the implantation of the policy as stands. VC to advise EH when full capacity protocol is initiated to allow information to be shared with Health and Safety representatives through Staffside.	VC
9	**For Awareness**	
9.1	**Health, Safety & Wellbeing Committee (HSWC) Meeting**	

	SL shared the HSWC Meeting notes for awareness and to draw attention to the requirements of APF to ensure the free exchange of minutes and information through to the local partnership forums. Key items from the paper include: Reg 4A FAQs, OH&S Strategic 3 Year Plan and the appointment of the Head of Occupational Health & Safety.	
	Any Other Business	
	KM asked what in the interim are NHSAA planning to do to support the dignity and respect of all colleagues following the Supreme Court judgment in relation to the definition of sex in the Equality Act 2010 last month. CB advised that support has been sought from the Public Health team in developing people policies by Q2 in September. Any staff concerns in the meantime should be raised with their line manager and will be dealt with on an individual basis until further guidance has been received from SG. SL assured members that at present, NHS Boards are doing their high level impact assessments in terms of accommodation, estate and looking at employment policy. Staffside nominations will be sought for this high level piece of work for scoping. SL will discuss including further Trans Awareness Training with Elaine Savory. LS raised awareness of a newspaper report which stated there were only 28 reports of recorded violence and aggression incidents in NHSAA over the past five years. Staffside are aware of the significantly higher numbers and in particular within mental health areas. CB asked for this news article to be shared to allow for a response.	SL/EH SL LS/CB
	Date of Next APF Meeting	
	Monday 21st July 2025 via MS Teams at 2.00pm	