Area Partnership Forum (APF) Meeting
Monday 29th September 2025 at 2pm via MSTeams

Present:	Gordon James,	Chief Executive (GJ) (Joint Chair)
	Sarah Leslie,	HR Director
	Crawford McGuffie,	Medical Director
	Vicki Campbell,	Acute Director
	Kirsti Dickson,	Director for Transformation and Sustainability
	Derek Lindsay,	Finance Director
	Caroline Cameron,	North Ayrshire Health & Social Care Partnership Director
	Lorna Kenmuir,	Assistant HR Director
	Carrie Fivey,	Organisational Development Manager
	Lucie Fontana,	British Association of Occupational Therapy – BAOT
	Deborah Logan,	British and Irish Orthoptic Society – BIOS
	Allina Das,	Royal College of Nursing – RCN
	Lorna Sim,	Royal College of Nursing – RCN
	Wendy Smith,	Royal College of Midwives – RCM
	Nicola Gault,	Society of Radiographers – SOR
	Pauline Brady,	UNISON
	Tom Cairney,	UNISON
	Terri Collins,	Unite
	Ken Brown,	Partnership rep for Acute
	Kimberley Montgomerie,	Business Support Manager/UNITE
	Paula Dumigan,	Interim Lead Nurse
	Carole Murray,	RCN Officer
	Siobhan McCready,	FT officer for UNITE
In attendance:	Ashleigh Kennedy,	Corporate Secretary (Notes)
	Helen Gemmell,	Assistant Director of Estates and Support Services (Item 7.1)
	Elaine Savory,	Equality and Inclusion Manager (Item 8.1)
	Graham Armstrong,	Head of Occupational Health and Safety (Item 8.4)
Apologies:	Elizabeth Bruce,	Chartered Society of Physiotherapy – CSP
	Ewing Hope,	Employee Director (EH) (Joint Chair)
	Craig Lean,	Assistant HR Director
	Jennifer Wilson,	Nurse Director
	Miriam Porte,	Head of Communications
	Roisin Kavanagh,	Pharmacy Director

Tracy Scott,	Wellbeing Lead
Lynne McNiven,	Director of Public Health
Nicola Graham,	Director of Infrastructure and Support Services
Elspeth Jaap,	British Dietetic Association – BDA
Calum Anderson,	British Medical Association – BMA
Louise Sinclair,	Royal College of Podiatrists - RCoP
Christopher Pitt,	Federation of Clinical Scientists
Sam Mullin,	General Municipal Boilermakers Union – GMB
Lovina Reid,	UNISON
Frances Ewan,	Unite
Lisa Davidson,	Assistant Director of Public Health
Gail Dobie,	Royal College of Midwives – RCM Deputy
Matt McLaughlin,	Attending as the Regional Officer for UNISON
Claire Craig,	Chartered Society of Physiotherapy – CSP
Julie Lamberth,	Royal College of Nursing – RCN
Lynn Lydon,	Health and Safety Service Representative

Item	Title and Summary of Discussions	Action/Owner
1.	**Welcome/apologies**	
	GJ welcomed attendees and emphasised the importance of partnership working and his commitment to collaborative working. Apologies were noted as per the attendance list.	
2.	**Notes and action tracker of previous meeting**	
	The notes of the meeting on 21 July 2025 were approved as an accurate record.	
3.	**Matters Arising**	
	Updates were provided for the following actions. GJ asked for APF colleagues to update the action tracker. • Uniform Policy (Once for Scotland): Completed. • Smoke-Free Grounds Policy: Update pending; action carried forward. • Facilities Time: Awaiting updated policy; current arrangements remain. • Flexible Working in Hot Weather: Referred back to the policy subgroup. • Use of Scrubs and Shorts: Action to ensure feedback is provided at the next meeting.	
4.	**Financial**	
4.1	**Financial Management Report (FMR) for the five months to 31 August 2025**	
	DL presented the FMR for the five months to 31 August 2025 and highlighted the following key points: • NHS Ayrshire & Arran (NHSAA) is £15.4m overspent after five months. This is excluding HSCP's. • Acute services account for £13.9m of the overspend. • Delayed discharges and high length of stay contributed to unfunded ward costs (£2.9m). • Planned investment in urgent and unscheduled care aims to reduce bed usage. • Overspends in emergency departments and assessment units total £1.8m.	

	• Savings target of £36.7m; forecast delivery is £28.5m. • Actions to mitigate overspend are outlined in the report, including improvement groups and surgical mitigations. Wendy Smith raised concerns about the representation of the Best Start midwifery service. **Action:** It was agreed that further context would be added to the Board paper. GJ invited members to contribute ideas for future savings. Allina Das raised concerns regarding Viridian's involvement in operational decisions. GJ clarified their role is supportive, not directive and operational governance should be followed. LK and DL provided updates on system rollouts and annual leave tracking and advised that further information will be shared in due course.	**DL**
5.	**SCRIG Update**	
5.1	**Update on Staff Group on implementation changes**	
	SL provided an update on the NHSAA response to the single-sex ruling and advised that collaborative work is ongoing to ensure legal compliance and staff support. National guidance will be followed where proportionate. Helen Gemmell advised on new signage beginning implementation next week and investment in changing facilities, with inpatient sites prioritised.	
6.	**Terms and Conditions**	
6.1	**Update on the implementation of reduced Working Week**	
	SL provided an update on the implementation of reduced Working Week and advised that in line with the ministerial expectation effective from 1st April 2026, NHSAA has commenced work towards transitioning to a 36-hour contract. The organisation has successfully implemented the initial 30-minute reduction, supported by a clear and structured workforce plan. The following key actions were noted: • Meetings have taken place with the former Chief Executive, relevant directors, and the implementation group. A planning paper has been developed outlining the approach and preparations. • CMT has committed to proactive recruitment to ensure clinical service coverage. Additional staff have been recruited, though forecasts indicate potential reductions due to attrition. A part-time options exercise is underway. • A table has been prepared by Agenda for Change (AfC) job family, detailing WTE impacts. Data gathering is ongoing to identify services unable to accommodate reduced working hours via roster, with time back provided by exception. • NHS Scotland remains committed to enhancing staff wellbeing. Teams are encouraged to challenge and support full implementation of healthy working conditions. The financial and workforce planning commitments are acknowledged and appreciated. • Meetings with Rob Whiteford and Craig Lean have been held to conduct scrutiny checks. Key backfill arrangements are in place, though not on a permanent basis. A draft letter is being prepared to provide partial assurance to Scottish Government (SG) regarding implementation progress.	

	GJ confirmed that all boards have received communication to comply with the national agreement, while recognising the need for derogation in some cases. Carole Murray noted that the full £2.2m allocation was utilised to date. Derek confirmed £14 million in non-recurring funding from SG to support RWW, Band 5/6 review, and protected learning. NHSAA is expected to absorb the initial 30-minute reduction and Band 5 review costs. Lucie Fontana highlighted recruitment of additional nurses, but noted limitations in AHP and non-nursing roles due to lack of intake. Sarah discussed alternative workforce models, skill mix exploration, and collaboration with NES to test new roles and build a sustainable pipeline. Allina Das emphasised that alternative roles should enhance team skill mix rather than act as substitutions. GJ clarified that not all roles received the 30-minute reduction, and absorption will be necessary based on service needs.	
6.2	**Band 5/6 Nursing review**	
	LK provided an update on the Band 5/6 Nursing review, noting that there are currently 504 applications on the system, of which 129 have been submitted. 81 applications are at Stage 2, with outcomes anticipated by end of December. Work is ongoing with staffside and job evaluation teams, this process differs from standard business-as-usual procedures due to the adoption of a new methodology. The initial eight applications raised several queries, prompting a regrouping effort and closer collaboration with panellists to ensure a robust process. While the number of trained panellists remains a challenge, it has increased. A slightly revised process is being implemented, including training with experienced panellists. Panel cancellations continue to be an issue, and a high volume of incomplete or unclear applications has been observed. The current focus is on progressing existing applications. Communication efforts are ongoing to support movement through the system. A national report indicates NHS Scotland is mid-range compared to other Boards. No updates were available from the recent HR Deputes meeting. **Action:** GJ requested a one-time share of the national dashboard at the next APF. Carole Murray queried whether the original plan to have 80 applications processed by end November remains feasible. LK responded that due to panel cancellations, this may shift to end December, and progress updates will be provided as soon as possible. **Action:** GJ reiterated the need for a status update at the next APF, and LK confirmed she would ask LC to provide an update to involved staff. Terri Collins raised concerns about panel cancellations and the difficulty of committing to long-term scheduling. A short-notice list was suggested. LK noted that various approaches have been trialled, including hosting papers on Teams rather than via email. Last-minute substitutes are being sought, and nurses not previously involved in specific cases are being used to expand the pool of trained panellists. Kimberley Montgomerie requested visibility of business-as-usual cases. **Action:** LK confirmed that internal communications exist and offered to share a list at the next APF, subject to ensuring no breach of personal information and that the format is fit for purpose.	**LK** **LK** **LK**

6.3	**Progress update Job evaluation action Plan**	
	LK provided an update on the Job evaluation action Plan and advised that significant progress has been made. A number of new panellists have been introduced, complementing the existing experienced team and enabling business-as-usual operations to continue effectively. Collaborative efforts are underway to develop training materials for both managers and staff, ensuring consistency and clarity in the process. While relevant information is available on Athena, the training initiative aims to consolidate resources in a single, accessible location. Efforts are being made to maximise panellist availability, and a tracker has been implemented to monitor the status of job descriptions throughout the evaluation process. Looking ahead, there is potential for a national review, and the team has expressed willingness to participate in any such initiative.	
7.	**Policy**	
7.1	**ISS Security Policy**	
	HG presented the third iteration of the ISS Security Policy. Minor revisions were noted. Foxgrove has been included in NHSAA's estate with its own policies and supported by Health and Safety procedures.	
7.2	**Once for Scotland Policy update**	
	LK provided an update on the Once for Scotland Policy and advised that two policies have been consolidated under Once for Scotland Policy Update. Meetings with HR and Staffside colleagues have taken place to ensure consistent messaging is shared via the daily digest.	
7.3	**Policy sub-group update**	
	LK provided an update on the organisational change policy sub-group and advised that Implementation is ongoing. The policy under review, FAQs are being finalised, and updates will come to APF next year.	
8.	**People Strategy**	
8.1	**Race Action Plan**	
	SL provided an update on the development of the Race Equality Plan, highlighting it as a significant and strategic piece of work. The aim is to secure Board commitment to a comprehensive consultation process, supported by the Anti-Racism Group. A constructive meeting was held, reinforcing the importance of an evidence-based and consultative approach to addressing racial discrimination. Elaine Savory noted that all NHS Boards across Scotland have been asked to produce a Race Equality Action Plan. This includes a detailed consultation and implementation plan, with a staff-wide survey launching this week. A consultation document has been prepared, outlining key statements of intent, and engagement is ongoing with local community groups. The plan is being shaped by service users and will be open for consultation over a six-week period. The final action plan will align with national quality outcomes to ensure meaningful impact. Public Health KPIs have been incorporated to identify areas for measurable improvement. An update on progress is expected early next year. GJ emphasised the importance of this work both from a Partnership Forum perspective and as an organisational priority especially given some of the society challenges that we see. He confirmed he would work with Ewing to ensure the plan is communicated and embedded across the organisation. Positive feedback from the Scottish Government was also welcomed.	

8.2	**NHS AA People Strategy (Draft)**	
	SL provided an update on the draft NHSAA People Strategy, outlining the strategic direction and priorities through to 2028. The strategy presents a significant opportunity to align Health, Safety and Wellbeing initiatives with organisational culture and future workforce planning. The team has established a clear timetable and set of actions to support implementation. The strategy is structured around four core areas and will be overseen by relevant governance groups. Thanks were extended to the team for their continued commitment and work in developing the strategy. Key elements include: • A focus on planning and attracting talent, with each senior leader responsible for specific actions and measurable outcomes. • Organisational alignment to support delivery of corporate objectives. • Collaboration with the Communications Team to consolidate and refine the strategy document. • Core values of caring, safety, and respect underpinning all aspects of the strategy. • A strong emphasis on inclusion and race equality, fully integrated within the strategic framework.	
8.3	**Culture Framework**	
	Carrie Fivey shared a presentation on the key enabling documents to articulate the Culture Framework vision.	
8.4	**Health, Safety and Wellbeing Framework**	
	Graham Armstrong shared a presentation on the Health, Safety and Wellbeing Framework.	
9.	**Staff Governance**	
9.1	**SG Monitoring Return**	
	SL provided an update on the Staff Governance Monitoring Return, highlighting its status as a legislative requirement and its role in recognising both achievements and challenges across the organisation. The return reflects collaborative efforts between HR and Staffside representatives, underscoring the positive impact of the APF in working constructively with managers. Due to constraints in the meeting cycle, SL proposed that the draft return be circulated to APF and Corporate Management Team (CMT) members for virtual approval. Comments and feedback are welcomed in advance of the submission deadline in early December. Members supported this proposal.	
10.	**For information - Communication and Engagement Strategy**	
	KD introduced the newly developed Communication and Engagement Strategy, which was shared for information. The strategy outlines key priorities aimed at enhancing internal communications, digital engagement, and accessibility. Key highlights include: • A strong focus on both staff and public engagement. • Strategic aims centred on improving media relations and delivering patient-centred communication. • An intention to reach wider staff groups through more inclusive and effective communication channels. Members noted the introduction of this strategy and its intended direction.	
11.	**Any Other Business**	

	Carole Murray raised an issue regarding the inconsistent application of the Attendance Management Policy, particularly in relation to trigger setting practices. **Action:** Lorna Kenmuir acknowledged the issue and agreed to investigate further and provide an update. It was noted that NHS Ayrshire & Arran currently applies a six-month trigger period, and Lorna will consult with Liz for clarification and consistency across the organisation. Carole Murray also discussed the undocumented nature of the "Part Fit / Part Sick" approach, which is currently unique to NHS Ayrshire & Arran. Lorna Kenmuir confirmed that while this approach is intended to be supportive, it is not consistently recorded. A formal guidance document is being developed to address this. Paula Dumigan noted that this approach has been successfully used for over ten years, particularly in cases such as hip replacements and cancer treatment, and supports the development of more robust guidelines. The application of Parental and Carers Leave was also raised. **Action:** Lorna Kenmuir agreed to discuss this matter outside of the meeting due to its potentially confidential nature involving specific staff members.	**LK** **LK**
12.	**Date of Next APF Meeting**	
	Monday 17th November 2025 via MS Teams at 2.00pm. There may be the possibility of an in-person meeting in future however this will be advised in due course.	