NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF) held on Thursday 14 December 2017 at 1pm in Room 5, Learning Suite, Aberdeen Health Village

Present:

Sharon Duncan, Staff Side Chair/Employee Director (Chairperson)
Malcolm Wright, Chief Executive
Mike Adams, UCATT
Paul Allen, General Manager Facilities & Estates
Diane Annand, Staff Governance Manager
Susan Carr, Director of Allied Health Professionals (deputy for Amanda Croft)
Alistair Grant, RCN
Laura Gray, Director of Corporate Communications
Annie Ingram, Director of Workforce
Gerry Lawrie, Head of Workforce and Development
Rachael Little, SOCAP
Martin McKay, UNISON
Deirdre McIntyre, SOCAP
Ruth Marshall, CSP
Cameron Matthew, Divisional General Manager, Acute (deputy for Gary Mortimer)
Stephen Merchant, Head of Health and Safety
Tracy Miller, RCM
Mike Ogg, General Manager, Aberdeenshire
Gavin Payne, Deputy Director of Facilities
Sandy Reid, Senior Service Manager, Aberdeen City
Maurice Scott, GMB
Karen Watson, Unite (deputy for Steven Lindsay)
Joan Anderson, Partnership Support Officer

In Attendance:

Nigel Firth, Equality and Diversity Manager – for item 6a
Alan Gray, Finance Director – for item 7
Laura McDonald, UNISON – for full meeting

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<tr>
<th>Item</th>
<th>Subject</th>
<th>Action</th>
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<tr>
<td>1</td>
<td>Apologies</td>
<td>Apologies were received from; Susan Coull, Head of HR; Amanda Croft, Director of Nursing (Susan Carr deputised); Anne Ross, Head of Performance and Quality; Eric Sinclair, Non-Executive Director; Graeme Smith, Director of Modernisation; Sean Coady, Head of Primary Care, Prevention and Child Health (and deputy Laura Sutherland due to video conference technicalities); Rhona Atkinson, Non-Executive Director; Gary Mortimer, Director of Acute Services (Cameron Matthews deputised), Steven Lindsay, Unite (Karen Watson deputised), Cheryl Rodriguez, Head of Occupational Health and Safety, Anne Ross, Head of Performance and Quality</td>
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Minute of Last Meeting held on 9 November 2017

The minute of the last meeting was approved with two amendments as follows:

Item 6a – 12th paragraph should read “As there would be a lot of work ongoing on the prospective process, the retrospective process would be paused for a period of time. A global email to staff had been issued explaining this and giving a three month timescale before work would begin again on retrospective payments.”

Item 8a – third paragraph – “1 March 2018” should read “31 March 2018”.

Sharon Duncan announced that Staff Side Representatives should not deputise for management at GAPF meetings and vice versa. It was acceptable to attend from the Sector Partnership Forum but not to deputise. She asked that this be added to the minute for today’s meeting.

JA

3

Matters Arising

None.

4

a. Annual Presentation from Aberdeen City Partnership Forum

Laura McDonald gave a summary of the very successful morning session. The morning Aberdeen City Away Day.

Sally Shaw, Head of Strategy for the Aberdeen City Health and Social Care Partnership (H&SCP) and a member of the Executive Team, had given an overview of what was happening in the H&SCP. One area she found better than her previous workplace was that emails tended to be sent during business working hours and there was not an expectation that staff should be working unhealthy hours answering emails.

Two new locality managers Anne McKenzie and Emma King came along to explain their role and that communication with staff and Partnership working was high on their agenda. There was a ground up programme and locality managers would be budding up so that they could cover different areas if one was off for any reason. The Locality Leadership Group would have a key role in communication.

The group heard about the pilot INCA project which was a new nursing model which was all ready to begin after the new year. There would be two multidisciplinary teams, from Bon Accord Care with honorary contracts and would set up in Peterculter and Cove. The staff were doing all their induction training and networking before starting with an actual workload. The plan was to double run with staff so that there was no risk to patients during the pilot.
Annie Ingram stated that honorary contracts were not appropriate in these circumstances and CLO advice was not to use this approach. The purpose of the honorary contract was a key enabler to get data sharing agreement but in this case it was only appropriate data which needed to be shared with appropriate people. A proposal was available to have an appropriate Memorandum of Understanding between parties and a confidentiality agreement, which would facilitate data sharing, instead of an honorary contract.

It was agreed that Laura McDonald and Philip Shipman, HR Manager, would discuss honorary contracts further at the GAPF Staff Side Representatives and Executives meeting.

Sandy Reid informed the forum of the range of Healthy Working Lives (HWL) activities which had been ongoing in the H&SCP and a lot of focus had been on stress management. Mindfulness had been one aspect of this.

b. Annual Presentation from Aberdeenshire Partnership Forum

Rachael Little and Mike Ogg gave a presentation on the work the Sector had been involved with over the last year. Presentation slides and diagrams to be attached to the minute (attached).

The H&SCP had undertaken a lot of work especially around the commissioning plan. They had reduced four themes to two and had 10 priorities instead of 15 which gave them better focus. The drive diagram was used for strategic planning. It set out how people would get sufficient support from the H&SCP. There were 9 national Health and Wellbeing outcomes instead of 10. The next stage was to develop programmes of work so that frontline staff knew what was required. The diagram would assist staff through all redesigns and changes to take place over the next year.

Annie Ingram asked how Partnership working was going in Aberdeenshire as issues had been raised both by HR and Staff Side of being involved late in processes and, while reassurances had been given that this would improve, there were still issues. It was noted that Partnership working was fundamental and enshrined in legislation both for the individual and the way NHS in Scotland worked. Annie had written to Adam Coldwells regarding this issue.

Rachael Little explained that she and Mike Ogg had a number of discussions on this. They had attended the Operational Management Team (OMT) meeting to provide a refresher to locality managers on Partnership and how it worked. This was an introduction to new locality managers. It was acknowledged that there needed to be closer Partnership working.
They had also attended the Strategic Managers (SMT) meeting and explained that although there were pressures on time, they needed to engage with Partnership working and by not including Partnership at the earliest stage it would create delays. There appeared to be engagement from the OMT and SMT.

Aberdeenshire Partnership Forum was planning a GAPF away day in March which would include a back to basics on Partnership working and highlight there were lessons to be learned for better working relationships in the H&SCP. They would highlight what kind of issues and when they should be involving Partnership Representatives using some scenarios on this. The role of the joint staff forum and potential duplication would be clarified.

Annie Ingram asked Mike Ogg whether HR were also engaged and how the H&SCP would hold managers to account who did not involve HR and Partnership in the process at the correct time. The notes from the GAPF Representatives and Executives meeting showed that issues had been highlighted regarding Partnership working in Aberdeenshire for about a year.

Mike noted that there was room for improvement and that the sector was going through a transitional time. There used to be six areas and six managers and therefore six Partnership groups which worked well. The transition had been to 20 areas and 12 managers and that people from local authority were still learning and unfamiliar with Partnership working. There had been concerns with the lack of understanding of the Staff Governance Standards and Partnership working. This was why Mike and Rachael had met with the OMT and SMT recently.

Work was ongoing with the induction of those to new posts which included Partnership, Trade Union, Professional Organisation and HR roles to prepare managers better for Partnership working.

Sharon Duncan noted that as the Employee Director, she had a seat on the Senior Leadership Team for NHS Grampian, which demonstrated how important partnership was viewed in NHS Grampian. She suggested that the IJBs might benefit from a similar approach.

c. Regional Working

Malcolm Wright reported that the outline Regional Delivery Plan had been submitted to the Cabinet Secretary and the chairs of the North Region Health Boards and it had been received well. The First Minister had also seen the plan and responded well. The Regional Delivery Plan was being framed as a collaboration of the six Health Boards and Integrated Joint Boards (IJB) in the North of Scotland.
Sharon Duncan was the lead Employee Director on the Regional Delivery Board (RDB). It was very important to have Partnership in the middle of the collaboration.

There is a range of work being taken forward by different people on the RDB. This included work related to radiology; cancer services; elective care and pharmacy.

Annie Ingram was leading on workforce and there was lots of work being done around the regional workforce plan. Alan Gray was involved in Finance and Paul Alan was strategic lead for Facilities and Estates.

Facilities and Estates had a road map and regional work plan. A workshop was to take place to agree the priorities to take forward. All six Boards were to be joined up to the Facilities and Estates Regional Delivery Plan.

There were many financial challenges across the six Boards in the north region and everyone was involved in suggesting ideas to resolve these. There was an expectation from the Scottish Government that these challenges would be sorted.

Backfill funding had been provided to cover NHS Grampian for the time being spent by a number of senior executives on regional working. It was important that this was used appropriately and NHS Grampian did not lose focus at this very challenging time for the Board.

A Programme Board was going to be set up to take forward individual pieces of work.

It was thought that staff would be affected by changing roles, but there were many unknowns in the process to date. This was a constantly changing process.

Martin McKay stated that there was an understanding by the Trade Unions and Professional Organisations of this process and they were involved nationally and locally. He requested that the Partnership, Trade Union and Professional Organisation Representatives locally were kept fully informed of any changes being proposed so that they could be involved and represent members appropriately.

Annie Ingram agreed that Trade Unions and Professional Organisations would definitely need to be involved. She suggested that there may be a place for a similar forum to GAPF across the north region. This would not replace GAPF. This would have to be considered regarding involvement in specific pieces of work and how to deal with change across Health Boards.
She suggested that an event be arranged with the six Boards similar to the GAPF annual event to discuss and debate issues including Partnership working, the Regional Delivery Plan and how to actively engage.

Sharon Duncan, as Employee Director, said there was no barrier to sharing all information as the process moved forward and information would be circulated by a variety of means.

d. Shared Services Update

Annie Ingram chairs the National Payroll Services Programme Board, which covered three regional services: North, West and East.

Lorraine Hunter was the consortium lead for Payroll in the North. Susan Coull and Steven Lindsay were on the national Recruitment shared services Group and Diane Annand and Sharon Duncan were on the Employee services group.

Annie Ingram thought the way forward for recruitment and other services would be a virtual hub with technology to support this. A Recruitment Programme Board was to be set up soon.

A Doctors and Dentists in Training Programme Board had been set up and all Doctors and Dentists in Training would be employed by NHS Grampian by 1 August 2018, apart from those already in place and they would move to NHS Grampian by December 2018. The details of this were being worked through.

Diane Annand and Sharon Duncan were on the Employee Services group. Freedom of movement of workers was being looked at but it was thought that staff would not be asked to work all in one geographical area.

Paul Allen talked about Once for Scotland and the current focus for Facilities and Estates was laundry work and discussions had been ongoing for three years. There were six strands including laundry. Groups being set up for these nationally. Paul was happy to keep everyone updated on progress.

Sharon Duncan explained that Shirley Rogers from the Scottish Government was leading on Once for Scotland and this was not just about policies but processes as well. The Scottish Workforce and Governance Group (SWAG) were involved in the PIN Policy review and development. Everyone was asked to scrutinise all information regarding this and feedback comments as this could affect local policies and processes.
Cameron Matthews reported that Bernie Crowal was clinical lead for diagnostics and Cameron was management lead and they had held their first workshop in laboratories to discuss what they could take forward. They had Partnership representation and HR from the six Boards.

e. Annual Presentation from GAPF Policies Sub-Group

Diane Annand went over the paper previously circulated to give the annual presentation from the GAPF Policies Sub-Group. It had been some years since a formal presentation had been given so the information included covered the two years previously.

The sub-group gave advice on policy reviews to ensure that the correct policies were presented to the group and others were directed to the appropriate place. They also ensured policies were regularly reviewed.

26 policies had been fully reviewed over the last two years and 16 had been refreshed as agreed by GAPF.

There were a number of Information Governance Policies being refreshed and would be ready soon.

The group had agreed a P for Policies site on NHS Grampian intranet where all policies, clinical and non-clinical, would be gathered in one place. Links would be added to the site to assist employees find the appropriate information. Dianne Drysdale was leading the working group taking this forward.

Annie Ingram thanked all those involved in the Sub-Group and those involved in reviewing policies for all their work.

f. GAPF Development Day 10 May 2018, Aberdeen Curl

Sharon Duncan asked everyone to ensure they had the GAPF Development Day on 10 May 2018 in their diaries. The first organising group meeting had taken place and the venue may change. Suggestions for the programme included the Staff Governance Standards, TURAS Appraise and other aspects of training, Health and Safety including the new structure of the team. If anyone had ideas for the programme they were asked to contact Joan Anderson.
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<tr>
<th>Ensuring Partnership Working</th>
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<td>Alistair Grant explained that there was clear evidence that there had been a lack of Partnership involvement and processes not being followed in a number of Sectors. He acknowledged the amount of changes taking place currently but made it clear that these changes needed to involve Partnership to ensure the process was carried out properly for the staff involved. Staff Governance Standards needed to be followed and risk assessments needed to be undertaken.</td>
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<td>Paul Allen agreed that there could always be room for improvement. When issues escalated in Facilities and Estates Partnership Representatives would approach him and issues could be dealt with as informally as possible. Paul felt this worked well.</td>
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<td>Rachael Little explained that everyone said they were committed to Partnership working but the communication on issues was not being done at the right time. The message that Partnership should be involved at the beginning of a process needed to be clear. Also that everyone could ask questions of Staff Side or HR at anytime.</td>
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<td>Annie Ingram explained that not engaging Partnership and with HR at the appropriate time meant that the process could take longer, people may be frightened or annoyed and it could end in more formal processes having to take place. She reminded everyone that Trade Union and Professional Organisation Representatives had a legal right to attend meetings and represent their members. This was enshrined in law and she did not expect managers to unreasonably refuse facilities time requests.</td>
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<td>Sharon Duncan explained that there was limited Partnership Representatives. There were five Full Time Partnership Representatives and all others relied on facilities time to undertake their duties. Therefore, plenty notice was required to ensure availability of a Partnership Representative.</td>
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<td>Sharon also stated that Staff Side advice was not a substitute for HR advice. She encouraged everyone to contact Staff Side when they felt they needed to but they also had to contact HR regarding policy advice, etc.</td>
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<td>Annie Ingram noted that HR were employed to give the Organisational view on issues and Staff Side gave the view which was best for their members.</td>
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<td>Martin McKay explained that a change to staff arrangements was organisational change and therefore covered by the Organisational Change Policy and Partnership or Trade Union and Professional Organisation involvement was necessary.</td>
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Steven Merchant reported that the redesign of the Health and Safety Team included Partnership and HR Representatives from the beginning which helped with clarity of process and encouraged staff to engage, which made the process much easier and better for staff.

The message regarding Partnership and HR involvement needed to go out to all managers as those turning up to meetings of GAPF were fully committed to involvement.

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<th>5</th>
<th>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</th>
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<tr>
<td>a.</td>
<td>Legal Ban on Smoking Adjacent to Hospital Buildings</td>
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<td>This item was deferred to January 2018 meeting.</td>
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<td>b.</td>
<td>Health and Safety Expert Group</td>
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<td>A report was given on the significant actions still being taken across the Board to address the health and safety issues and these were brought together through the Expert Group.</td>
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<td>Tracy Miller explained that midwives still had inappropriate gloves for water births. It was not just NHS Grampian staff who had this concern. It was agreed that Paul Allen would speak to Steven Glass about sourcing suitable gloves as this was unacceptable.</td>
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<td>It was highlighted, however, that issues like this should be reported through the Sector Operational Health and Safety groups and if these sector groups cannot resolve or it is a pan-Grampian issue should be brought for discussion at the Health and Safety Expert Group and people should be made aware how to do this. Cameron Matthews agreed to take this issue back to the Acute Operational Management Team.</td>
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<th>6</th>
<th>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</th>
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<td>a.</td>
<td>Equality and Diversity Staff Training Seminars and NHS Charges To Overseas Visitor Regulations</td>
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<td>Nigel Firth had been invited to attend the meeting to update on current equality and diversity issues.</td>
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<td>Nigel reported the increased demand for equality and diversity courses and as a result 30 additional Equality and Diversity Seminars had been held in the October - December 2017 period, with more to follow in the New Year to meet demand.</td>
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(Following the meeting there was clarification of where the increased demand for training arose from as follows:

“As a result of an internal review of statutory and mandatory training being undertaken at the request of Matthew Thom, Performance Manager, Acute Sector, the Admin and Clerical Manager requested training for many of the admin and clerical team. Substantial additional numbers of staff were been released to attend Equality and Diversity and other training.)

Nigel reported that currently 96% of consultants and senior clinicians had been trained to Equality Care level 4 which was the highest of all groups to be trained. There were specific reasons for the good take up of this training by this group of staff.

Nigel had previously circulated the booklet on NHS Charges to Overseas Visitor Regulations and this was recommended to the forum as a good document to read and understand.

Nigel was thanked for attending the meeting and it was agreed that Joan Anderson would email him with details of the GAPF Event on 10 May 2018.

### 7 Well Informed

#### a. Finance Update

Alan Gray reported that month 8 was similar financially to month 7. The nursing numbers were up slightly which was good. The Scottish budget announcement had just been made that day and more funding had been allocated to NHS but Alan had not yet received the detailed information on how it would affect NHS Grampian. Alan agreed to write a briefing paper which would include information on the pay increase for staff and examples of how this would affect different pay bands, for circulation before Christmas.

Alan Gray thanked everyone for their part in the financial efficiencies.

#### b. Annual Review

Annie Ingram reported that the Annual Review had been very much about supporting staff and how to respond to the staffing issues. It had been disappointing that the review had not been a ministerial one and therefore no meetings had taken place with GAPF and other groups.

Sharon Duncan encouraged everyone to attend a future Annual Review as a member of the public.
c. National Workforce Plan (part II)

Gerry Lawrie explained that the National Workforce Plan (part I) had been published earlier in the year. Part II had been expected but not yet available. Gerry had seen an early draft of part II and felt that included workforce planning with no surprises. She would share part II as soon as it was released for everyone.

It was thought that part II may not answer all the issues that were arising.

8 Sector and Local Partnership Reports

All the sectors had submitted reports and were asked only to highlight any additional items.

a. Aberdeen City

No further update.

b. Moray

No-one in attendance from Moray to report.

c. Facilities

Paul Allen reported that the East End Dining Room refurbishment was complete. This had been part of a programme of refurbishment of cafes/dining rooms.

There were Personal Protective Equipment (PPE) issues around gloves. There had been a huge amount of work around this to ensure they were part of national procurement.

All tenants had moved out of the Staff Home at Woodend Hospital. Work continued with those tenants and anyone new looking for accommodation to sign post them. Aberdeen University had good accommodation and people were signposted there. Rachael Little was the Partnership Representative on the Accommodation Group.

The Carbon Energy project for Foresterhill and Royal Cornhill Hospitals was signed off. There had been huge investment in this project but substantial savings were expected.

Waste sharps were high on the agenda in all sectors. A lot of work had gone into this and an improvement was being seen.

The significant electrical problem in the multi-storey car park had been overcome and once a certificate had been received an opening date would be agreed.
A lot of work was ongoing around recycling, use of plastics, reuse, etc. Waste was a massive financial expense and Neil Duncan and Robert Hopkirk were working on sustainability for the Organisation.

d. Aberdeenshire

Mike Ogg explained why there had been a delay in closing Kessock Clinic. A holistic approach was taken to look at the wider service remit. Better communication between management and staff side had been required and this was now happening.

A company of external consultants called Meridian had been asked to look at how things could be done more efficiently and effectively in Aberdeenshire Integrated Joint Board. Staff had not enjoyed this experience and therefore the work by Meridian was not being rolled out.

Better communication between management and Staff Side regarding HM Peterhead Prison was required and it was hoped that this would improve.

It was accepted that there had been miscommunication around Ugie Hospital but work was now going on closely with staff, including Partnership representation.

The admin review was ongoing and the relevant people were involved.

There had been lessons learned around TUPE as a result of two GP practices in Portsoy and Rhynie.

e. Mental Health and Learning Disabilities

A redesign which had been ongoing for 18 months had been shelved after a lot of work had been done by a lot of people. This was due to management and integration changes.

Staffing was still a concern but vacancies were lower compared to the previous year in Aberdeen.

A piece of work was ongoing to look at improving care for dementia services.

f. Corporate

Rachael Little reported that Graeme Smith was the new management co-chair for the group. The group would continue with bi-monthly meetings with a view to meeting monthly in due course.
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<td><strong>g. Acute</strong></td>
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<td>Sector Partnership meetings were well attended. There was an immense amount of redesign activity ongoing. The importance of Staff Side and HR involvement had been discussed.</td>
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<td><strong>9</strong></td>
<td><strong>Appropriately Trained and Developed – no items</strong></td>
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<td><strong>10</strong></td>
<td><strong>Any Other Competent Business</strong></td>
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<td>Skin Appointments at Occupational Health Service (OHS):</td>
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<td>ALL</td>
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<td>Annie Ingram explained that if a member of staff was given an appointment to attend OHS they must be allowed to attend by their manager. There was a significant Did Not Attend (DNA) rate which was impacting on the waiting times for other staff. Staff Side were asked to encourage members to attend appointments. An SBAR was being developed and was expected at the Health and Safety Expert Group in January 2018.</td>
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<td>Global Emails regarding Cages:</td>
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<td>Sharon Duncan asked that the number of emails asking staff to return cages be reduced and other ways of getting this information out was considered. She felt there were so many emails on this subject that staff would begin to ignore global emails.</td>
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<td>Laura Gray explained that the cage issue was a daily problem but agreed to look at other ways to communicate this to staff eg team brief or local briefs.</td>
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<td><strong>11</strong></td>
<td><strong>Communication Messages to the Organisation</strong></td>
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<td>The following messages would be communicated to staff:</td>
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<td>a. Reminder to staff and managers that staff have to attend OHS skin appointments.</td>
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<td>b. Cage return was imperative.</td>
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<td>c. Ensure Partnership involvement and HR involvement at the earliest stage when an issue affected staff.</td>
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<td>d. Information on the annual presentations at GAPF to the Board.</td>
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<td>e. Equality and Diversity training recommended for all staff.</td>
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<td>f. GAPF Development Day 10 May – for all diaries.</td>
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<td><strong>12</strong></td>
<td><strong>Date and Time of Next Meeting</strong></td>
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<td>The next meeting of GAPF to be held on Thursday 25 January 2018 from 1pm to 4pm in the Conference Room, Summerfield House</td>
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