



**NHS GRAMPIAN**  
 Meeting of the Grampian Area Partnership Forum (GAPF)  
 Thursday 17 November 2022 - 10am to 12noon  
 Microsoft Teams

Approved Board Meeting Open Session 02.02.23 Item 9.6.1
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**Present:**

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired  
 Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair)  
 Mike Adams, UCATT  
 Adeyinka Adewumi, Deputy Business Manager, RCH  
 Leah Boudreau, CSP (deputy for Kathleen Tan)  
 Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
 Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group  
 Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
 Alistair Grant, RCN  
 Caroline Hiscox, Chief Executive  
 Stuart Humphreys, Director of Marketing and Corporate Communications  
 Deirdre McIntyre, RCOP  
 Martin McKay, UNISON  
 Grace McKerron (deputy to June Brown) – part 1  
 Cameron Matthew, Divisional General Manager, Acute  
 Patricia Morgan, Service Manager, Health and Social Care Moray  
 Gavin Payne, General Manager of Facilities and Estates  
 Tom Power, Director of People & Culture – part 2  
 Michael Ritchie, Unite  
 Alan Sharp, Assistant Director of Finance  
 Philip Shipman, Acting Head of People and Change  
 Helen Smith, Service Support Manager, Aberdeen City Health and Social Care Partnership  
 Katherine Targett, Consultant Occupational Physician, Occupational Health Services  
 Joan Anderson, Partnership Support Officer

**In Attendance:**

Alison Evison, NHS Grampian Chair – observer for whole meeting  
 Ashley Catto, HR Manager – for item 3a  
 Karen Watson, Unite – for item 3a  
 Susan Harrold, Senior Planning Manager for items 5e and 5f

	Subject	Action
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting and apologies were received from the following:</p> <p>Paul Allen, Director of Infrastructure &amp; Sustainability            Diane Annand, Staff Governance Manager            June Brown, Executive Nurse Director (deputy Grace McKerron)            Susan Carr, Director of Allied Health Professionals &amp; Public Protection            Janet Christie, BAOT            Ian Cowe, Health and Safety Manager            Albert Donald, Non-Executive Director/Whistleblowing Champion            Dianne Drysdale, Smarter Working Programme Manager</p>	

	<p>Gemma Hood, SOR  Gerry Lawrie, Head of Workforce &amp; Development  Sandy Reid, Lead - People &amp; Organisation, Aberdeen City Health and Social Care Partnership (deputy Helen Smith)  Kathleen Tan, CSP (deputy Leah Boudreau)</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of the Previous Meeting held on 20 October 2022 was approved with one amendment as follows:</p> <p>Item 4 - Moray Sector Partnership Forum Report, first paragraph to read:</p> <p>“Patricia Morgan reported there had been a request to have integration between Moray Health and Social Care Partnership and Dr Gray’s Hospital with the Portfolios in place. This would be happening in the future. This had been raised with the Chief Officer and management at Dr Gray’s Hospital. She would keep asking for updates and report on progress.”</p>	
3	<p>a. <b>National Profiles for Nursing and Midwifery Health Care Support Workers (HCSW)</b></p> <p>Ashley Catto explained the background to those who had not been in attendance previously. There was a national agreement from the Scottish Terms and Conditions Committee (STAC) to review all band 2 nursing and midwifery health care support workers against new job profiles. A short life working group (SLWG) was taking this forward in Partnership.</p> <p>As of 15 November 2022, 554 applications had been received and of these 526 indicated that senior charge nurse or equivalent and the chief nurse had supported rebanding and given evidence. All these would be regraded. 28 HCSW had been confirmed by all parties to remain as band 2. A breakdown of statistics was available if anyone wished this.</p> <p>Payroll had undertaken exceptional work and all 526 HCSW with evidence would be regraded to band three at the end of November 2022. These people would receive back pay within three months of the regrade.</p> <p>The SLWG continued to meet. Sub-groups had been set up to take forward the same process for bank workers in tranche 2, best guidance and flow charts for senior charge nurses and equivalents. A further piece of work was ongoing to chase the missing applications. At some point the applications will be received too late for regradings to take place before Christmas.</p> <p>Ashley Catto noted that she would arrange further communications with senior charge nurses, chief nurses and further visits to nursing leadership forums and Sector Partnership Forums regarding applications from the 482 people not heard from to date.</p>	

	<p>This could be more targeted as all the outstanding people and managers were known. Stuart Humphreys would work with Ashley and Karen on communications.</p> <p>Caroline Hiscox noted this item was of critical importance to our colleagues and asked to be briefed on the barriers and the areas that were not engaging.</p> <p>Alistair Grant suggested that as part of the communication strategy a request for details of what barriers there were to achieving an outcome were managers experiencing and agree a reasonable timescale for responses.</p> <p>Martin McKay suggested that managers be reminded that this was a national agreed process put in place to prevent local processes being taken forward to resolve issues for members of trade unions and professional organisations as had happened in a number of other Boards. If this happened it would be more time consuming <del>that</del> than the national process.</p> <p>The next meeting of the SLWG was 1 December 2022 and actions would be progressed ahead of this.</p> <p>Philip Shipman wanted acknowledgement and thanks to go to the SLWG and Payroll colleagues for the work they had done to date, within a tight timescale, which had led to the significant benefit to over 500 colleagues to date.</p> <p>Ashley Catto also acknowledged the input of all colleagues progressing this especially at such a busy time. This was a very important task for the lowest paid colleagues.</p> <p>b. Deactivating the Management of the Workforce during and after Major Incidents including Pandemic Policy Working Group Update</p> <p>Steven Lindsay explained that the policy had been deactivated effective from 1 November 2022 which concluded the work of the working group. Thanks was given to Diane Annand who led the group and all colleagues for the significant work involved.</p>	
4	<p><b>Sector Partnership Reports</b></p> <p>Sector Reports received from six Sectors. No comments or questions were raised.</p>	

5	<p><b>Involved in Decisions</b></p> <p>a. Smarter Working Update</p> <p>Philip Shipman explained that the work on early adopters was almost finished. The group continued to look at lessons learned. Alternative accommodation for staff based at Westholme was being considered and, if office moves were required, then the Organisational Change Policy would be used and an Organisational Change Steering Group would be set up.</p> <p>Once the early adopters information was complete, the next stage was to consider guidance for non-office based staff.</p> <p>Mike Adams expressed concern about ensuring there was a strategy to fund future IT equipment provision and replacement as the whole smarter working plan was based around having the correct equipment.</p> <p>b. Industrial Action Short Life Working Group (SLWG) Update</p> <p>Preparatory work for Industrial Action was being led by the Industrial Action Short Life Working Group (IA SLWG) which had been meeting since in mid-September 2022.</p> <p>The IA SLWG was a Partnership Group co-chaired by the Head of People and Change and the Employee Director, with the Director of People &amp; Culture as Executive Sponsor.</p> <p>The IA SLWG included 37 representatives from across NHS Grampian and to date has focussed on:</p> <ul style="list-style-type: none"> <li>- Collation and dissemination of information</li> <li>- Running and understanding lessons learned from a table top exercise</li> <li>- Developing frequently asked questions (FAQs) to guide those taking/considering taking IA, and those not. The FAQs would be communicated to staff the following week and regularly updated as required.</li> </ul> <p>Amongst the many lessons learned from the table top exercise, the following were key in informing the recommendations:</p> <p>a. Attendees overwhelmingly thought a Command and Control structure was the most appropriate way to respond to Industrial Action. This is felt to offer the following benefits:</p> <ul style="list-style-type: none"> <li>• Familiar means of responding to critical incidents</li> <li>• Supports effective and timely communication and decisions</li> <li>• Ensures appropriate scrutiny of decision making</li> </ul>	
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b. Developing detailed contingency plans beyond existing Business Continuity Plans (BCPs) for services, and meaningfully identifying Life and Limb services other than those described by Scottish Government (Employers Planning Guidance for Industrial Action.pdf) were dependent upon the duration and targeting of Industrial Action. As neither the duration nor targeting of any action out be known until 14 days before any such action, an ability to be agile in responding would be required when notified of Industrial Action.

c. Caution needed to be applied when considering which services may need to be paused/scaled back during Industrial Action to ensure no overcompensation and pause too much.

d. It is not only Industrial action in NHS Grampian that could have an impact: the impact of IA on other Health Boards such as Scottish Ambulance Service (SAS), or local education providers, also present risks for service delivery and workforce availability.

As a result of the work of the IA SLWG and learning from the table top exercise, proposals and recommendations were presented to Chief Executives Team (CET).

CET had approved the following recommendations:

In response to a notification of Industrial Action and instigation of Strike Committees, it was recommended that the Chief Executive stand up a command structure including Gold Command, a Series of Tactical Cells, Sector Control Rooms, and the Board Control Centre, alongside Daily System Connect and Whole System Decision Making Group. It was recommended that a number of Tactical Cells specific to Industrial Action were stood up in addition to those required in a major Incident, namely:

- TU Negotiation Cell
- Industrial Action Intelligence Cell
- Workforce Information Cell
- Clinical Risk Management (CRM) Cell

At the end of the of the notification period, it was recommended that the following be in place, with leads and membership for relevant groups identified and briefed on these arrangements in advance:

- Gold Command
- Board Control Centre
- Tactical Leads Group (Silver Command) for:
  - TU Negotiation Cell
  - Communication Cell
  - Workforce Information Cell
  - Industrial Action Intelligence Cell
  - Clinical Risk Management Cell
  - Colleague Welfare Cell

- Sectors/Services

- Sector Control Rooms (subject to alignment with Winter Preparedness plans)
- Communications for Staff, Patients and the Public
- A clear understanding of the anticipated impacts on staffing levels of the proposed industrial action on life and limb and other services
- Service specific contingency plans to mitigate the anticipated impacts of the reduced staffing levels.”

GAPF noted the importance of keeping strong working relationships throughout the process and reiterated that the dispute was with the Scottish Government regarding the pay deal and not with NHS Grampian. Work was ongoing on maintaining relationships during the dispute.

Four organisations had met the threshold to permit them to legally take industrial action. No organisation had formally approached NHS Grampian with notification to take action.

Martin McKay explained that UNISON had paused their ballot on the original pay offer and carried out a consultative ballot on the updated pay offer. The outcome of the consultative ballot was to reject the updated pay offer and discussions regarding a further industrial action ballot were ongoing.

Cameron Matthew informed the group that during walkrounds, the opportunity was being taken to explain the situation regarding industrial action and letting staff know that no one should feel guilty about either taking or not taking industrial action.

c. Scottish Government Staff Governance Standard Monitoring Return

Steven Lindsay explained that the document previously circulated had been approved by the Staff Governance Committee and it was at GAPF for noting. No comments or amendments were raised and it was agreed the paper be forwarded to the Scottish Government by the deadline of 18 November 2022.

Joyce Duncan thanked Diane Annand and the Staff Governance Committee for preparing this paper in her absence.

d. Public holidays

i. Coronation 2023

Philip Shipman explained that it had been announced there would be a public holiday in the UK for the King’s coronation. A circular from the Scottish Government was awaited to have detail on the arrangements for the public holiday before communications shared with staff.

<p>ii. 2024 and beyond</p> <p>NHS Grampian public holidays had been agreed up to 2023. Philip Shipman asked views from GAPF on whether public holiday dates from 2024 onwards should continue to be the same days across the organisation or if there should be discussion on local variations.</p> <p>It was agreed to ask the GAPF Terms and Conditions Sub-Group to set up a small working group to look at what it would mean to align public holidays with local authority holidays in different sectors including any financial implications. The main days for discussion were the July and September holidays. A terms of reference to be prepared for the GAPF Terms and Conditions Sub-Group so they were clear on the request from GAPF.</p> <p>e. Plan for the Future/Delivery Plans</p> <p>Susan Harrold outlined progress since the last update in July 2022. Presentation slides were shared with the group (attached).</p> <p>The Plan for Future was approved in June 2022 and a detailed one-year Delivery Plan was subsequently developed and endorsed by the Board in August 2022. The Delivery Plan focuses on three high level objectives up to end of March 2023; reducing delays in accessing care; supporting colleagues to be safe and well at work and; creating the conditions for sustainable change.</p> <p>A summary progress report for Quarter 2 (end Sept 2022) was submitted to the Scottish Government. It noted NHS Grampian was on track to meet 63% of milestones within the Delivery Plan. The reporting cycle will remain quarterly to the Performance, Assurance, Finance and Infrastructure Committee (PAFIC) and to Scottish Government.</p> <p>In the context of rolling 3-year Delivery Plans, the next stage of engagement has begun to look ahead to high level outcomes for 2026. The timeline for this will be revised following a letter received from Scottish Government outlining their approach to planning for 2023-24, requesting a detailed one-year operational Delivery Plan from June 2023.</p> <p>Questions/discussion followed as below:-</p> <p>Jamie Donaldson highlighted the important work of the We Care Team in supporting colleagues and asked whether longer term funding was going to be available to enable this to continue.</p> <p>Tom Power confirmed that clarity was needed both for the We Care Team and for the rest of staff. A funding bid had been submitted as part of the budget setting process for 2023/24.</p>	<p><b>PS/SL</b></p>
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Mike Adams highlighted that with different strategies and other changes to be implemented, it was difficult to get staff buy in, while staff were trying to survive on a day to day basis.

Caroline Hiscox agreed that people were in survival mode and there was a need for working with colleagues to be a more positive experience. Regarding funding, the Executive Team, with guidance from stakeholders, the Board and the Scottish Government, will have some difficult choices to make regarding how the allocated overall annual budget £1.4bn would be spent.

Caroline reiterated the commitment that NHS Grampian had to find a way to resource adequately the right structure to impact positively on the health, safety and wellbeing of our workforce.

Joyce Duncan noted that NHS Grampian also had to focus on retention of staff given recruitment difficulties and regular turnover of staff was not how the organisation wanted to work.

Alistair Grant stated that it was the culture in the organisation and we need to look after people which was the ethos to be looked at when engaging with staff. Dealing with issues at informal level, connecting with people at a more practical level and show they were cared about. Staff often did not have resilience to cope.

Stuart Humphreys reported the Plan for the Future website was getting around 500 unique visitors per month and the We Care website was also having around 500 unique visits per month.

f. Winter Planning

Susan Harrold gave an update on cross system winter planning and preparedness. (Presentation slides attached).

Work is underway led by CET including all Portfolio Leads to ensure NHS G winter plans provide assurance re G-OPES triggers, business continuity, options for surge capacity and alignment to Scottish Government Resilience priorities.

A Winter Preparedness Self-assessment Checklist has been completed with input from all Portfolio Leads and HSCPs and submitted to Scottish Government.

Work remains ongoing to review and refine surge capacity and business continuity plans across the system.

A Winter Tabletop exercise is planned for 1 December 2022 with cross system representation and a draft Tactical Plan and associated papers will go the NHS Board for endorsement in December.

	<p>g. GAPF Agenda Setting – Steven Lindsay</p> <p>Steven Lindsay explained that there had been requests made to extend GAPF meeting back to 3 hours and also to reduce the time of GAPF to 1.45 hours.</p> <p>GAPF discussed these proposals and agreed that it was necessary to have enough time for good in depth discussions to take place when necessary. It was noted that most months the meeting ran over by a few minutes. A number of the items to GAPF had previously been discussed by GAPF Sub-Groups in Partnership.</p> <p>GAPF agreed to extend meetings to 2.5 hours from January 2023 and if this time was not required meetings would finish early. The new time would be monitored and regularly reviewed.</p> <p>Presenters to GAPF would be asked how long they required for their item and the agenda setting group would agree an additional time for discussion. This would always be a best guess as there was no way to really know beforehand which items would have most discussion.</p>	<b>GAPF Agenda Setting Group</b>
<b>6</b>	<p><b>Well Informed</b></p> <p>a. Finance Update</p> <p>Alan Sharp updated GAPF on the current and future financial position, showing this on a presentation slide (attached).</p> <p>The Finance Report to end October 2022 had just been circulated to GAPF. October overspend was £3.6m which took the overall overspend for the year to date to £21.5m. In order to reach no more than £30m overspend by the end of the financial year, monthly spend needed to reduce. October spend was higher than previous months due to a high level of supplementary staffing costs. There had been a 160% increase in cost of agency nursing from the same time the previous year.</p> <p>The financial impact of any future industrial action had not been built into the plan. The Scottish Government had announced they plan to fund costs related to the pay award once it was agreed but the detail of how funding would be allocated was not known at this stage.</p> <p>The Scottish Government had held back earmarked funding for 2022/23 and some of this had been recently realigned to cover the pay award offer. NHS Grampian is still to be informed of some of the earmarked funding that is expected to be allocated this year.</p> <p>Financial year 2023/24 would start with a significant financial deficit, before consideration of bids around cost pressures and funding requests. The Scottish Government were to announce their budget on 15 December 2022.</p>	

	<p>Alan Sharp was thanked for sharing understandable finance reports which was especially important during challenging times.</p> <p>Joyce Duncan asked for next year's budget to be realistic including worst case scenarios eg around locums and supplementary staff, so that people didn't expect the situation to be better than it may be.</p> <p>Adam Coldwells explained that there needed to be a full Partnership approach to agreeing savings plans for next year to consider how changes in provision and service could be made to free up resource for the deficit expected. It would be difficult and challenging but needed for a few years ahead. Working in Partnership was the key to success.</p>	
7	<p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b></p> <p>a. Staff Breaks, Rest and Recovery</p> <p>Steven Lindsay gave apologies for sharing two papers late for the meeting. These were one from Staff Side on "Staff Breaks Rest and Recovery" and the other a draft Area Clinical Forum (ACF) and Area Partnership Forum (APF) Staff Breaks, Rest &amp; Recovery Joint Working Group (JWG) Terms of Reference.</p> <p>Recommendations in the Staff Side paper as follows:</p> <p>GAPF are asked to:</p> <ul style="list-style-type: none"> <li>• Participate in the Joint Working Group, with 5 members of GAPF to join it, including at the Staff Side Co-Chair</li> <li>• Support and promote efforts for staff to take breaks including encouraging staff to request TOIL and for managers to record TOIL when breaks cannot be taken</li> </ul> <p>GAPF discussed the challenges staff were having getting breaks, culture of not taking breaks, need to change culture, regularly breaking working time regulations. Staff need time for resilience, relaxing, hydration and nutrition. A number of organisations had gathered data showing that staff were regularly working over their hours. Time off in lieu (TOIL) was a financial and legislative reality to be managed and recorded properly and remuneration given if time not given.</p> <p>Adam Coldwells noted that all would agree with the issues highlighted and welcomed working with ACF to try and understand why the organisation was failing to give people breaks. He looked forward to working in Partnership to ensure breaks were taken on every shift every time.</p>	

	<p>Caroline Hiscox supported the recommendation and noted the need to understand the situation. Caroline offered Chief Executive Team support to Steven Lindsay and Kim Cruttenden (co-chair of ACF) to progress this work. She noted that there were barriers and culture, custom and practice with people trying doing their best and it was an organisational responsibility to prioritise time to maintain health and wellbeing of colleagues. Statutory and mandatory training and education also needed to be addressed by the organisation. Staff taking breaks required the same focus, and needs to be addressed organisationally.</p> <p>GAPF approved the recommendations noted above.</p>	<b>SL/PS</b>
8	<b>Appropriately Trained and Developed</b> – no items	
9	<b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b> – no items	
10	<p><b>Any Other Competent Business</b></p> <p>Car Parking Review:</p> <p>Mike Adams asked for Car Parking Review to be added to future GAPF Agendas.</p>	<b>JA</b>
11	<p><b>Communications messages to the Organisation</b></p> <p>Steven Lindsay would prepare a report for the NHS Grampian Board meeting on 1<sup>st</sup> December reflecting on the discussions from 20 October and 17 November GAPF meetings.</p>	<b>SL</b>
12	<p><b>Date of next meeting</b></p> <p>The next meeting of the group to be held at 10am to 12noon on <b>Thursday 15 December 2022</b> via Microsoft Teams.</p> <p>Agenda items and Sector Partnership Reports to be sent to <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by Wednesday 28 November 2022</p>	

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