



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 21 October 2021 - 10am to 12noon
Microsoft Teams

Present:

Rachael Little, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired the meeting
Mike Adams, UCATT
Diane Annand Staff Governance Manager
Scott Arnott, Support Manager, Mental Health and Learning Disabilities
June Brown, Executive Nurse Director
Susan Coull, Head of HR
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Dianne Drysdale, Executive Business Manager
Alistair Grant, RCN
Keith Grant, UNISON (deputy for Martin McKay)
Alan Gray, Director of Finance
Caroline Hiscox, Chief Executive
Gemma Hood, SOR
Stuart Humphreys, Director of Marketing and Corporate Communications
Gerry Lawrie, Head of Workforce & Development
Cameron Matthew, Divisional General Manager, Acute
Gavin Payne, General Manager of Facilities and Estates
Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
Karen Watson, Unite (deputy for Steven Lindsay)
Joan Anderson, Partnership Support Officer (Minutes)

In Attendance:

Amy Ross, Finance Management Trainee – whole of meeting
Martyn Phillips, Health & Safety Advisor – whole of meeting
Jenna Young, Planning Manager - for item 4c
Louise Ballantyne, Head of Engagement - for item 5a
Lorraine Hunter, Head of HRSC – for item 7a

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Apologies received from:</p> <p>Paul Allen, Director of Facilities, Estates & eHealth Lynn Boyd, Service & Development Manager, Aberdeenshire Susan Carr, Director of Allied Health Professionals & Public Protection Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair) Janet Christie, BAOT Ian Cowe, Health and Safety Manager Albert Donald, Non-Executive Director/Whistleblowing Champion Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group Rob Fairfull, GMB</p>	

	<p>Steven Lindsay, Unite (deputy Karen Watson) Lynda Lynch, Board Chairperson Deirdre McIntyre, RCOP Martin McKay, UNISON (deputy Keith Grant) Patricia Morgan, Health and Social Care Moray Tom Power, Director of People & Culture Sandy Reid, Lead – People & Organisation, Aberdeen City Health and Social Care Partnership Kathleen Tan (CSP)</p> <p>Thanks was given to Susan Coull for her significant contribution to GAPF whilst in the role of Head of HR and Interim Operational Director of Workforce. This extended beyond the monthly meetings including agenda setting and outstanding contributions to development sessions. Susan was wished the very best from GAPF for her early retirement.</p>	
2	<p>Minutes for Approval</p> <p>Minute of meeting held on 16 September 2021. As the meeting was not quorate, the minute could not be approved. No items of accuracy were raised. The minute would be presented to the next meeting for approval.</p>	
3	<p>a. Recruitment and Retention Premia (RRP)</p> <p>Diane Annand and Mike Adams were pleased to confirm that the RRP for some Estates staff had been extended for four years to 30th September 2025. It was noted that building staff did not receive RRP.</p> <p>There would be a mid-term review, which was to be submitted by 30th September 2023, therefore work needed to continue to monitor the effectiveness of the RRP and the progress of the action plan. If there was a wish to extend beyond 2025 a submission would be required by 30th September 2024. No manageable exit plan identified to date.</p>	
4	<p>Well Informed</p> <p>a. NHS Grampian Current Position</p> <p>Caroline Hiscox, Chief Executive, outlined that over the last 20 months, the organisation had been under enduring pressure, the consequences of which were far reaching. The pressure on colleagues delivering health and social care was acknowledged and experiences were getting harder in the context of the pandemic, with some staff experiencing moral injury. Caroline explained that the organisation recognised the pressure at work and the levels of stress people were experiencing and acknowledged the efforts of everyone from support services and volunteers to the public. Caroline explained to GAPF the arrangements for the next six months.</p> <p>* Caroline showed a presentation slide (attached), which showed Leadership arrangements pre-pandemic and throughout the pandemic.</p>	

Caroline outlined that demand was at a level similar to before covid but services were being delivered in a different context. Performance was not about achieving targets but the experience of patients highlighting ED, cancer services and surgical services.

Work was ongoing to optimise the work across the system, delegating authority and decision making to as close to the delivery of care. Leadership was a key area of focus to maintain confidence and visibility. In addition the community voice would be prioritised, the prevention agenda would not stop and there was a focus on staff health and wellbeing.

The Remobilisation Plan, version 4, sets out the priority to maintain critical and protected services, focus on wellbeing of workforce and a plan to move out of the current situation.

There would not be a move to a higher level of civil contingencies at present. Learning from the last 20 months would be utilised and the option for declaring a major incident would be retained. The civil contingency model of gold, silver and bronze command to move through the pandemic, had evolved, as there had been nothing in the contingencies planning which provided the tools to respond to a situation lasting as long as the pandemic.

Proposal to manage the situation over next 6 months was through the portfolio approach and to use the new System Leadership and decision making framework which had meetings daily, weekly and fortnightly to support the Chief Executive Team. This proposal to manage the situation over the next 6 months, would be communicated and consulted on before it was enacted to allow people to shape this as much as possible to support their wellbeing.

Caroline explained that the first two waves of the pandemic had been named Operation Rainbow and Operation Snowdrop. The third wave had not been named however the period from October 2021 to March 2022 would be named Operation Iris.

Discussions were needed on the introduction of derogations, which would impact on workforce, skill mix and infection control measures, required as part of the plan to support the coming months.

Discussions were also required on how to distribute the workload, with a move to 7 day working, in order to be present and support colleagues who are in these services. The Portfolio Leadership model would be embedded.

Caroline asked for a discussion to consider activities which took staff away from direct duties. The impact of cancelled study leave and the ability to take annual leave needed to be considered after 20 months. The longer term pandemic situation needed a balance to maintain aspects of education and other things that add value and boost morale.

Focus on fairness and recognising that some terms and conditions were different, whilst providing support to all colleagues.

Derogations from Statutory compliance were being reviewed by the Chief Executive Team. Partnership involvement in this review would be highly valuable.

Caroline stated that all processes should be transparent. There was to be an Informal Board session on 21 October with Non-Executive Directors. A closed board session was to take place on 4 November where a number of papers would be considered on the current situation and organisation under Operation Iris. An open Board meeting would take place on 2 December 2021 where the papers would be a significant agenda item.

Operation Iris would comprise 5 separate papers:

Operation Iris - Wellbeing

Operation Iris - Communication and engagement

Operation Iris - Risk

Operation Iris - Grampian – Operational Pressure Escalation System (G-OPES)

Operation Iris - Leadership and decision making model

In between 4 November and 2 December there would be the Annual Review with John Burns, Chief Operating Officer, NHS Scotland and Maree Todd, Minister for Public Health, Women's Health and Sport.

Caroline sought partnership support.

Rachael Little thanked Caroline for the information and offered any support necessary from GAPF with discussions to support Operation Iris.

Mike Adams noted the difficult time ahead with a perfect storm of Covid pandemic, winter pressures and staff shortages, as no one was ready for how long this pandemic was going to last. Some historical issues were being highlighted and whole system working was needed to take this forward.

Visibility and communication were key. Communication needed to get to the right places, throughout the System. Visibility of the Senior Leaders had made a difference at the beginning of the pandemic, so that they were recognisable to staff. Public expectation would also have to be managed to ensure this did not come back as pressure on staff.

Alistair Grant reported that the response from RCN members had increased including concerns regarding workforce, skill mix, challenges around registration, health and safety and making patients their priority. Moral injury had been recognised. He was concerned that reporting issues would reduce or not happen and that the workforce would begin to accept the situation with a level of conditioning.

The organisation needed to focus on doing organisational change properly otherwise this would increase staff stress.

Keith Grant noted that communication did not always make it to all staff. Communication needed to be two way and staff should be involved in proposed changes. It was better to do too much communication than have some staff miss information. A lot of issues were ongoing before the pandemic but Covid had made them worse.

Gemma Hood asked for reintroduction of short videos which allowed more than one member of staff to watch at a safe distance. Stuart Humphreys confirmed that videos were planned as part of the communications package. The Partnership distribution system would be used to ensure information was shared with everyone.

Caroline committed herself and her team to produce videos. She agreed that it was not new issues hence the need to re-purpose delivery of services.

Caroline, from visiting service had heard similar concerns to those raised from Alistair Grant however there were other staff who were optimistic, wanting to get on.

Caroline reported that NHS Grampian were not becoming conditioned to the derogations beyond an emergency footing. It would be unacceptable in relation to corporate governance, it is not and will not be accepted as normal practice. Staff were being asked to maintain critical services, this is not about improvements. Caroline welcomed any other solutions to inform and continue to build on supporting the workforce as best we can.

Caroline referred to the organisational change of moving to 7 day working, in which NHS Grampian would adhere to policies as far as possible. Where these policies need a level of time not available to enact changes to staff to ensure patient safety, Caroline would seek to understand concerns, recognising the emergency footing, working it through with GAPF, Tom Power, Director for People and Culture and HR on how best to do this.

b. National Care System and Strategy Engagement

Caroline Hiscox gave an overview and offered to provide more detail later if required.

National Care consultation - NHS Grampian Board would return their response by 2 November 2021. A draft response went to the October Board so was a public document. A final mapping exercise was being completed to ensure NHS Grampian response reflected the strength of partnership working with Integrated Joint Boards as well as these organisations in their own rights. Draft would be given to Rachael Little to share.

CH/RL

Rachael Little noted that a number of the trade union and professional organisations would be submitting their own responses.

c. NHS Grampian Plan for the Future

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(attached).

Jenna Young came along to the meeting to give a short presentation

Jenna explained that over 2000 detailed survey responses were received. Almost a fifth of these were identified as staff member or staff team. Both staff and public completed the survey.

Responses included comments giving praise for how staff were dedicated and working throughout the pandemic and acknowledgement of situation staff were in by the public. There were also areas of concern raised which were outlined in eight high level themes.

The detail of the themes would be considered as part of phase II engagement plan. Open and transparent conversations were planned to discuss the concerns raised and how can we move forward.

The draft plan would be ready in December 2021 with publication planned for February 2022.

Jenna explained that they wished to share the draft plan and gather feedback. Rachael Little said GAPF would appreciate further opportunities to influence development of the plan and once approved to contribute to the implementation. GAPF were asked to pass comments they may receive from conversations with others to Jenna Young.

d. Finance Update and Remobilisation Plan

Alan Gray presented the September Finance Report which had been circulated.

It was expected that NHS would continue to receive financial support to cope with the challenges of the pandemic over the next 6 months.

Consideration was now being given to the budget setting process from April 2022 onwards and discussions with the Scottish Government regarding planning assumptions was ongoing. Whilst acknowledging the historic financial challenges which will require to be addressed in future years, Alan highlighted that additional funding would be made available for policy commitments and this may provide the opportunity for redesign and doing things differently going forward.

It was agreed to have discussions at GAPF over the next few meetings to gather views on the financial challenges and engage members in the budget setting and medium term financial planning to assist decision making for the next five years.

5

Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued

a. Whistleblowing

Louise Ballantyne explained that the first quarterly report had been presented to NHS Grampian Board in October 2021 and had been well received. Two cases came in first quarter, both partly upheld and improvements agreed around training and development.

It had been highlighted that 20 working days was quite a short time to respond to a whistleblowing concern raised. The process required time to agree an independent person to take it forward and understand the remit of the investigation to ensure the investigation was done correctly from the beginning.

What went well:

- Clinical concerns raised through the process around staff conduct, patient safety and fraud had been dealt with thoroughly and efficiently as already good investigation processes in place. The complaints received in second quarter were dealt with in under 20 days.
- Process with staff - offer to meet with the whistleblower to discuss the complaint at the beginning to agree a bespoke process.
- Staff satisfaction was high even if the concern was not fully upheld as staff had fully appreciated having 2-3 meetings throughout the process.
- Management had been very responsive to requests for independent investigators. People volunteered and done this very well.
- Developed governance arrangements progressing well.

What could be improved:

- Whistleblowing and grievances could be mixed together and this lead to much more extended discussions to agree a process which has taken 4-5 weeks.
- When a complaint did not meet the criteria of whistleblowing and the person wished their identity protected as if it was whistleblowing. If it was not whistleblowing but required another process their identity would be known. The management of transitioning between processes could be improved.
- If the concern raised is about staff behaviours the investigation process can be more complicated.
- Training/peer support to grow the number or confidential contacts.
- Whistleblowers expectations can be high and this needed to be managed
- Turas training - was there something else which is available from HR/partnership colleagues which might improve the process?

	<p>Louise asked GAPF for any further feedback which would improve the process.</p> <p>Rachael Little thanked Louise for her update and noted there may be an opportunity to discuss with HR and Staff Side peer support and roles and expectations. Rachael agreed to discuss further with Louise to gain more understanding on how to take this forward.</p>	
6	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. Staff Health & Wellbeing Paper</p> <p>Rachael Little explained the two papers which had been circulated.</p> <p>The first paper was a collation of feedback from Staff Side, following the May 2021 GAPF and subsequent discussions, on what was going well in terms of health and wellbeing, what was not going well and suggested improvements.</p> <p>The second response paper had been developed through the People and Culture Directorate.</p> <p>Caroline Hiscox welcomed the concerns being raised by Staff Side. Caroline explained that both papers, had been to the Executive Team which took the wellbeing of colleagues seriously. If any areas had not been addressed she welcomed hearing this.</p> <p>Comments on both papers were welcomed.</p> <p>Mike Adams noted that it was good that staff side felt able to highlight concerns, and receive a constructed reply however most useful work is done through conversations. Solutions were tied in with proper conversations.</p> <p>Alistair Grant noted that a lot of time was spent with HR colleagues trying to deal with the cause. These papers gave a good template to work towards. It was a moment in time and should be taken in the context of where we are and work to improve it.</p> <p>Rachael Little suggested these papers were considered as part of Operation Iris and how to shape GAPF for the future.</p> <p>Everyone was encouraged to provide any feedback on the papers to Rachael Little after the meeting.</p>	

<p>7</p>	<p>Involved in Decision Making</p> <p>a. NHS Scotland Superannuation Scheme (SPPA)</p> <p>Lorraine Hunter attended the meeting to give a presentation on the pension reform changes from April 2022 (attached).</p> <p>Lorraine explained that there were some myths about pensions which needed to be corrected including the myth that staff would have to retire by April 2022 or lose retirement benefits – this is not the case.</p> <p>For those in 1995 and 2008 schemes the whole time pay is used for calculation of benefit even if the person worked part-time. The service is calculated on the part-time hours</p> <p>SPPA would be writing to all scheme members regarding the April 2022 pension reforms. A request had been made to make the communication more specific for NHS scheme members rather than a generic communication. No timescale on when the communication would be circulated given to date.</p> <p>Small sub-group would be contributing to the Frequently Asked Questions (FAQ) and suggested a video guide.</p> <p>GAPF agreed the following proposals from Lorraine Hunter:</p> <ul style="list-style-type: none"> • message in Daily Brief to coincide with commencement of SPPA letter distribution • Update Pensions Page with links to SPPA’s page and the GAPF presentation with verbal explanations in the background • Offer presentation at Sector Partnership Fora. Lorraine offered to write a script to go alongside the presentation in case she could not attend the meeting • Further updates to organisation as required <p>Alistair Grant asked that the language in the SPPA communications was as clear as possible and the more relevant the communications were the better. Lorraine said that they had been keen to have simple language and be clear what scheme people go into and were contributing.</p> <p>Keith Grant noted that some people may not have access to the internet to access “My Pension” online and some may have linked with the old nhs.net email address and not updated this. He asked for a communication to staff to cover these issues.</p> <p>Rachael Little thanked Lorraine for her very useful presentation. Rachael reminded GAPF that advice could not be given on pensions, only information.</p>	
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	<p>b. GAPF Learning from Partnership through the Pandemic</p> <p>Gerry Lawrie reported that an email with 27 themed questions on hybrid/home working had been circulated to Sector Partnership Forums for discussion and feedback. Gerry had been invited to Aberdeen City Partnership Forum. She thanked everyone who had engaged in this so far and asked those who were still to submit comments through Sector Partnership Forums to send to Gerry Lawrie who would collate the responses and share with the Smart Working Programme Board and GAPF. Gerry offered to attend Sector Partnership Forum meetings to support discussions if requested.</p> <p>Clinical feedback had been received from staff working in a hybrid way,. Thanks particularly to Allied Health Professionals (AHPs) for this feedback.</p> <p>Rachael Little would ensure sectors were communicated with and knew where to send feedback to. This item would be added to a future agenda for full discussion.</p> <p>c. NHSScotland Flexible Work Location Policy soft launch/ NHSScotland “Once for Scotland” Workforce Policies Programme – Paused Until April 2022</p> <p>Diane Annand explained that the circulated SWAG letter explained that the Once for Scotland Flexible Working Location Policy implementation had been paused until no later than April 2022. The letter also explained the whole Once for Scotland workforce policy national programme Phase II had been paused also with the work commencing no later April 2022. In the meantime current policies remain in place including the NHS Grampian Flexible Working Policy, which included homeworking.</p> <p>Diane Annand explained that the Flexible Location Policy was available through the link in the letter however this should not be used. This was available only for the soft launch which had been paused and the policy had not been implemented.</p> <p>Rachael Little thanked those involved in supporting the national contributions and those who were supporting those involved in the national programme. She noted it was unfortunate that the programme had been paused but was understandable due the pressures on the system.</p> <p>GAPF would be kept updated with any further communications on the national programme.</p>	<p>RL</p>
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	<p>d. GAPF Agenda</p> <p>Rachael Little explained that staff side had made some comments regarding elements of GAPF agenda and meetings. Therefore, at the next meeting views would be sought on:</p> <ul style="list-style-type: none"> • length of meetings • agenda items • reintroduction of sector reports • how GAPF shaped the agenda moving forward giving the situation we still find ourselves in. <p>Rachael asked everyone to come along prepared for this discussion.</p>	
8	Appropriately Trained and Developed – no items	
9	<p>Any Other Competent Business</p> <p>Annual Review:</p> <p>Rachael Little reported that she had been asked to submit a report on behalf of GAPF for the Annual Review 2020/21 which included reflections looking back and considerations for looking forward. Due to the timings it had not been possible to consult and discuss at a meeting however information from previous meetings and development events had been used to develop the report. The report would be shared with GAPF in due course.</p> <p>There was the opportunity for GAPF to submit questions for Caroline Hiscox or John Tomlinson, Interim Board Chair to put consider for the Annual Review. These should be sent to Rachael Little.</p>	
10	<p>Communications messages to the Organisation</p> <p>Rachael Little would keep GAPF up to date on how Operation Iris would impact on communications to NHS Grampian Board. She would continue to report to the Board on GAPF meetings.</p>	
11	<p>Date of next meeting</p> <p>The next meeting of the group to be held at 10am to 12noon on Thursday 18 November 2021 via Microsoft Teams.</p> <p>Agenda items to be sent to gram.partnership@nhs.scot by 1 November 2021</p>	

Joan Anderson - gram.partnership@nhs.scot