



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 15 September 2022 - 10am to 12noon
Microsoft Teams

Board Meeting
01.12.22
Open Session
Item 12.08.1

Present:

Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair) – Chaired
Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair)
Mike Adams, UCATT
Adeyinka Adewumi, Deputy Business Manager, RCH (replacing Kerry Ross)
Diane Annand, Staff Governance Manager
Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership (deputy for Alex Pirrie)
June Brown, Executive Nurse Director
Susan Carr, Director of Allied Health Professionals & Public Protection
Janet Christie, BAOT
Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group
Dianne Drysdale, Smarter Working Programme Manager
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Stuart Falconer, RCN (deputy for Alistair Grant)
Caroline Hiscox, Chief Executive
Stuart Humphreys, Director of Marketing and Corporate Communications
Deirdre McIntyre, RCOP
Martin McKay, UNISON
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
Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership
Cheryl Rodriguez, Head of Occupational Health and Safety
Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities – part 1
Alan Sharp, Assistant Director of Finance
Philip Shipman, Acting Head of People and Change
Kathleen Tan, CSP
Karen Watson, Unite (deputy for Michael Ritchie) – part 1
Joan Anderson, Partnership Support Officer

In Attendance:

Kenneth O'Brien, Adult Public Protection Lead – for item 3a
Pauline Rae, Workforce Service Manager – for item 4b
Ashley Catto, HR Manager – for item 4c
Linda McKerron, Service Manager – Learning and Development – for item 8a

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting and apologies were received from the following:</p> <p>Paul Allen, Director of Infrastructure & Sustainability Janet Christie, BAOT Ian Cowe, Health and Safety Manager Albert Donald, Non-Executive Director/Whistleblowing Champion Alistair Grant, RCN (deputy Stuart Falconer) Gemma Hood, SOR Gerry Lawrie, Head of Workforce & Development Alex Pirrie, Strategy and Transformation Manager, Aberdeenshire HSCP (deputy Lynn Boyd) Michael Ritchie, Unite (deputy Karen Watson)</p>	
2	<p>Minutes for Approval</p> <p>Minute of the Previous Meeting held on 18 August 2022 was approved.</p>	
3	<p>Matters Arising</p> <p>a. GAPF PREVENT Workshop Update</p> <p>Kenny O'Brien explained that the PREVENT Workshop had been successful and a lot of feedback was gathered.</p> <p>The PREVENT Policy Review Group had met right after the workshop and agreed to pause policy development and instead concentrate on refreshing training and staff materials to raise awareness. Once this was in place it was proposed to split the policy into two. The first would be a PREVENT policy for staff responsibility towards patients and then take forward a discussion on what was best to have for PREVENT when a concern is raised about a member of staff.</p> <p>Susan Carr thanked all those who attended. She noted the robust process of work to date and work going forward in terms of any scrutiny from the Scottish Government.</p> <p>Any future review of policy would go through the GAPF Policies Sub-Group process.</p>	

4	<p>Well Informed</p> <p>a. Finance Update</p> <p>* Alan Sharp updated on the financial position to end August 2022. The anticipated deficit had been set £20m for 2022/23 based on the initial financial plan but due to the position being a £17m deficit after 5 months. This projection had been revised to an estimated £30m deficit for the year as a whole.</p> <p>The costs for any pay award for Agenda for Change staff and the level of funding for waiting times access funding were not known at this stage.</p> <p>The Scottish Government had requested NHS Grampian to prepare a recovery plan to move back from a projected overspend of £30m to £20m. A group was being set up to develop a Local Value and Sustainability Plan and discussions at the Weekly Systems Leadership meeting would take place. The group would have representation across sectors and portfolios as well as partnership. Agreement of any actions to be taken to support the financial position will be fully signed off by Chief Executive Team before being implemented. Partnership Rep request for the group had been made.</p> <p>The message to staff was that the financial situation was extremely challenging and everyone was being asked to consider how they can be as efficient as they could be in order to demonstrate that NHS Grampian is making the most of the budget it has available. Small things can have an impact e.g. switching off lights when not in use. NHS Grampian had to demonstrate to the Scottish Government that it was as efficient as possible before any approach for further funding could be made.</p> <p>Alan Sharp would update on progress at the next meeting.</p> <p>b. Workforce Plan</p> <p>Pauline Rae updated on the workforce plan progress. The draft workforce plan had been shared at the last meeting.</p> <p>The draft workforce plan had been approved by the Board and submitted to the Scottish Government. Once feedback was received work would continue towards a final workforce plan to be submitted on 31 October 2022 to the Scottish Government for noting. The draft workforce plan had been shared with clinical services and governance process including the Wider Systems Leadership Team and Whole System Decision Making Group as well as sectors, etc for input.</p> <p>Work was ongoing to have a fully integrated workforce plan ensuring working with planning colleagues to connect to the Plan for the Future and Delivery Plans as well as assuring alignment to financial and digital plans.</p>	
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There were five pillars to the Workforce Plan which describes the workforce journey. These were: Plan; Attract; Train; Employ; Nurture. Headline actions for each of the pillars will be:

Plan: Begin to define the workforce requirements of future service delivery models, particularly connected to enhancing planned and unplanned care.

Attract: Further streamline the recruitment process, introducing bulk recruitment for high volume roles to help release time to care.

Employ: Take steps to support improved retention by exploring different use of terms and conditions and enhancing bank working arrangements.

Train: Support the recovery of education and training, and improve take up of statutory and mandatory training

Nurture: Respond to the priorities identified through over 4,500 responses to the BPA Culture Survey Phase 1 and develop plans for Phase 2.

The three year plan 20-23 required to be reviewed and refreshed annually. There was a requirement to look at projections and workforce modelling longer term.

Any major issues which required discussion with the Board and the Scottish Government or any ideas for the next three year plan to be submitted to Pauline Rae.

Pauline Rae would return to GAPF in October 2022 to discuss the feedback from the Scottish Government and before the final version was submitted.

c. National Profiles for Nursing and Midwifery Health Care Support Workers (HCSW)

Ashley Catto and Karen Watson updated on the process since the last report to GAPF in July 2022.

The short life working group, chaired by June Brown, continued to meet.

The generic job descriptions had been evaluated by a job evaluation panel and consistency checked. The outcome was as anticipated which allowed the process to move forward.

All senior charge nurses and equivalents had received an email with a spreadsheet showing details of all band 2 HCSW (nursing and midwifery) in their areas, requesting they review all job descriptions and discuss with each HCSW in their team to assess and where appropriate approve rebanding requests.

The closing date for submission of these approved rebanding requests was 16 September 2022. The chief nurse would then have two weeks to have oversight of their areas and then all submissions returned to the generic email inbox.

Once the submissions had been received, and reviewed, outcome letters would be sent to all HCSW advising them of the outcome of their application by around the end of October 2022 with first payments being made at end November 2022. Back pay would be given up to three months after first updated payment.

It was confirmed that it was only substantive staff (1036 job descriptions) being considered. Bank staff were not included in the process to date and would form Phase 2 of the project.

June Brown thanked nurse managers and team leaders for undertaking this piece of work while very busy. A video had been circulated to assist with communications.

The group discussed the update and the following comments were made:

- Staff Side Group had discussed and were not assured there was enough support from nurse managers, in all areas, to ensure adherence to the timeline and positive outcomes for the rebanding process
- Concern not all staff had received a one to one meeting before being told they did not meet the criteria
- Possible localised misunderstanding as nationally it was expected that a large number of HCSW would be re-banded from 2 to 3
- Sector Partnership Forums could have a role to share communications and encourage staff to apply for rebanding
- National agreement to take this rebanding forward. This was a compromise to resolve an issue which some Boards had been negotiating on for years
- Backdating only to October 2021
- If staff feel they had not been considered appropriately for rebanding they had the option of an appeal (as per the process) or where appropriate a grievance
- Rebanding HCSW would assist them with increases in cost of living
- The facility was available to track progress

June, Karen, Ashley and all involved were thanked for all their input into this project and it was agreed that Ashley attend a Senior Nursing and Midwifery meeting later in the week to further promote the project and associated timelines.

<p>5</p>	<p>Sector Partnership Reports – Items for Escalation</p> <p>Acute Sector Partnership Forum:</p> <p>Cameron Matthew raised a question regarding waiting time initiatives and remuneration. This had been brought up in a number of local Partnership Group to the Sector Partnership Forum. The issue raised was people not wishing to put themselves forward for additional work due to the amount of payment they received for this. Some staff had indicated they would be willing to take on additional work if the remuneration was similar to that received by medical and dental staff when doing additional shifts. Cameron had discussed with Philip Shipman and it was hoped that something could be agreed nationally regarding a variation order.</p> <p>June Brown reported that from a nursing and midwifery perspective, there was a national short life working group looking at a number of things including remuneration for additional work. Update was expected soon.</p> <p>Moray Partnership Forum:</p> <p>Deirdre McIntyre reported that the forum continued to meet throughout the pandemic and management attendance was good. However she asked for more involvement from Staff Side colleagues to meetings.</p> <p>Adam Coldwells asked if there was anything he could do to support Staff Side involvement.</p> <p>Sector Partnership Forum Reports had been completed by some areas and these were useful to share information and be able to reflect back on at annual events. All Sector Partnership Forums to be asked to submit a completed report for future meetings.</p> <p>Adam stated that GAPF do like to see how local partnership is going, and it will be good to get reports from every area. They help to show the momentum through the year which can feed in to the annual development event.</p>	<p>JA/ Sector Partnership Chairs</p>
<p>6</p>	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Deactivating the Management of the Workforce during and after Major Incidents including Pandemic Policy Working Group</p> <p>Diane Annand reported that since the last GAPF the working group had completed their work on deactivation of the policy and had submitted a recommendation paper to Caroline Hiscox, Tom Power and Steven Lindsay last month from which feedback was awaited.</p>	

	<p>The summarised conclusions was that there had been 27 policy provisions and the working group found only 2 were currently enacted. These were deployment and the period of time for a self-certificate which had changed from seven to fourteen days. The group had recommended deactivating both these provisions. Additional comments had been made on staff welfare, staff education and training and annual leave usage. The group had ceased meeting and would meet again if there is a need in the future.</p>	
7	<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. Health and Safety Executive (HSE) Update</p> <p>Adam Coldwell thanked Cheryl Rodriguez for all she had done for the organisation and wished her well in her next chapter as she was leaving NHS Grampian.</p> <p>Cheryl Rodriguez gave a brief update on the key themes within the HSE enforcement notices.</p> <p>The Health and Safety (H&S) Team, Acute and Facilities Sector had been working on the enforcement notice actions. These groups continued to meet and were working on detailed action plans feeding into the short life working group. A meeting was planned with HSE on 23 September.</p> <p>HSE had raised a concern over the perceived overreliance on security response and wished to see a higher level of prevention and management of violence and aggression (PMVA) training.</p> <p>All PMVA training needs analysis had been completed, returned and reviewed for different staff groups. A risk assessment had been undertaken to enable understanding of needs. Different areas would require different levels of training.</p> <p>All training did not have to be completed by end October 2022 but the expected everyone to be booked on training where needed. Medical and Facilities staff were aware to book their staff on courses as soon as possible. HSE expected an update on 23 September. The numbers booked on needed to increase significantly. There were places available for staff to book onto. Adam Coldwell agreed to encourage medical staff to book onto courses and everyone was asked to do what they could to encourage staff to sign up for the training.</p> <p>PMVA Training for people on Nurse Bank also being looked into.</p> <p>Communication had been shared with managers and in the Daily Brief on how they could ensure TURAS was accurate and up to date. The link was available in the Learning and Development intranet page.</p>	

	<p>NHS Grampian had received additional funding for more PMVA trainers and 4 additional trainers were in post and would be ready to train after a period of shadowing. Interviews were to take place for the embedded trainer post. It was hoped to appoint two embedded trainers from Acute Sector and one from Facilities Sector.</p> <p>A new protocol had been drafted on the management of personal alarms and shared with the H&S Expert Group for comments. This would include a checklist for managers to ensure they had arrangements in place for personal alarms, etc.</p> <p>All areas now have PMVA risk assessments.</p> <p>Work was ongoing with national SSTS to have further reporting codes added for staff absent from work due to violence and aggression (V&A) both emotional and physical so that there were indicators to absence related to PMVA.</p> <p>Work on going to have a Datix drop down form to record multiple incidences of verbal abuse in a single Datix, to allow a Datix team report to show how many times this had happened.</p> <p>The H&S team are working on monitoring arrangements for PMVA.</p> <p>A Security review had been completed which outlined staffing, CCTV coverage, what other boards doing re site security, etc. Recommendations had been included and the paper would be submitted to CE Team for endorsement.</p> <p>Thanks was given to the H&S Team, and all those involved for their hard work on this.</p>	
8	<p>Appropriately Trained and Developed</p> <p>a. Wider Cohort System Leadership Monthly Meeting Statutory and Mandatory Training Short Life Working Group (SLWG)</p> <p>Linda McKerron updated the group on the report which had been circulated.</p> <p>The first section of the report detailed six remedial actions agreed for NHS Grampian to progress.</p> <p>The WSDMG (June) was asked what could be done to improve compliance with statutory and mandatory training. Table 2 in the report noted all the ideas which had been themed and each had a note on how they fitted with the overall Chief Executives actions. It was hoped to take forward some of the actions by end October 2022 and report to the Weekly Systems Decision-Making Group.</p> <p>GAPF were asked to endorse, support and approve all the actions by March 2023. It was proposed that actions be referred to subject matter</p>	

	<p>experts for future development. An NHS Grampian group could be set up to include Partnership Reps and operational management representatives to oversee actions going forward.</p> <p>Recommendation to detail the feedback to GAPF and the Weekly System Decision Making Group to show the progress being made.</p> <p>GAPF agreed all the recommendations and Linda McKerron agreed to set up the group to oversee actions. The group would report to Tom Power for Sustainable Workforce Group and then onto the Chief Executive Team and the Staff Governance Committee.</p> <p>Linda McKerron was asked to update GAPF again at an appropriate time.</p>	
9	<p>Involved in Decisions</p> <p>a. Smarter Working</p> <p>Dianne Drysdale explained that the desk booking system had gone live in Summerfield House and Westholme. The feedback noted it was an easy to use system. Alex Stephen was the new chair of the Smarter Working programme Board, which was meeting on 16 September. The group continued to communicate across the system and Dianne had and attended a number of groups to gather information. Child and Adolescent Mental Health Services (CAMHS) uses smarter working principles and information had been gained from them.</p> <p>It was noted that the correct IT equipment was essential for smarter working to work properly. This included ensuring the peripherals eg mouse and keyboards were suitable to link to any laptop. The aim is to have a monitor, keyboard and mouse available on each desk so that staff could plug in a laptop and not have to work directly on a laptop all day.</p> <p>Mike Adams noted that some areas had no IT equipment currently to allow them to work more efficiently or smarter. Some IT equipment was extremely old. There wasn't a process in place for those ordering IT equipment to know if and where the order might be on the waiting list. This had been requested some time ago. A plan would be needed for replacement of IT equipment to allow the continuation of smarter working in the future.</p> <p>IT colleagues were gathering in unused IT equipment with a view to reuse if suitable.</p> <p>Sandy Reid reported that within the City, whilst a lot of people happy to work hybrid and work from home, the increases in cost of living and heating bills was making people think again. Sandy suggested NHS Grampian consider discussing with local councils an agreement for staff to work in a workplace which was local to their home if they had a longer travel to their NHS Grampian workplace.</p>	

This would be good collaborative working. Dianne Drysdale confirmed collaborative working was on their action list.

b. Industrial Action Short Life Working Group (SLWG) Update

Tom Power updated on the paper which had been circulated on behalf of Philip Shipman.

The first meeting of the SLWG was 16 September. Tom Power was the executive sponsor with Philip Shipman and Steven Lindsay joint chairs. Wider discussions demonstrated good engagement from staff side and the Whole System Decision Making Group. The first meeting would focus on terms of reference, number of meetings, communication and what guidance to provide to staff, both those taking and not taking industrial action along with guidance for managers who have staff taking industrial action and contingency plans around reduced staffing levels within NHS Grampian. A table top exercise may be planned. Contingency planning would also be undertaken to consider potential impacts of industrial action affecting national boards including Scottish Ambulance Service (SAS), NHS24 and other partners.

Steven Lindsay reported that all Staff Side Organisations which were part of the Scottish Terms and Conditions Committee (STAC) rejected the 5% pay offer. Six of these organisations were planning to ballot their members on industrial action.

Mike Adams noted that the dispute was not with NHS Grampian. The dispute was with the Scottish Government and this needed to be clear. Previous industrial action planning had always ensured patients were not put in danger. Also planning could not be completed until NHS Grampian knew what industrial action was to be taken.

Steven Lindsay explained that RCN had communicated that they had paused their ballot due to the period of national mourning.

Ballots for industrial action were determined by the Trade Union Act 2016 which stated they must run for four weeks. The ballot result to be reported within a timescale and then 14 days' notice would be given of any industrial action planned. Therefore November 2022 would be the earliest for any possible industrial action to take place.

It was agreed to keep this item on the agenda and communicate in between meetings if necessary.

	<p>c. GAPF Development Day – Forward to the Future Feedback</p> <p>Steven Lindsay acknowledged the work done by Tom Power and colleagues to develop the paper which had been circulated. The paper was for GAPF information and would be discussed by the GAPF Action Planning Group to take forward actions and assist with future planning of events.</p> <p>GAPF were content that action items would be picked up by the groups identified in the paper.</p>	
10	<p>Any Other Competent Business</p> <p>Allied Health Professionals (AHP) Services in Crises:</p> <p>Mike Adams highlighted that he was involved in two services which were in crises. One of these was Radiography and the other was Podiatry. He noted there were shortages in other AHP services but he was not involved in those discussions. Staff were working extremely hard to keep the service going, making the service as efficient as possible. They could not recruit staff and current staff were struggling.</p> <p>Susan Carr reported that there was a national UK wide shortage of radiographers and every option available was being explored. She noted concern over the pressure the staff were under.</p> <p>Sandy Reid suggested that there may be an opportunity to recruit Ukrainians who had recently moved to the area if the qualifications could equate.</p> <p>June Brown noted that there was international recruitment and it was hoped that the Scottish Government would include radiographers in that.</p> <p>June – radiography – international recruitment for nurses and radiographers included in that. Recruitment of Ukrainians may be able to be slotted into the international recruitment programme.</p> <p>Stuart Falconer reported that international recruitment of radiographers had been successful in recruiting 5 radiographers to Dr Gray’s Hospital.</p> <p>Susan Carr noted that there were early discussions nationally on an extension to modern apprenticeships for AHPs.</p> <p>Public Holiday for HM Queen Elizabeth – State Funeral 19 September 2022:</p> <p>Steven Lindsay acknowledged the hard work by a large group of people to communicate the arrangements for the public holiday on 19 September 2022 around delivery of services and all the challenges faced.</p>	

11	<p>Communications messages to the Organisation</p> <p>Adam Coldwells welcomed Steven Lindsay as the new Staffside Co-chair of GAPF, who would provide a report from this meeting to the NHS Grampian Board.</p>	
12	<p>Date of next meeting</p> <p>The next meeting of the group to be held at 10am to 12noon on Thursday 20 October 2022 via Microsoft Teams.</p> <p>Agenda items and Sector Partnership Reports to be sent to gram.partnership@nhs.scot by Wednesday 12 October 2022</p>	

Joan Anderson - gram.partnership@nhs.scot