



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 20 May 2021 - 10am to 12noon
Microsoft Teams

Board Meeting
05.08.21
Open Session
Item 13.7

Present:

- Rachael Little, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired the meeting
- Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair)
- Mike Adams, UCATT
- Paul Allen, Director of Facilities, Estates & eHealth
- Diane Annand, Interim HR Manager Staff Governance
- Susan Coull, Head of HR
- Ian Cowe, Health and Safety Manager
- Kathy Davidson, Business Services Manager, Aberdeenshire Health & Social Care Partnership
- Albert Donald, Non-Executive Director/Whistleblowing Champion
- Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group
- Dianne Drysdale, Executive Business Manager, Executive Business Unit,
- Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
- Rob Fairfull, GMB
- Alistair Grant, RCN
- Alan Gray, Director of Finance
- Gerry Lawrie, Head of Workforce & Development
- Steven Lindsay, Unite
- Martin McKay, UNISON
- Deirdre McIntyre, COP
- Gavin Payne, General Manager of Facilities and Estates
- Tom Power, Director of People & Culture
- Cheryl Rodriguez, Head of Occupational Health and Safety
- Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
- Joan Anderson, Partnership Support Officer - Minutes

In Attendance:

- Carol Nicol, Health and Safety Specialist for Item 7a
- Andrew Wood, Risk Management Advisor for item 7b
- Magnus Malcolm, Asbestos Manager for item 7c
- Alasdair Pattinson, Hospital General Manager for item 8
- Caroline Hartley, Public Health Practitioner for item 9

| | Subject | Action |
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| 1 | <p>Welcome and Apologies</p> <p>Apologies received from:</p> <p>Caroline Hiscox, Chief Executive (deputy Adam Coldwells), Sandy Reid, Lead – People & Organisation, Aberdeen City Health and Social Care Partnership, Jeanette Netherwood, Corporate Manager, Health & Social Care Moray (and deputy Patricia Morgan, Health and Social Care Moray), Susan Carr, Director of Allied Health Professionals & Public Protection, Janet Christie, BAOT, Lynda Lynch, Board Chairperson,</p> | |

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| | <p>Janine Howie, Partnership Manager Business & Strategy, Aberdeenshire Health & Social Care Partnership (deputy Kathy Davidson), Stuart Humphreys, Director of Marketing and Corporate Communications, Cameron Matthew, Divisional General Manager, Acute, June Brown, Interim Executive Director of Nursing</p> | |
| 2 | <p>Minutes for Approval</p> <p>The minute of the meeting held on 15 April 2021 was approved.</p> | |
| 3 | <p>Matters Arising</p> <p>Item 5a - Update on Transition out of Operation Snowdrop</p> <p>It was suggested to invite Emma Hepburn to the meeting but it was thought this was too early and it was possible that Preston Gan and Emma Hepburn be invited to a future meeting to discuss team readiness for remobilisation.</p> <p>Item 5b – We Care Update.</p> <p>Gerry Lawrie reported that the Orange Awards were moving to Staff Thanks and Recognition Awards (STAR). There would be a rebranding and relaunch and the award will include reusable coffee mugs and a certificate. The group will then move to the next stage of the long service awards and pick up the backlog of these.</p> <p>Mike Adams said it was good to see the organisation taking responsibility for good culture and wanted to give a massive thanks to Gerry Lawrie, Colin Christie and team for their ongoing commitment to this.</p> <p>Item 9 – Any Other Competent Business</p> <p>International Workers Memorial Day:</p> <p>Ideas to martin.mckay@nhs.scot</p> <p>The group was still to meet to take this forward.</p> | ALL |
| 4 | <p>Updating of Emails – Communication</p> <p>Rachael Little explained that staff side had discussed an issue which had arisen for some registrant staff due to the move from nhs.net email to Office 365. There had been and needed to be more reminder communications to staff to ensure they updated their email address to avoid lapses in registration. Rachael Little would contact the Communication Group to request further reminders to go to staff.</p> <p>All NHS Grampian staff had been migrated over to Office 365 and had a new email address.</p> | RL |

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| 5 | <p>Whistleblowing Standards Update</p> <p>Adam Coldwells highlighted to GAPF that the National Whistleblowing Standards were introduced on 1 April, replacing the NHSG Whistleblowing Policy and advised that a number of actions were being undertaken to support implementation. This included Confidential Contacts, training and a process for investigating reports and arrangements for Integrated Joint Boards (IJB), Health and Social Care Partnerships (HSCP), students and outside contractors.</p> <p>Albert Donald was the Board’s non-executive Whistleblowing Champion and welcomed Whistleblowing being on the GAPF agenda and advised that any concerns raised would be dealt with using the agreed process. Quarterly reports to the NHS Grampian Board would begin in June 2021.</p> <p>Albert Donald stated that communication was very important and asked GAPF colleagues to communicate with their own areas, cascade the information and explain the importance of the Whistleblowing Standards and that the training was available on TURAS. The aim was to get to a stage where there was no need for Whistleblowing.</p> <p>A full update on Whistleblowing would be planned with Louise Ballantyne for a future meeting.</p> | ALL |
| 6 | <p>Operation Snowdrop/Remobilisation/Portfolio Changes (SGS 1&3)</p> <p>a. Inter-dependencies of Operation Snowdrop, Remobilisation and Portfolios</p> <p>* Adam Coldwells presented slides on the Development of the Strategic Plan (attached). It was hoped that the Strategic Plan would be approved in February 2022.</p> <p>GAPF agreed to form a group to gather views to include in the plan. A meeting with the Area Clinical Forum had already taken place.</p> <p>* Alan Gray presented slides on the Transformation Group, the Remobilisation Group and the Infrastructure Group. He also presented a slide on the Portfolio – System Approach (slides attached).</p> <p>Mike Adams said that it had been stated that there would be a pause for recovery for staff as the organisation came out of Covid, but that anecdotally he had the impression that there was no pause happening.</p> <p>Adam Coldwells explained that “We Care” project included key supports for staff. A template was to be completed by each team to reflect their needs for support. Once teams completed their readiness templates there would be an offer to work with them to put support in place as necessary.</p> | |

Jamie Donaldson reported that 100 to 200 management referrals were currently outstanding for Occupational Health Service (OHS) and there was limited OHS staff to take these forward. This was leading to staff returning to work without an agreed plan.

Cheryl Rodriguez confirmed that there had been a number of OHS referrals received which was not unexpected in the circumstances.

Short term absence management referrals had been paused so OHS could focus on long term sickness absence referrals.

The referral process had changed. Each person would receive a contact from a health care advisor who would hopefully be able to give some advice to the member of staff while waiting for an appointment to ensure they were getting appropriate support. Signposting to other resources would also take place.

Alistair Grant noted that he had a considerable increase in numbers of staff going to him regarding lack of communication and not feeling valued. He noted the need for understanding organisational change and evidence for this to ensure good governance. He stated that there was a huge gap in training and this needed to be delivered in a model that was achievable ie coaching, practical applications etc.

Martin McKay asked for the significant amount of services that never stopped and the increase in services staff need to be ready to take on to be recognised. Martin reported that a number of organisations nationally, including UNISON, had been gathering information from staff and staff locally had been responding. This information was available for management to make use of. UNISON has data from Nursing Survey of current position staff felt they were at - stress, anxiety, exhaustion and uncertainty of future sustainability. It was not a happy read. Post-Traumatic stress from continuing pressure during and post COVID-19 was a major concern for Trade Unions.

Steven Lindsay concurred with the reports of the numbers of contacts by members rising. He noted that when the policy for Management of the Workforce during and after Major Incidents Including Pandemic was approved in February 2020 no-one would have known that the organisation would have still been dealing with a pandemic to this date. Staff were also still dealing with working from home. There needed to be a time for recovery before full scale remobilisation took place

Susan Coull reported HR were receiving an increasing number of concerns from staff for a whole range of reasons. HR were signposting staff to their managers or others in the organisation to discuss how their concerns could be resolved/addressed. There was a recognition that managers were also overwhelmed and there was a requirement for the organisation to support middle managers to be able to provide support for their staff.

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| | <p>It was agreed to ensure the minute reflected that the discussions by everyone covered all staff in the organisation from the lowest bands to the highest.</p> <p>Joyce Duncan said it was good to hear a full and honest picture of the support required by teams. Middle managers were struggling most and if not trained properly may struggle more. Joyce would feedback to the Board via the Staff Governance Committee regarding moving at a pace acceptable with the knowledge received.</p> <p>* Adam Coldwells noted that the organisation would find it helpful to see the UNISON survey information as well as any other information other organisations had gathered and asked for this to be shared with management</p> <p>Adam recognised that all staff were feeling the pressures over capacity and demand and may be overwhelmed in some areas. Training had been an issue for a long time and this would need to be looked at in the future but now was not the time due to capacity.</p> <p>Tom Power said all staff would receive a response following submission of their readiness template. Some teams would require signposting and others may require more input. He asked that all colleagues encourage teams to submit their readiness template. National resources would be available to assist with supporting managers.</p> <p>Adam Coldwells reported that the Change Management Oversight Group was the formal group to oversee organisational change. Adam Coldwells was the chair and Tom Power, Rachael Little, Susan Coull, Alistair Grant and Mike Adams were also on the group along with others. The issues raised at the meeting would be influenced through this group and it would have the highest standard of governance for change going forward.</p> <p>Alan Gray discussed home working. For staff ready to return to work for some of each week there was a need to find out what model staff would like and to support this. As part of remobilisation there was a need to work together and support staff to continue to work at home or return to the office.</p> <p>b. Finance Update</p> <p>Alan Gray explained there was no reporting this month due to being the end of the financial year.</p> | |
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| 7 | <p>Policies for Approval</p> <p>a. Policy for the Management of Medical Sharp Instruments</p> <p>Carol Nicol presented the policy for approval. She explained the process it had been through and thanked Joan Anderson for her assistance with the process.</p> <p>GAPF approved the Policy for the Management of Medical Sharp Instruments.</p> <p>b. Lone Working Policy</p> <p>Andrew Wood presented the policy for approval. He explained the process it had been through and thanked the Policies Sub-Group and the policy review group for their support.</p> <p>It was noticed that the policy mentioned people working at home and it was agreed that lone working did not apply to people working from home or home working. Wording to amend the policy and signpost people to another policy was to be developed and the policy would be circulated to GAPF virtually for approval instead of delaying approval to July 2021.</p> <p>It was agreed that the policy would be checked for any minor amendments when the national policy was approved.</p> <p>c. Asbestos Policy</p> <p>Magnus Malcolm attended the meeting to present the Asbestos Policy for approval. He explained it was significantly different to the previous version of the policy. It was a high level framework and would be reviewed in 5 years.</p> <p>Mike Adams stated that his union UCATT were happy to participate in asbestos management and policies but they advised their members not to work with asbestos and had zero tolerance on this.</p> <p>Magnus Malcolm noted that the management plan concurred with the UCATT view and that he was happy that this was the best way forward and was in line with other NHS Boards.</p> <p>GAPF approved the Asbestos Policy.</p> | <p>AW/ DA/SL</p> |
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| | <p>d. Water Safety Policy</p> <p>Paul Allen explained the proposal to update the current Water Safety Policy with two changes to update from the interim measure noted in the policy while training had taken place for the responsible person. This affected sections 3.1 and 3.1.2 only of the policy. The review date for the policy would remain January 2025.</p> <p>GAPF approved the changes to the Water Safety Policy and agreed the policy did not require to be taken through the full review process.</p> | |
| <p>8</p> <p>*</p> | <p>Dr Gray's Hospital Reconfiguration to GAPF</p> <p>Alasdair Pattinson gave a presentation on the reconfiguration of Dr Gray's Hospital which he explained was in relation to bed base rather than a wider hospital reconfiguration (attached).</p> <p>He recognised the contribution of colleagues over the past 14 months and stressed that engagement would continue with teams to best deliver an improved patient and staff experience. The Partnership process was being strengthened in Dr Gray's Hospital to support staff through the process.</p> <p>Alasdair Pattinson stated that there was no clear sign this was organisational change the principles of organisational change would be applied in the meantime ensuring that communication and engagement opportunities for staff are available..</p> <p>Alistair Grant asked for a discussion on the Organisational Change Policy to take place at the Dr Gray's Local Partnership Group and evidence noted on why this would not be organisational change.</p> | |
| <p>9</p> | <p>Lateral Flow Devices</p> <p>Caroline Hartley reported that Lateral Flow Devices (LFD) testing had initially increased but had been reducing recently. Many staff were known to be testing but not recording the results. Testing was voluntary but she noted it was really important to test and record the results. The same issues were being seen across Scotland.</p> <p>The Scottish Government had an action plan for testing and had given a target for achieving a rate of testing.</p> <p>Two staff had recorded videos, one with a positive LFD test and one with a positive PCR test to back up the message to staff. There were other videos available as well.</p> <p>Rachael Little noted that testing was in the long term plan so not stopping soon.</p> | |

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| | <p>Mike Adams reported that he had given feedback from Staff Side to Gary Mortimer on barriers and obstacles. Some feedback was on uploading the recording of results. Work was ongoing to improve the app for recording results.</p> <p>More communications would be shared with a survey on testing and reporting. It was hoped to have weekly communications. Peer to peer messages was also really important.</p> <p>Caroline Hartley asked the group for any suggestions on how to encourage more staff testing and recording of results to be sent to her.</p> <p>It was agreed to invite Caroline to a future meeting for an update.</p> | |
| 10 | <p>Recruitment and Retention Premia (RRP) Application</p> <p>Diane Annand reported that an update had been received at the GAPF Terms and Conditions Sub-Group the day before from Ashley Catto who had been working with Malcolm Ewen. The additional information the Scottish Terms and Conditions Sub-Group (STAC) had requested had been progressed and the application updated. The equality assessment would be submitted on 28 May 2021.</p> <p>Mike Adams thanked Ashley Catto and Malcolm Ewen for the work they had undertaken to produce the application with particularly difficult decisions from the Scottish Government.</p> | |
| 11 | <p>GAPF Development Day</p> <p>Gerry Lawrie informed everyone that the next GAPF meeting on 17 June 2021 would be an extended virtual development event titled “Learning from Partnership through the pandemic”.</p> <p>Speakers were being invited and GAPF members were all asked to take along one person who had not been involved in Partnership previously. Further information would be shared prior to the event.</p> | |
| 12 | <p>Partnership Representative Requests for Groups</p> <p>Rachael Little reminded GAPF that all requests for Partnership Reps on Groups across NHS Grampian were to be through the generic Partnership email: gram.partnership@nhs.scot</p> <p>Each request would be responded to and Partnership support would be given where possible.</p> | |
| 13 | <p>Any Other Competent Business – none.</p> | |

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| 14 | <p>Communications messages to the Organisation</p> <p>The following items would be included in the Board Report:</p> <ul style="list-style-type: none"> • Updates from Adam Coldwells and Alan Gray on Inter-dependencies of Operation Snowdrop, Remobilisation and Portfolios • Policies approved • Whistleblowing Standards • Update from Alasdair Pattinson on Dr Gray’s Hospital Reconfiguration • Update from Caroline Hartley on Lateral Flow Devices testing and recording | |
| 15 | <p>Date of next meeting</p> <p>The next meeting of the group to be held at 9.45am to 1pm on Thursday 17 June 2021 – GAPF Development Event via Microsoft Teams.</p> | ALL |

Joan Anderson - gram.partnership@nhs.scot