

Approved

Board Meeting  
Open Session  
03.08.23  
Item 13.7



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 18 May 2023 10am to 12.30pm  
Microsoft Teams

**Present:**

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired  
Mike Adams, UCATT  
Adeyinka Adewumi, Deputy Business Manager, RCH  
Diane Annand, Staff Governance Manager  
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  
Dianne Drysdale, Smarter Working Programme Manager  
Alison Evison, Board Chairperson  
Alistair Grant, RCN  
Gemma Hood, SOR  
Martin McKay, UNISON  
Cameron Matthew, Divisional General Manager, Acute  
Lynn Morrison, Lead for Allied Health Professions (AHP) and Rehabilitation- Aberdeen City Health & Social Care Partnership (deputy for Susan Carr)  
Tom Power, Director of People & Culture  
Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership  
Michael Ritchie, Unite  
Alan Sharp, Assistant Director of Finance  
Philip Shipman, Acting Head of People and Change  
Kathleen Tan, CSP  
Joan Anderson, Partnership Support Officer

**In Attendance:**

Rachael Melvin, Deputy Service Manager for CAHMS Service (shadowing Adeyinka Adewumi)  
Tracey McDonald, Human Resources Hub Manager – for item 3a  
Elinor McCann, Head of Catering - for item 4b  
Ted Reid, Head of Logistics - for item 5b  
Peter McLean, Service Manager - Primary Care Contracts, Moray CHP - for item 6b  
Philippa Jensen, Interim Strategy and Transformation Manager - for item 6c (Philippa had to leave before item taken)  
Susan Harrold, Senior Planning Manager - Item 7a

	<b>Subject</b>	<b>Action</b>
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  June Brown, Executive Nurse Director  Susan Carr, Director of Allied Health Professionals &amp; Public Protection (Lynn Morrison deputised)  Janet Christie, BAOT  Sean Coady, Head of Service – Moray  Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair)  Ian Cowe, Health and Safety Manager  Albert Donald, Non-Executive Director/Whistleblowing Champion  Caroline Hiscox, Chief Executive  Stuart Humphreys, Director of Marketing and Corporate Communications  Gerry Lawrie, Head of Workforce &amp; Development  Deirdre McIntyre, RCOP  Gavin Payne, General Manager of Facilities and Estates  Katherine Targett, Consultant Occupational Physician, Occupational Health Services</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of the Previous Meeting held on 16 March 2023 was approved.</p>	

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### **Matters Arising**

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

Tracey McDonald, HR Hub Manager, had taken over from Ashley Catto as HR lead for phase 1 of this project. Phase 2 would be led by Faye Dale, Interim HR Manager.

Tracey reported there was only 16 outstanding jobs to complete. Six would move to band 3, 2 would remain as band 2 and the remaining 8 were on long term sick leave or had left. Senior Charge Nurses have been advised on how to take these forward

The final stage on phase 1 was about to commence, regarding identifying the Band 2 HCSW who commenced between 21 October 2022 and 31 January 2023. A list from payroll would be used as a comparison against the list currently held.

In addition to ensure all bases were covered an article would be published in the Daily Brief asking if any further HCSWs required to be included on the list.

The group thanked Tracey and all colleagues for their work on this project and felt that getting to 16 was a great success.

b. Industrial Action Short Life Working Group

Philip Shipman stated that the short live working group (SLWG) was meeting twice a week and was looking at contingency plans for possible industrial action of junior doctors. The British Medical Association (BMA) had balloted the entire junior doctors across whole of Scotland. The result was for strike action. NHS Grampian had not been informed of what strike action may be taken so planning continued for potential action. Strike action expected would be for 72 hours and all junior doctors would be asked to go out. Legally any of the junior doctors could take strike action even if they had not taken part in the ballot.

Thanks was given to the HR Team and all teams involved in trying to plan for the potential significant event.

Communications would be very important for public, patients and staff and also to consider welfare of staff who may have to provide additional cover.

The group discussed possible strike action and made the following comments:

- Steven Lindsay had initial discussions with nursing union colleagues and would include AHP colleagues as if junior

	<p>doctors took strike action, these staff may be asked to cover the work of junior doctors in some way</p> <ul style="list-style-type: none"> <li>• Expect discussion on this at GAPF Staff Side Reps and HR Colleagues meeting which meets monthly</li> <li>• If going to invoke the Policy for Management of the Workforce during and after Major Incidents Including Pandemic and talking about derogations, detail of derogations would be needed for accurate support and advice to members</li> <li>• Staff already been pressured to take on roles in areas that were not their regular working areas.</li> <li>• Asked for communications to say that these pressures should not be put on staff until it was known what derogations were happening</li> <li>• Clear communications required to ensure misunderstandings did not happen</li> <li>• It was not known what areas would need cover so could not be asking staff to discuss needs for cover</li> <li>• Need to maintain working relationships during and after industrial action. Already strain on staff and real concern around groups of staff or individuals and potential for straining relationships.</li> <li>• Emma Pettis and Emma Hepburn were working on communications around welfare of staff. A Welfare Cell was in place led by Emma Hepburn and Laura Kluzniack.</li> <li>• Important to work together to try and resolve any issues</li> <li>• If Staff Side had information from members on pressures due to possible strike action they were asked to share this outside the meeting to allow early resolution</li> <li>• Will the Ethics Committee be involved as they had been previously? They had written a paper on moral injury and this should be included again to relieve the impact on staff</li> <li>• Industrial action awareness raising slides around cells and clinical planning were intended to be inclusive of all clinical services and very clear around what the criteria would be when considering enacting the policy. Tom Power would discuss this information with the SLWG with a view to sharing with GAPF for Sector Partnership Forums</li> </ul> <p>It was agreed that an extraordinary GAPF would be arranged if strike action was confirmed as going ahead and a meeting wasn't due to take within two weeks.</p> <p>c. ARI Bed Base Review</p> <p>Steven Lindsay reported that a paper had been approved for a Bed Base Review which had been shared early April for an opportunity to comment on it or raise any issues.</p>	<p><b>SL/PS</b></p>
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	<p>d. GAPF Development Event – Fatigued and the Furious</p> <p>Steven Lindsay explained that despite months of hard work and planning behind the scenes particularly by Gerry Lawrie and colleagues in Learning and Development, the planned event for 27 April 2023 had to be cancelled at short notice.</p> <p>The theme was very relevant and a rescheduled event would be planned. A possible date of 21 September 2023 had been highlighted and Joan Anderson would send out a “save the date” email. Further planning would have to take place before this date could be confirmed.</p>	
4	<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. Self-Certification</p> <p>Diane Annand highlighted some key points from the circulated paper. The current practice is to complete a local NHS Grampian self-certificate and then a return to work form after the employee and line manager has discussed the absence. Following a query to HR as to whether both forms required to be completed due to the wording in the Once for Scotland Attendance policy, this proposal was discussed at the Policies Sub-Group. After examining all the key factors noted in the assessment section of the paper, it was concluded that the process can be streamlined and NHS Grampian revert to using only one form which would be the return to work form also acting as the self-certificate. The conversation between the employee and the line manager was a key part of the process.</p> <p>GAPF approved the recommendations to cease the local practice of a separate self-certificate and promote the use of the return to work form as the self-certificate. The importance of the communication of this change to staff was stressed. It was highlighted that as part of the communications it should be made clear it was for line managers to undertake return to work conversations given the potential for sensitive information to be shared. It was acknowledged that the communication would also be an opportunity to advertise the need to follow the Once for Scotland Policies.</p>	

b. NHS Retail Catering Units

Elinor McCann attended GAPF to present a paper for discussion. Elinor went over some key points from the paper:

- NHS Grampian retail in crises at £479k deficit.
- Projecting over £600K deficit by end of the financial year.
- Cannot afford services in the current form.
- Cooking and serving in region of 6000 meals a day so have to go for popular choices, keep to HDL(2005)31 and keep to budget
- If NHS Grampian agreed to a subsidy, this could not come from Facilities Directorate funding as it was unaffordable
- Meals prices below what it would cost to purchase similar in a private catering organisation eg £1.15 for a bowl of homemade soup.

There were three options in the paper to consider. The first would give a deficit to the organisation of £612k. The second was an uplift in cost price of 10% leaving a smaller but still significant £340k deficit and the third option was for an increase of 20% which would lead to a deficit of £67k. The recommendation in the paper was that the third option was the only viable option.

Steven Lindsay explained that the final decision on any cost increase would have to be taken by the Chief Executives Team (CET). GAPF were pleased to have an opportunity to discuss prior to a final decision being made.

Comments from the group included:

- Catering costs continued to be more and more challenging
- A recent Ask Caroline interview had received a question on the availability of catering particularly to overnight staff
- The paper was straightforward and explained in simple terms the crisis
- Staff to know that if they don't use the facilities they would lose them
- The decline in use throughout the pandemic was severe
- Need to manage staff expectations of what can be delivered
- Best option to increase costs and run as a business rather than have no service for staff
- The information was clear on the realities of cost pressures and recent increases in the cost of food, transport, etc
- Cost increases may give a relief however any changes to staff working hours may give little initial return due to pay protection for existing staff
- Need to ensure the communication to staff is right and highlights the good value for money compared to other Boards or to purchase from a private business so staff will continue to use the facilities and not lose them

	<ul style="list-style-type: none"> <li>• Communications not to say that GAPF approved an increase in costs</li> <li>• Communications to be open, honest and realistic about what was happening and why</li> <li>• Communications to state there were no subsidies for staff catering</li> <li>• If remove expensive items from the menu eg fish and chips, would this reduce footfall as this might be the popular options</li> <li>• Could the increase in average value of pay awards over the last couple of years be used as a basis for the price increase? Elinor McCann responded to state that staff within catering at bands 2 and 3 had an average pay rise of 17%.</li> <li>• The costs would be monitored and reviewed and if the costs decreased the prices would be reviewed</li> <li>• Staff should be made aware of the paper being discussed at GAPF and WSDMG</li> <li>• Should the Board consider taking funding from one area and put towards Catering to support them and ensure the service continued for staff welfare and kept the organisation a place people wanted to work</li> </ul> <p>Elinor McCann confirmed that the information in the paper regarding NHS Lothian costs was fairly standard compared to other Boards. NHS Lothian was of comparable size and retail operation to NHS Grampian</p> <p>Elinor confirmed that staff would be involved if any changes were being proposed to their working areas. She didn't want to cause any unnecessary anxiety among staff if no changes were agreed.</p> <p>Steven Lindsay thanked Elinor McCann and highlighted again the importance of good communications following any decision by CET.</p>	
5	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>a. Non-Pay Elements of Agenda for Change Pay Award</p> <p>Philip Shipman explained there were a number of strands attached to the pay award, not just a pay increase. These were:</p> <ul style="list-style-type: none"> <li>• Protected learning time</li> <li>• Review of band 5 nursing profiles</li> <li>• 36 working hours a week</li> </ul> <p>The Scottish Governance were looking at these strands with national Staff Side. No timescale had been announced and Philip would update when he received information.</p>	

Martin McKay reported that the national trade unions had sent a letter to the new Health Minister Michael Mathieson reminding him on agreement to take forward these priority areas as agreed with the previous Health Minister.

b. Parking Review

Ted Reid attended GAPF to update on the parking review. A paper had been submitted to the Whole System Decision Making Group (WSDMG) earlier in the year. The WSDMG had felt it was not the right time to take forward a review. The group had continued to work in the background to see if they could take forward any improvements in parking and travel to work.

A meeting would take place between Steven Lindsay, Caroline Hiscox and the Wood Foundation to request the Lady Helen Multi-Storey Car Park to extend its use for staff parking. Three options would be proposed. Planning consent had been given for the multi-storey car park on the basis of its use by patients and visitors use only.

The group had also worked or planned to work on the following:

- Public transport – discussion with bus companies
- Shared travel to work
- Kingswells Park and Ride route via ARI
- Cost of on-street parking
- Promoting walking to work
- Shuttle buses

Ted Reid gave thanks to Mike Adams for all his hard work and support and huge contribution given to car parking and welcomed Keith Grant and Jamie Donaldson who were joining car parking review.

Mike Adams made the point that parking spaces at Foresterhill would get worse as further building works progress. Very little external help was being offered. If there was a decision to move from Westholme, Summerfield House and other areas to Woodhill House there would be parking issues there. There would be no quick or easy solution to parking and there was a need to manage staff and the organisation's expectations. Mike also wished it noted that any permit system agreed would have to be suitable to roll out to areas outwith Foresterhill site.

Mike Adams asked for clarity on the working at home message. Dianne Drysdale confirmed that the message to staff had not changed regarding working at home and happy to discuss with anyone with questions or wishing to introduce home working. Anyone able to work at home and happy to do so should be working at home.

	<p>Sandy Reid reported that it may be difficult to negotiate with Aberdeen City Council as their view was that now Covid pandemic was over, no more contingencies were needed.</p> <p>Sandy asked for shuttle buses to be reinstated, especially between Aberdeen Health Village and Marischal College. Shuttle buses should be part of NHS Grampians environmental agenda as well as part of the parking solution.</p> <p>Ted Reid explained that shuttle buses were being used by NHS Grampian for other uses and these had a financial gain to organisation. When considering shuttle buses for staff, there was a need to take in to consideration benefit in kind for staff parking in one area and moving around to other areas.</p> <p>Martin McKay felt that short, medium and long term strategies needed to be considered including the possibility of a multi-storey car park on site for staff. Staff were having to pay for on street parking which had a financial impact on them. Communications needed to be supportive to staff.</p> <p>Diane Annand reported that she had announced yesterday to the Terms and Conditions Sub-Group that the amended Cycle to Work Scheme would launch as of 1 June 2023. The maximum spend had been increased so staff could salary sacrifice goods between £100 and £20,000 choosing from a choice of payback periods of 12, 18 or 24 months.</p>	
6	<p><b>Well Informed</b></p> <p>a. Finance Update</p> <p>Alan Sharp updated on the end of year financial performance. There had been a small revenue surplus of about £600k for 2022-23. This was subject to audit which was being carried out. Capital resource spend of £100m went on equipment and buildings with most of this being spent on the Baird Family Hospital and Anchor Hospital.</p> <p>All the financial targets were met for 2022-23. The revenue position improved significantly in March. This was due to the Scottish Government allocating funding to NHS Grampian for Grampian specific system pressures including staffing costs, the Planned Care programme and drug costs for the vaccination programmes. The position also improved due to the reduction in the accrual for untaken leave as staff used up their annual leave which had been carried forward from last year.</p> <p>These improvements are one offs. NHS Grampian's underlying financial position is still very challenging. The position in March 2023 showed an underlying overspend in Portfolios and Departments of £4.7m, which was the highest for the whole year.</p>	

Supplementary staffing costs and banding payments for non-compliant junior medical rotas was still high. High inflation was also still having an impact in areas such as drugs, medical supplies and catering provisions.

NHS Grampian had submitted the Financial Plan for 2023-24 to NHS Grampian Board. The plan predicted a £60m deficit for 2023-24 and has to be resubmitted to Scottish Government by the end of June to clarify some assumptions. 3% savings target was required and this will be taken forward by the Sustainability and Value Group.

All territorial boards were facing similar financial pressures for the 2023/24 year.

Steven Lindsay thanked Alan and all finance colleagues for all their work particularly at this time of year.

#### b. Current Operational Pressures

Peter MacLean gave a presentation on the operation pressures in Primary Care.

[Pressures in Primary Care - GAPF - Peter MacLean.pptx](#)

The group thanked Peter for coming along to GAPF and made the following comments/questions:

- How does the organisation link up as early as possible to ensure any proposed changes were discussed with any other departments or areas the change might affect?
- How could the organisation improve these links with other areas?

Peter MacLean explained that the Interface Group should consider the whole system to ensure no unintended consequences happened.

A long term Primary Care Strategy was being worked on and the first part of this would be the future of General Practice. All areas which may be impacted by any change would hopefully be much more jointed up and planned.

#### c. Aberdeenshire

The report had been circulated prior to the meeting. Philippa Jensen was unable to stay at the meeting until the item was taken.

Gemma Hood gave thanks to Diane Annand for all her help in completing and proofreading the paper. This was invaluable.

No questions were asked on the paper.

<p>7</p>	<p><b>Involved in Decisions</b></p> <p>a. Delivery Plan/Plan for the Future</p> <p>Susan Harrold attended to update on the Delivery Plan/Plan for the future and outlined presentation slides.</p> <p><a href="#">GAPF Slides 18.5.23 - Susan Harrold.pptx</a></p> <p>The draft plan had been circulated to GAPF members and other groups for review/comments as part of ongoing engagement.</p> <p>The draft 3 year Delivery Plan will set out NHS G priorities for the next 3 years which will enable us to progress against the Plan for the Future. The draft plan will be submitted to the NHS Grampian Board on 1 June 2023 and again in August for final sign off after submission to the Scottish Government.</p> <p>Key priorities were noted within the slides. Staff focus groups and Board drop in sessions were planned for week commencing 15 and 22 May 2023.</p> <p>Feedback to <a href="mailto:gram.planforthefuture@nhs.scot">gram.planforthefuture@nhs.scot</a></p> <p>b. GAPF Terms of Reference</p> <p>Steven Lindsay proposed on behalf of Staff Side to reduce the quorum of trade union and professional organisations and management representatives from six to four.</p> <p>The quorum information could be found within the NHS Grampian Facilities Arrangements for Trade Unions and Professional Organisations Policy, Appendix 2 – Section 2.15 as follows:</p> <p>“2.15 A quorum at each meeting of the GAPF will be of six each of Staff Side and Management Members, this will not include Joint Chairs. In such an event that a quorum is not present the meeting can proceed with joint agreement allowing matters to be discussed but no decisions can be made.”</p> <p>The proposal was to amend to read:</p> <p>“2.15 A quorum at each meeting of the GAPF will be of four each of Staff Side and Management Members, this will not include Joint Chairs. In such an event that a quorum is not present the meeting can proceed with joint agreement allowing matters to be discussed but no decisions can be made.”</p>	
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	<p>The reasons for proposing the reduction in quorum was due to UCATT no longer being able to have an accredited representative from the end of May 2023, reducing the number of recognised trade unions and professional organisations from 17 to 16. There were also a number of organisations who currently do not have accredited representatives to take up the GAPF seat and a number of organisations who do not to attend GAPF.</p> <p>No objections were raised at the meeting and it was agreed to virtually ask for approval of this change due to the meeting not been quorate by the time this discussion took place. Approval would require agreement by 6 management representatives and 6 trade unions and professional organisations.</p>	<b>SL/JA</b>
8	<b>Appropriately Trained and Developed</b> – no items	
9	<p><b>Any Other Competent Business</b></p> <p>GAPF thanked Mike Adams for all his input into Partnership working for the inception of Partnership and wished him well for his retirement.</p>	
10	<p><b>Communications messages to the Organisation</b></p> <p>Steven Lindsay would prepare a report from the meeting for the NHS Grampian Board.</p>	<b>SL</b>
11	<p><b>Date of next meeting</b></p> <p>The next meeting of the group to be held at 10am to 12.30pm on Thursday 15 June 2023 via Microsoft Teams.</p> <p>Agenda items to be sent to <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by Friday 26 May 2023</p>	

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