



Approved

NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 18 January 2024 10am to 12.30pm  
Microsoft Teams

Board Meeting  
11.04.24  
Open Session  
Item 12.4.1

**Present:**

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) - Chaired  
Adam Coldwells, Interim Chief Executive (Co-Chair)  
Adeyinka Adewumi, Deputy Business Manager  
Diane Annand, Staff Governance Manager  
Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
June Brown, Executive Nurse Director  
Ian Cowe, Acting Head of Health and Safety  
Dianne Drysdale, Smarter Working Programme Manager  
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
Alistair Grant, RCN  
Gemma Hood, SOR  
Stuart Humphreys, Director of Marketing and Corporate Communications  
Natalie Jeffrey, Business Manager, Moray  
Deirdre McIntyre, RCOP  
Martin McKay, UNISON  
Cameron Matthew, Divisional General Manager, Acute  
Jill Matthew, Head of Service, Occupational Health Service  
Jason Nicol, Head of Wellbeing, Culture and Development  
Gavin Payne, General Manager, Facilities and Estates  
Tom Power, Director of People & Culture  
Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership  
Michael Ritchie, Unite the Union  
Philip Shipman, Acting Head of People and Change  
Alex Stephen, Director of Finance – for item 6b  
Katherine Targett, Consultant Occupational Physician, Occupational Health Services  
Alan Wilson, Director of Infrastructure and Sustainability  
Joan Anderson, Partnership Support Officer

**In Attendance:**

June Barnard, Nurse Director for Acute Services - for item 3b  
Elinor McCann, Head of Catering - for item 6a  
Sarah Irvine, Senior Finance Manager – for item 6b  
Faye Dale, Interim HR Manager – for item 6c  
Chantal Wood, Deputy General Manager, Facilities & Estates – for item 6d  
Keith Grant, Partnership Representative – for item 6d

	<b>Subject</b>	<b>Action</b>
1	<p><b>Welcome and Apologies</b></p> <p>Everyone was welcomed to the meeting.</p> <p>Jill Matthews was welcome into her new role as Head of Service, Occupational Health Service and Alan Wilson welcomed into his new role as Director of Infrastructure and Sustainability</p> <p>Apologies were received from the following:</p> <p>Susan Carr, Director of Allied Health Professionals &amp; Public Protection  Janet Christie, BAOT  Jamie Donaldson, Elected Staff Side Chair of Health &amp; Safety Representatives Group  Alison Evison, NHS Grampian Board Chairperson  Gerry Lawrie, Head of Workforce &amp; Development  Jackie Mitchell, RCM (Regional Officer)  Kathleen Tan, CSP</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of the Previous Meeting held on 21 December 2023 was approved</p>	
3	<p><b>Matters Arising</b></p> <p>a. Vacancy Management</p> <p>Steven Lindsay explained that at the last meeting a question had been asked about whether those who worked for the Charities Team were paid by NHS Grampian. The answer had been investigated after the meeting and the NHS Grampian accounts stated that NHS Grampian employed the Charities staff and they were on permanent contracts, however, the funding for the salaries was transferred from charities funding.</p> <p>b. Safe Transfer of Care</p> <p>June Barnard gave an update on the Safe Transfer of Care project and the five standing operating procedures (SOPs).</p> <p>June had heard similar concerns from staff as those raised by staff side colleagues. She had met with RCN representatives on 21 December 2023 and UNISON Representatives on 22 December 2023, listened to the concerns and responded to questions.</p> <p>The project was on track and continued to work towards a completion date. No significant concerns had been raised to stop the project. The Scottish Ambulance Service (SAS) transfer SOP and the Borders SOP had been changed in light of feedback from</p>	

<p>staff. The SOPs would continue to be refined and signed off at the end of January 2024.</p> <p>Weekly drop in sessions continue. Attendance was waning and questions from staff becoming briefer.</p> <p>A patient leaflet had been developed by the non-patient standard group using feedback from staff and senior charge nurses. It had been decided to hand out the leaflet in all areas and see what feedback was received.</p> <p>A number feedback opportunities had been made available include a link in the Staff Brief for anonymous questions. The Way Project had been set up in each of the Portfolios to get feedback from all areas to the SOPs and Teams. There was senior leadership teams and senior teams for all portfolios which also offered opportunities for feedback. Martin McKay agreed to meet with June Barnard to discuss any other possibilities for feedback.</p> <p>Some areas had reached the target for additional patients but not all areas and therefore the overall additional 75 patients had not been reached.</p> <p>A dashboard had been developed in relation to the bed base review project and interdependencies on patients waiting time in Accident and Emergency, transfer time to inpatient bed, utilisation of corridor care, non-standard patient areas, numbers of boarders, numbers of discharges and utilisation of the discharge lounge.</p> <p>The Fire and Rescue Service had inspected the Green Zone and a report was awaited.</p> <p>The Ethics Committee were to be updated as they had considered the original corridor care plan.</p> <p>When the Safe Transfer of Staff project began, NHS Grampian had been one of two outliers regarding patient transfer from SAS into Accident and Emergency. Therefore, a visit had been arranged for Senior Charge Nurses, nurse managers and members of the project team to visit NHS Tayside on 2 February.</p> <p>The project team continued to update the Chief Executives Team (CET) weekly.</p> <p>Steven Lindsay noted that the two meetings with RCN and UNISON representatives had been good and acknowledged ongoing listening work to adapt and reflect, review and refine working practices on this despite being in the middle to winter. Steven noted that as at the last area wide Staff Side meeting there had been no additional concerns raised.</p>	<p><b>MMcK/ JB</b></p>
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	<p>June Barnard noted that Paul Bachoo, Medical Director Acute, had set up a meeting with medical staff to further involvement and engagement to understand the links across services. Paul Bachoo was also encouraging feedback from medical staff.</p> <p>A paper was being drawn up regarding WeCare Team and psychology support and work was ongoing with chief nurses to identify specific areas.</p> <p>Alistair Grant asked for assurance around staffing numbers for additional patients. June Barnard responded that all additional patients were in Trackcare and SafeCare systems. Additional staffing had been sought in a number of ways including bank staff and if no bank staff available, agency staff. This was done on a month by month basis being proactive and responsive. An SOP had been developed by managers and chief nurses to cover this and be prepared for the safe staffing legislation.</p> <p>Cameron Matthew reported that the numbers of patients at the front doors had returned to be more challenging after a short period of less pressures. The risk had been moved from the front door of the hospital to wards and there had been plus 4 patients in corridors and a surge of use. 85 patients had been in non-standard beds point. He noted that the workload needed to be managed and that part of the organisation was taking on more than other parts of the system.</p> <p>Cameron Matthew explained that the step down from level 2 to level 3 increased psychological risks for patients as they were looked after in non-standard patient areas. If patients were waiting in Intensive Treatment Unit (ITU) rather than being moved to the right part of the system, this cost the organisation more money. This also led to other patients waiting to get into ITU which was increasing since SOP procedures began.</p> <p>Adam Coldwell explained there was some association between these two things but the overall capacity related to the bed base review and getting this right.</p> <p>June Barnard noted that the introduction of the SOPs was not going to resolve all the issues and the quality improvement work would continue as this was the pathway out and the bed base review was part of that. June would discuss the four additional patients in corridors with the Non-Standard Patient Monitoring Group.</p> <p>It was agreed to monitor the situation around the pressure on the system and receive further updates to future meetings</p>	
4	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>a. Memorial Days</p>	

	<p>Steven Lindsay explained that GAPF had agreed a paper in February 2024 to commemorate particular annual events. International Workers Memorial Day had been commemorated on 28 April 2023 with communications in the Daily Brief and a non-religious service in the Chapel at ARI organised by Gillian Douglas, lead chaplain. While that service had a small attendance, one of the actions from the event was the beginning of a small cairn of pebbles at the chapel alter. In the months following the event, the cairn had been added to by colleagues who visited to remember former colleagues.</p> <p>The agreement noted the work would continue each year with recognising Holocaust Memorial Day on 27 January and International Workers Memorial Day on 28 April each year.</p> <p>Steven Lindsay had begun discussions at GAPF Action Planning Group and also with Gillian Douglas and Corporate Communications. Due to the political situation in the middle east it was proposed that NHS Grampian raise awareness of Holocaust Memorial Day in the Daily Brief but that there would not be an actual event planned for 2024.</p> <p>Martin McKay expressed disappointment that the request to use the chapel at ARI for ongoing events to mark the deaths of nursing, medical and other allied professions in the ongoing war in Israel and GAZA had been turned down and staff had to stand outside in cold weather instead. Adam Coldwells reported that permission had been given to use the Suttie Art Space and this would begin 18 January 2024. The group was apolitical, neutral and recognised everyone from Israel and Palestine and Adam planned to attend on 19 January 2024 on an apolitical basis.</p>	
5	<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. NHS Grampian Culture</p> <p>Jason Nicol gave a number of updates (attached), including The Year of the Manager; Commitment to Culture; Culture Matters Roadshow; Best Practice Australia (BPA) Survey; Redesign to create a Wellbeing, Culture and Development Team, and Strategic approach to engagement.</p> <p>Alistair Grant reported that he had raised concerns regarding culture from an RCN perspective. There continued to be concerns and he highlighted that GAPF Staff Side and HR Managers meeting held on 17 January had discussed inconsistencies around learning of managers to get good policy implementation. Learning should be consistent for all managers rather than managers self-selecting learning.</p>	

	<p>The group discussed training for managers and the need to talk positively about NHS Grampian to promote good culture within the organisation.</p> <p>Martin McKay had been asked by UNISON to raise the concerns of pressure on stewards to offer managers dates for meetings. UNISON had repeatedly reminded managers that accredited reps also had a substantive role on top of the staff side role. HR colleagues had drawn back from certain roles due to capacity but staff side reps had not been given the same “parity of esteem” in their role to support staff in processes. This was disappointing from a cultural perspective. The Once for Scotland Policies had been refreshed to be more person centred but this message had not made it to the organisation.</p> <p>Tom Power acknowledged Martin McKay’s concern and noted the need to maintain positive Partnership and employee relations and recognise the need for facilities release time. There needed to be a tripartite approach of managers, HR and Staff Side colleagues and everyone needed to support each other to move processes forward and have empathy around dates and balance needs of roles. Collaboration and collective ownership for things.</p> <p>Philip Shipman noted the conversation at GAPF Staff Side and HR Managers meeting the suggestion to work in a tripartite fashion when everyone has capacity challenges.</p> <p>Alistair Grant noted in support of Martin McKay’s comment that there was not enough understanding of the amount of work involved in supporting members and using informal processes and timescales were increasing. The feedback from members was that they felt less valued.</p> <p>Jason Nicol thanked colleagues for all their comments. He noted this would be ongoing work and everyone had the opportunity to go back to their workplaces to make a difference. Encourage team conversation using the Commitment to Culture information available on the intranet.</p>	
6	<p><b>Well Informed</b></p> <p>a. NHS Grampian Catering Department - Misuse of Patient Meals and Provisions</p> <p>Elinor McCann explained the reasons for the proposals in the paper which had been circulated prior to the meeting.</p> <p>Elinor stated that this was causing a huge drain on Catering Department resources and she was looking for help and support from GAPF to raise awareness that catering not funded for anything other than patients. The estimate was £200k incurred by patient food being eaten by non patients.</p>	

	<p>The Catering Department was funded to provide breakfast, lunch, evening meal, snacks, beverages mid-morning, mid-afternoon and pre bed time. Based on ward capacity an estimate to be delivered was made with some flexibility.</p> <p>ARI received top up catering deliveries so not leaving large quantities of food at one time. The situation was regularly monitored.</p> <p>The group discussed the proposal and made the following comments:</p> <ul style="list-style-type: none"> <li>• There could be more than one set of patients into a clinical area in one day</li> <li>• Additional spaces being used would also impact on catering requirements</li> <li>• Requirement to have food available for patients who had not been able to eat a meal</li> <li>• Some staff are unable to leave the workplace to have a break and may eat something from the patients food in those instances</li> <li>• The occasional tea bag or slice of bread was accepted but there appeared to be a pattern which had developed</li> <li>• Welfare of staff was an issue</li> <li>• Any message to staff would have to be very carefully written</li> <li>• Recruitment and retention of staff was important to remember when communicating messages</li> <li>• More evidence required and target specific areas</li> <li>• Careful about the message that could go public and to the media</li> <li>• Progress with a very light touch</li> <li>• Commit to supporting staff breaks</li> <li>• Providing sandwiches to ambulance colleagues when queuing outside the hospital, then stopping NHS Grampian staff from having something to eat when not able to leave the clinical area would need to be carefully considered</li> <li>• Should there be a staff foodbank</li> </ul> <p>Elinor and her team were thanked for bringing the issue to GAPF for discussion.</p> <p>GAPF agreed to ask the Staff Breaks, Rest and Recovery Joint Area Clinical Forum/GAPF Working Group to consider the link with staff not receiving breaks.</p> <p>GAPF agreed to have a small working group to look at communications and managerial support in conjunction with the discussions from the Staff Breaks, Rest and Recovery Joint Area Clinical Forum/GAPF Working Group. Stuart Humphreys, Jason Nicol and Cameron Matthew agreed to look at this.</p>	<p><b>SL</b></p>
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b. Finance Update

Alex Stephen and Sarah Irvine went over some slides regarding the financial situation for 2023/24 and 2024/25 (summary attached).

Finance workshops had been planned with several topics including regional working and what could the approach be to help reduce some costs. Discussions required on what would be included and removed from the Annual Delivery Plan; Integrated Joint Board (IJB) spend; focus on Value Sustainability Programme; realistic medicine and digital automation to reduce costs.

The group discussed the presentation and made the following comments:

- The challenge would be significant and working in Partnership was the right way forward
- Draw on all expertise round the table to progress
- Consider what approach was needed to have a sustainable system
- Was there an appetite in the system or from the Scottish Government to make substantial changes to meet the financial gap?
- Conversation with the public about what they could expect
- National meetings were taking place with the Scottish Government
- Need to be more open about some areas where the Board was overspent as there was lack of understanding by some groups of staff
- Many ideas could come from staff if they could do this without fear
- Stop talking about savings as there was no money to save, it was about not having the money to spend
- Every action had a reaction and a requirement to know and understand any possible risks
- Potential for miscommunications to staff was vast
- Set aside time at GAPF to discuss more fully or arrange separate workshop session
- Need for a long term communication and engagement strategy around finance
- Misleading information around financial challenges in some cases. It was not mis-spending but lack of funding which had led to the current financial situation. This message had been relayed to the Scottish Government
- Financial Governance was on an equal standing with Staff Governance and Clinical Governance and there was a need for a balanced way to deliver what was needed

	<p>It was agreed that Tom Power, Steven Lindsay and Alex Stephen would discuss the best way for GAPF to discuss the financial situation in more detail.</p> <p>c. National Profiles for Nursing and Midwifery Health Care Support Workers - Bank Workers</p> <p>Faye Dale explained that discussions were on going on how to take this project forward. June Brown was the chair of the overall short life working group. June was looking for an alternative chairperson to take forward consideration on options for implementation for bank workers. The situation was more complex than for substantive staff.</p> <p>The letter from the Scottish Government on implementation had not covered all the issues which required to be considered.</p> <p>Scottish Terms and Conditions Committee (STAC) had instigated the original piece of work, and a sub-group of STAC may discuss requesting an update from Boards at their meeting the following week.</p> <p>It was agreed to invite Faye Dale back to GAPF for an update on two to three months, if no update required earlier.</p> <p>d. Facilities and Estates Staff Governance Report to GAPF</p> <p>Chantal Wood explained that the report had been given to the Staff Governance Committee in December 2023. She outlined some of the items in the report including the Best Practice Australia (BPA) survey. The survey had been done previously in 2022 and was planned to be redone in 2024 show staff that actions had been taken since the last survey and to find out the current views.</p> <p>Over the last two years a lot of work had been done to engage with staff and improve staff health and wellbeing. In person visits had ben made to engage with teams and find out what was important to them. A newsletter had also been developed.</p> <p>Keith Grant explained that due to the nature of the vast majority of Facilities and Estates staff tasks and duties involving some physical aspect and working with equipment, the health, safety and wellbeing of staff had never been more important.</p> <p>The Facilities and Estates Health and Safety Committee was well attended and covered every department and looked at risk assessments and standard operating procedures.</p> <p>A great deal of importance was put on training to equip staff to continue to do an excellent job in an ever increasingly turbulent workplace. Facilities and Estates was primarily a demand led service, and had to be able to react, sometimes at very short notice.</p>	<p><b>TP/SL/ AS</b></p>
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	<p>With such a diverse, unique workforce, with unique – sometimes underestimated – skills safety was paramount. At the sharp end of things, without Health and Safety staff could be very vulnerable. Keith reminded everyone that that Health, Safety and Wellbeing should never be compromised with saving money.</p> <p>Steven Lindsay asked that the appreciation of GAPF to be passed on to staff.</p>	
7	<b>Involved in Decisions</b> – no items	
8	<b>Appropriately Trained and Developed</b> – no items	
9	<b>Any Other Competent Business</b> - none	
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 February 2024 via Microsoft Teams.</p> <p>Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 29 January 2024</p>	

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