



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
 Thursday 17th October 10.00 am to 12.30 pm
 Microsoft Teams

Board Meeting
 Open Session
 12.12.24
 Item 16.7.2

Present:

- Adam Coldwells, Interim Chief Executive (Co-Chair) - Chaired
- Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair)
- Diane Annand, Staff Governance Manager
- Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership
- Jamie Donaldson, Elected Chair of H&S Reps
- Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
- Sonya Duncan, Corporate Manager, Moray CHP
- Alison Evison, Non-Executive Board Member
- Jane Gibson, RCN
- Stuart Humphreys, Director of Marketing & Corporate Communications
- Sarah Irvine, Senior Finance Manager
- Gerry Lawrie, Head of Workforce & Development
- Deirdre McIntyre, RCOP
- Cameron Matthew, Divisional General Manager Surgical Services
- Jill Matthew, Head of Occupational Health Services
- Lynn Morrison, Director of Allied Health Professionals
- Gavin Payne, General Manager, Facilities and Estates
- Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership
- Michael Ritchie, Unite the Union
- Philip Shipman, Head of People and Change
- Alex Stephen, Director of Finance
- Kathleen Tan, CSP
- Audrey Gordon, Partnership Support Officer

In attendance:

- Carmen Gillies, Programme Lead, Value and Sustainability Programme
- Keith Grant (UNISON)
- Alan Cooper, Programmes Planning

| | Subject | Action |
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| 1 | Welcome and Apologies Everyone was welcomed to the meeting. Apologies were received from the following: Tom Power, Director People and Culture Dianne Drysdale, Smarter Working Programme Manager June Brown, Executive Nurse Director | |
| 2 | Minutes for Approval | |

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| | Minute of the Previous Meeting held on 15 th August 2024 was approved. | |
| 3 | Matters Arising <ul style="list-style-type: none"> Ministerial Meeting with GAPF – Steven Lindsay advised that papers had been submitted in advance of this meeting to take place on Monday 21st October from 11.15 to 12.15. A copy of the report was available in the Teams group. Almost all of those involved were attending in person and one person was joining virtually. The report was a summary of the last 12 months GAPF reports to the Board and was a reflection of items which had been discussed. It was advised that this was to be no more than 2 pages long. 2019 was the last time there had been a Ministerial Review. Jane Gibson added that this was useful to have and highlight how we work in Partnership. There were RCN issues that had been raised previously that were not reflected in the report e.g. staff training and staff breaks, which require further discussion. RCN had very strong views around good Partnership working and release and making finances available to release reps in order to ensure we have that shared vision and can navigate the challenges ahead. Steven replied that there will be differences and it was easy when everyone was agreeing with everything but if disagreeing, all should be able to do this agreeably. Those attending from Staff Side would be able to raise issues at the meeting. Jane agreed it was difficult to encapsulate everything, particularly corridor care, Band 2/3 outstanding and Band 5/6 review with competing financial pressures and bringing into alignment. All will be putting different views forward. Adam Coldwells commented that Steven was the lead from staffside but the Minister would chair. There was a theme emerging about low bed base and corridor care associated with that but everyone was encouraged to speak as appropriate. There had been good preparation and good attendance for GAPF and it would be interesting to see how this unfolds. Virtual attendance was not possible for the public session in the afternoon. This would be discussed at next month's meeting what the perception of this had been. A formal letter would be sent, normally a month or two following the Annual Review around issues and will make reflection to all meetings taking place. | |

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| 4 | <p>Well Informed</p> <p>a. Non-Pay Elements of Agenda for Change Pay Award</p> <p>Philip Shipman updated the group:</p> <ul style="list-style-type: none"> • Reduced Working Week (RWW) - 11,000 out of 15,000 AfC staff had already moved to RWW. Philip gave a huge thanks to everyone involved in this. This leaves 4,000 which is also the number of rostered staff working 24/7 shifts. Implementing RWW had been challenging but this group will be particularly challenging. There had been an agreed governance process for those who cannot introduce this and to look at backfill arrangements. Details were posted in the Daily Brief last week and Philip asked that GAPF members share the governance arrangements. Communication was being finalised to go out to the wider Senior Leadership Team. The backfill arrangements were for those who could not introduce this although it was recognised that services had already reduced due to RWW. Philip was working on governance arrangements with Partnership reps and a small decision panel. • Band 5 Review – 20 finalised submissions had been received and Philip was hoping to get the first of the panels arranged this year to work through the details of evaluating those. There were over 100 in process and the aim was to have these completed by this calendar year. • Protected Learning Time (PLT) - There had been no update on PLT but there was a lot of work to set up nationally commissioned statutory/mandatory training which will help across Scotland <p>Adam queried the finance associated with RWW and Sarah Irvine would look into this and provide a clear understanding. Kathleen Tan asked about the Annual Leave clarification around RWW and guidance from an NHSG point of view. Philip replied that there were challenges around this and calculations. Scottish Terms and Conditions (STAC) Group were agreeing wording on this in order to provide clarity with any disagreement put to one side so details could be clarified. This would be circulated by Lorraine Hunter and colleagues will look at the guidance and update the FAQ in line with guidance. It was frustrating for everyone around the annual leave guidance but there was a requirement to wait for national colleagues to agree wording.</p> <p>Jane updated that Grampian were ahead in the Band 5/6 review in terms of support and size of workforce as compared to others. Some staff had not accessed the portal and there were practicalities which were now becoming clear around pressures and RWW. One NHS Scotland Health Board had given staff 7.5 hours to complete the 75 questions but there was feedback that this was not enough time as it was not an easy or quick process. It was a challenge to</p> | |
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| | <p>facilitate staff and some still were not supporting. The big challenge was enabling staff to complete the process as they do not have time to action. Adam thought a working group could look at this issue and bring recommendations to GAPF or appropriate governing structure. This should make things clear about how we work with areas who are not getting support from their manager. Jane added that on the whole, the support was good. Philip advised that the Programme Board should look at this in the first instance with recommendations rather than GAPF.</p> <p>b. Review of Portfolios</p> <p>Adam updated that this will be a substantive item at a future GAPF meeting. Adam presented the slides on this and main points were:</p> <ul style="list-style-type: none"> • Portfolios were not quite hitting the mark and Tom Power had been asked to do work on this. There had been discussion with the wider Senior Leadership Team (SLT) and sessions with the Board, GAPF, Area Partnership Forums and Area Clinical Forums. There had been some recommendations from that work and a lot of people had given views on the survey. • Input analysis used McKinsey 7s framework as this was used originally and key findings were: <ul style="list-style-type: none"> ○ A mixed economy of Portfolios was introduced in a way experienced as being at odds with the ethos of distributed system leadership, at a time of sustained pressure and increasingly limited resources. ○ This has led to confusion, new silos, complex leadership arrangements, fragmented governance, and reports of a less collegiate Acute Sector than pre-Covid. As a result, the term Portfolio has attracted some negativity. ○ As well as some change to the Portfolios being required, there is a sense that systems thinking, and genuine collaboration as opposed to cooperation, need strengthening • Recommendations on this were that people weren't clear on how they fitted into the system and clarity was required on who their manager was and how they fit into the team, etc • Consideration to be given about the word "Portfolios" and to explore in partnership if it was worth renaming groupings to reduce confusion on this and concerns that currently exist about Portfolios. These groupings should be distinct from the Health and Social Care Partnerships (HSCPs). • Emphasis should be on the what, why and how of cross-system working, the collaboration required, and the behaviours expected of all colleagues in this respect. To link explicitly to the adoption of values-based management approaches, Plan for the Future, and the requirement for sustainable health and care services across the system. | |
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| | <ul style="list-style-type: none"> There was concern and feedback about the feeling of disintegration of the acute system in particular at ARI and Moray Portfolio including Dr Grays which had led relationships specialist services with Aberdeen to deteriorate. A single non-clinical executive role to be introduced to cover acute provision. To consider how Dr Grays was part of this, how to improve and link in more robustly from services from Aberdeen and not to deteriorate the fantastic flow of patients in Moray. This substantive issue would be discussed at a future GAPF meeting. | |
| 5 | <p>Involved in Decisions</p> <p>Financial Balance and Sustainable Services – Workshop</p> <p>Carmen Gillies provided an introduction on the workshop and presentation. The session would cover the following:</p> <ul style="list-style-type: none"> Financial Update Value & Sustainability V&S Breakout Rooms Feedback Comfort Break Budget Setting Route Map for Strategic Change Route Map Breakout Rooms Feedback Questions & Answers <ul style="list-style-type: none"> All attendees were encouraged to think about what they will take away from the meeting around financial planning and what they required to know. To check and challenge with clear, honest communication and narrative being reflective across the organisation. <p>Financial Position</p> <p>Alex Stephen thanked Carmen for outlining the session. There were a couple of issues now seeing positive green shoots:</p> <ul style="list-style-type: none"> All locums were now on Direct Engagement (DE) apart from Locums in Mental Health Agency staff use and spend was coming down We are starting to see the impact of vacancy controls with underspends reported on Corporate Services. <p>There remains a long way to go to achieve financial balance and it was expected that financial challenges would remain for some time. The NHS Grampian board were presented with a detailed financial report in September which included significant detail on the current financial position including an explanation of how the overspend had</p> | |

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| | <p>arisen and actions being taken to manage the financial position. This report was publically available and GAPF were encouraged to look at the report.</p> <p>A presentation was shared with GAPF outlining:</p> <ul style="list-style-type: none"> • Factors impacting on the financial position • The current forecast position based on the August outturn. • Recovery measures being taken to manage the 24/25 financial position. <p>Comments were received from GAPF members as follows:</p> <ul style="list-style-type: none"> • A query whether the current forecast included and costs arising from the AMIA / SAS test of change. Alex confirmed costs were currently being looked at and would be built into future forecasts once confirmed. • It was highlighted that the financial challenge may require service change which would require conversations with staff. The challenge of our ageing building infrastructure was also highlighted with additional costs arising from this. It was confirmed that any action to address the financial overspend would consider very carefully any implications on staff and patients. • It was highlighted the KPMG work did not appear to identify significant findings with a number of the areas identified requiring government support. Alex welcomed the KPMG report and highlighted that the report did not identify a lot of areas for potential savings which highlights the work in NHS Grampian to ensure efficiency. Adam confirmed this provided external assurance over the efficiency within NHS Grampian. • A query was received regarding the AFC non pay reforms given the risk that we do not have enough money to meet all aspects of the non pay reforms. Sarah Irvine commented that the risk had been acknowledged but with work ongoing on review of band 5 nursing roles the risk would remain for the next year or two. The current forecast assumes funding will be sufficient for 2024/25 costs. <p>Value & Sustainability</p> <p>Carmen Gillies updated on the Value & Sustainability Group. Main points from the presentation:</p> <ul style="list-style-type: none"> • There was a Programme of Works to find financial benefit through efficiencies. These included Grip and Control, Value and Sustainability and Transformation will be taken forward through the route map. The saving schemes report to the Board, Chief Executive and the Scottish Government. V&S also support other areas across the system. | |
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| | <ul style="list-style-type: none"> • The “15 Box Grid” existing savings schemes was completed on a quarterly return which included medicine switches, Nurse agency reduction and Medical Locums reduction. This sets out areas of focus for all Health Boards to support achieving the 3% recurring savings target and to improve the financial sustainability on NHS Scotland. • There had been savings made through the V&S savings scheme of £13.4m up to September with a target of £13.9m. <p>Carmen advised that a link would be provided for the Breakout rooms with 3 questions to discuss as below:</p> <ul style="list-style-type: none"> • From a perspective of finding balance and in particular V&S workstreams.... What's working well? • What areas require improvement? • What can you do as GAPF to support 'finding balance' <p>Feedback (CARMEN TO PROVIDE)</p> <p>Budget Setting</p> <p>Sarah Irvine provided an update on the 25/26 budget setting process outlining the challenging financial context with a record overspend expected in 24/25, rising demand for services and two of three IJBs recording deficits for both 23/24 and 24/25. In addition, NHS Grampian have the largest forecast overspend of any board in Scotland and are currently escalated to level 2 on Support and Intervention Framework.</p> <p>The scale of the financial challenge for public services was also referenced, and NHS Grampian were not alone in the challenges faced.</p> <p>A high level update on the approach for budget setting in 25/26 was provided with key points below:</p> <ul style="list-style-type: none"> • Overspend of £65m to £70m anticipated for 24/25. There were new pressures for 25/26 with opening of two new facilities along with expected increased spend on new hospital drugs. A reduction in energy prices was welcomed but wider inflation will still impact. • Scottish Government budget takes place in December which will be challenging with any new funding likely to be earmarked for pay award settlements. • 3% recurring efficiency will be an ongoing requirement and will provide challenge for boards across Scotland. • Key dates for budget setting were highlighted and further updates will be provided to GAPF at future meetings. <p>A Route Map for Strategic Change</p> | |
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| | <p>Alan Cooper presented on this and why a route map was required. There were difficult decisions ahead of us and we need to think about this in terms of the Plan for the Future to work alongside the route map. Understanding the plans was important and the gaps within this but there was a need to do something more. There was an emerging issue to develop our strategy focusing on core elements of services, single planning, budget setting, digital role use and realtime feedback from the public and communities.</p> <p>Main points below:</p> <ul style="list-style-type: none"> • The Route Map for Strategic Change will focus on cross-cutting actions across all three strategic themes – People, Places and Pathways • Conversations had taken place with people across the system and the wider Senior Leadership Team. A high level draft summary had emerged with concerns around capacity, desire to talk in language and terms that are accessible and meaningful, to be involved and engaged in this. • It was critical that this work was undertaken as a single system across Grampian and engagement with partners was critical. • CET “Big Ideas” started to identify 6 emerging areas for change to move forward - Workforce, People Powered Health, Strategic Change, Digital, Corporate and Support Services, Primary and Community Care <p>Alan advised that a link would be provided for the Breakout rooms with 3 questions to discuss as below:</p> <ul style="list-style-type: none"> • Consider the draft parameters: What’s good, what needs to be improved? • Thinking of the approach more generally, do you have any concerns? How might these be addressed through partnership working? • What do you see as potential barriers to delivering change and how could we overcome these? <p>Joyce Duncan commented that it was not only the medical or technical aspects but communication and the way staff were treated. Alan agreed that the role of the patient needs to be clearer and to think regionally.</p> <p>Adam thanked Carmen, Alex, Sarah and Alan for navigating the group through this. Engagement and involvement were critical and aspects of discussion to capture this was essential to steer to the next step. There was a framework to build enough detail to use without being too prescriptive, but everyone had clarity on the parameters to work in.</p> | |
| 6 | Any Other Competent Business | |

