



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
 Thursday 16th January 10.00 am to 12.30 pm
 Microsoft Teams

Present:

Steven Lindsay, Elected Staff Side - Chaired
 Adam Coldwells, Interim Chief Executive (Co-Chair)
 Diane Annand, Staff Governance Manager
 Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership
 Mark Burrell (part), Speciality Doctor/Service Clinical Director
 Jamie Donaldson, Elected Chair of H&S Reps
 Michael Forbes, RCN
 Stuart Humphreys, Director of Marketing and Corporate Communications
 Sarah Irvine (part), Deputy Director of Finance
 Janine Legge, UNISON
 Martin McKay, UNISON
 Deirdre McIntyre, RCOP
 Cameron Matthew, Divisional General Manager Surgical Services
 Lynn Morrison, Director of Allied Health Professions
 Jason Nicol, Head of Wellbeing, Culture and Development
 Rachael Melvin (part), Deputy Service Manager
 Tom Power, Director of People and Culture
 Sandy Reid (part), Lead People & Organisation, Aberdeen City CHP
 Philip Shipman, Head of People and Change
 Kathleen Tan (part), CSP
 Karen Watson, Unite the Union
 Audrey Gordon, Partnership Support Officer

In attendance:

June Barnard, Nurse Director, Secondary and Tertiary Care – item 6v
 Kenneth O'Brien, Adult Protection Lead/Kate Flett, Learning & Development Facilitator – item 8a

	Subject	Action
1	Welcome and Apologies Everyone was welcomed to the meeting. Rachael Melvin had rejoined the group after a period of Maternity leave. Apologies were received from the following: Jennifer Gibb, Nurse Director Jane Gibson, RCN Dianne Drysdale, Smarter Working Programme Manager Michael Ritchie, Unite the Union Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee	
2	Minute for Approval	

	Minute of the previous Meeting held on 21 st November 2024 - Lynn Morrison to be noted as Apologies for this meeting. 19 th December 2024 - Lynn Morrison to be added as an attendee. Following both amendments Minutes were approved	
3	Matters Arising	
4	<p>Well Informed</p> <p>a. Staff Governance Report from Integrated Specialist Care Services Portfolio</p> <p>This report had been added to the Files tab for the group. Lynn Morrison commented that she thought this was a really helpful and thorough report with the level of feedback required. There were concerns highlighted towards the end of the paper around the corridor care phrasing which described this as clear normalisation acceptance by the Board. Lynn Morrison thought this was not our intended position we find ourselves in and wanted to flag up. Steven Lindsay had presented to the Staff Governance Committee in December and agreed there continued to be concerns around corridor care and standard bed spaces. This was not where anyone wanted to be and concerns had been discussed in the past. As soon as practically possible, there was a need to move away from this. Cameron Matthews thanked Lynn for her comment and thought if this was making people feel uncomfortable, this was why it was written in this way as this continued to be an ongoing issue.</p> <p>b. GAPF Charities Sub-Group Update</p> <p>Steven had shared a paper by colleagues in the NHSG Charities Team with a detailed list of funding awarded by which was previously the Endowments Fund. An annual allocation was received of £50,000 and as at end December, 74% of the fund had been allocated. In previous years, this amount was not able to be spent but engagement had improved and significant work had been carried out by Lisa Duthie and team to revamp all processes and communicate far more widely on what funds were there and could be used for. It was anticipated that all of the £50,000 would be used. Some funds had been allocated to the Fatigue funding from September 2023 Development session. Diane Annand added that there was more funding core provision and a change of rules on what each fund could be used for. There were restrictions previously but this was a bit more flexible now to meet the needs of applications. Steven agreed that there was some flexibility and the paper showed funding awarded but not rejections. The Charities Sub Group previously met every month but a new approach in September made this more streamlined with a different process. The</p>	

	<p>group still come together intermittently. Lynn Morrison stated that this report was similar to others and there were more core applications that could not be supported through this route. It was helpful to see the breadth of different areas and bids that were supported. Tom had been approached by the chair of one of the charity partners around concerns of applications coming through and it was good to see what had been used to access support. Staff were aware what was appropriate to seek support for and what was not. There was a balance of credibility with charity partners and it was assuring that there were expectations on what people were asking for.</p> <p>c. GAPF Development Sub-Group Annual Report –</p> <p>Jason Nicol shared this presentation with the group. Main points:</p> <ul style="list-style-type: none"> • Douglas Andrew had provided figures for Modern (33) and Graduate (21) Apprenticeships. • Practice Education shared that 216 new graduates joined the Adult Sector this year • L&D had launched the H&S toolkit via Ian Cowe and team – there had been 217 completions between June and November 2024. • Corporate H&S team created a survey around Violence and Aggression with a total of 881 respondents • Public Protection elearning level 1 was introduced on the Statutory/Mandatory framework. This was merged with Adult Protection and Child Protection. As at September, 47% of staff had completed. PLT work would have an impact on this going forward. • Scottish Government funding allowed for 12 facilitators to present Leading an Empowered Organisation (LEO) course with 9 trained. 3 specialist facilitators had been trained. • Management Development Programme had 128 participants over 3 cohorts. • Turas Appraisal training video had been created. 101 individuals had completed and 86 were currently progressing. There was work to look at figures and data performance from Turas and SOAR system for medical staff in primary and secondary care in order to see more achievement of all groups of staff. • There had been increased level of engagement with Year of the Manager and further development of the Managers Development Forum which had increased membership. Looking at format for engaging as a professional grouping. • Commitment to Culture Resource pack was launched • 64% of all staff have completed statutory training and 63% have completed mandatory training. 	
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	<ul style="list-style-type: none"> • For next year (2025): <ul style="list-style-type: none"> ○ To design NHS Scotland core modules and training passport with less duplication for staff moving between boards ○ Consider system modifications to support implementation of this ○ National work for monitoring completions and evaluate success of PLT implementation. <p>Janine commented that she had previous discussion in the group around barriers to training and time release was thought to be a big factor.</p> <p>Steven thanked Jason and Janine for the report and breadth of work the sub group was responsible for.</p> <p>d. Concerns re staff experience (Monthly) – Steven Lindsay/Tom Power</p> <p>Tom Power, Steven, Jason and Gavin Payne met earlier this week. Considered discussion had taken place previously at GAPF and what could be focused on. Tom highlighted that there were 3 things to focus on:</p> <ul style="list-style-type: none"> • Changing rooms and facilities that were non-public • Secure storage in the workplace • Break areas and facilities for taking breaks. <p>Work had previously been carried out around storage and lockers by Keith Grant and Alistair Grant in 2022. It was agreed there was a need to complete an inventory of what exists across the system now and what it was like. It would be useful to understand the gap and prioritise what could be done with these. An MS form in teams or a walk around was suggested but would require time and capacity. There was a need to hear around team level if able to access facilities and what they were like. Matter team lists could be used and an MS form structured in a way to capture data. A follow up with walk around in those areas could then be arranged when the data was received. Jason and Gavin were developing a question set focusing on ARI, AMH and Dr Grays at the moment. A meeting would take place in 2 weeks' time to discuss these questions. Jason wanted to sense check that the 3 locations listed was the right direction to target those settings. Lynn Morrison commented that it was good to hear progress from discussions and advised that Cornhill and Woodend would have similar challenges. When communicating this, the context should be set around other areas ability to have the opportunity to participate but this was a good starting place. Steven agreed that there needs to be a</p>	
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	<p>balance of “treating everyone fairly and consistently”. From the work completed by Keith Grant and Alistair Grant this should link back to Gavin to scope out what was there and not starting at zero. Adam added that he was pleased this was underway and confirmed that it was agreed this would be a monthly feature at GAPF. At the meeting in December, the tone or feel of the issues was a catalogue of experience and the minute had recorded this. Adam questioned how the group check the right issues were being tackled at the right rate. Tom replied that the facts need to be understood as far they could and to have the ability to validate and prioritise. Cultural issues were discussed whether facilities were being used or behaviour and attitude were a barrier to this. Lynn Morrison commented that existing systems were in place with a walk round departments and key questions to support cultural thinking. This was discussed at the December meeting on how to support local empowerment for solutions and shared governance model. Practical solutions that Facilities colleagues could help with and local ownership of space should be looked at. Mark Burrell stated that the culture aspect was important. There had been process problems in the past where work had been carried out in the Dental School. This could hold things up and streamline processes to move forward. Steven as co-chair of the working group on the Staff Breaks, Rest and Recovery agreed that there was a commonality of approach needed. Tom responded that from peoples experience this would be helpful to know and reflect in the questions. Mark was happy to provide his experience and look at solutions to progress forward.</p>	
5	<p>Involved in Decisions</p> <p>a. Finance Update</p> <p>Sarah Irvine shared a presentation on the current position. Main points:</p> <ul style="list-style-type: none"> • An operational overspend reported of £4.9m for December with a further £1m overspend due to the Board not setting a balanced budget in recent years • Overall December overspend was £5.9m • Year to date overspend was £49.8m • Value and sustainability – Nursing Agency costs down 42% and Medical Agency down by 7% which was a huge improvement. • There remains a risk that service pressures and other unplanned cost increases this overspend as we progress through the remainder of the financial year • 3 IJBs were managing significant pressure and contributions likely to be required towards overspends in all 3. • Band 5/6 regrade applications remain low and backfill now agreed for services, the risk highlighted around the AfC non 	

	<p>pay reforms has reduced. Risk remains for future financial years.</p> <ul style="list-style-type: none"> • Sarah highlighted finance colleagues had been receiving questions regarding the annual leave approach. It was proposed to issue a reminder of the guidance in place regarding annual leave that was agreed during 23/24 <p>Steven asked what the comparison cost to the organisation was for the additional cost for non compliant resident doctors this year compared to previous years. Sarah replied that some savings were being seen in this area however these were partially being offset by the impact of pay awards which also inflate the banding cost pressure. There was an estimated £1m savings in this area compared to the April banding costs. NHSG remain the highest board with non-compliance. A team who support break monitoring were now in place and it was hoped this would support break taking across the organisation and reduce non-compliant rotas.</p> <p>Adam advised the group that NHSG had been escalated to level 3 of the financial framework which exists across Scotland. NHSG has the highest overspend across Scotland. Adam and Alex Stephen were meeting with the Government and Adam was meeting Caroline Lamb on Monday to ask for support required. Information was due to come out in the next few weeks on what this means for all but Adam wanted to make the group aware. Steven added that GAPF would continue to use the time to discuss finance and implications of this. Steven thanked Sarah for her report.</p>	
6	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Non-Pay Elements of Agenda for Change Pay Award</p> <p>i. Overall Group - Tom advised that the Programme Board had not met as this was now taking place once a month.</p> <p>ii. Systems Group Update – no update</p> <p>iii. Reduced working week (RWW) – 94% of staff had RWW approved plans in place for a reduction to 37 hours. The remainder had been approved for backfill funding and alignment to appropriate roster slot. Further information was awaited on what was next nationally. Philip highlighted that the key messages for the organisation was that this was still unknown on what this would be.</p> <p>iv. Protected Learning – Tom advised that this had been covered earlier in the meeting with the update from the Development Sub Group. There was discussion at the national group around issuing some communications to Boards in February to highlight the fact that Statutory/Mandatory training, although not available at a national level, there was still an expectation that colleagues have time for learning.</p>	

	<p>v. Agenda for Change Band 5/6 Nursing Review – Karen Watson highlighted that many Band 5 to 6 reviews were being poorly completed and had to be returned. June Barnard updated that the portal opened on 17th June and to date, there had been 35 submissions which had increased to 44 in December. NHSG were 4th nationally. The first panel took place on 20th November with 2 job evaluations, one was successful. The number of job evaluators trained was an issue and getting release from day jobs to sit on the panel as this was a lengthy process. It had taken 5 hours to evaluate 2 submissions. Teams were being given feedback on applications that had been submitted. Adam was initially worried that everyone would apply and be successful. He queried the submission number and if people would apply soon or were put off for some reason. Tom replied that over 300 staff had accessed the system and was unaware to what extent the system and work required was stopping staff submitting applications. Steven added that there were 2,500 nurses and 1,500 Bank staff. Karen commented that herself and June sit on meetings every 2 weeks and it was not known why staff were not coming forward as senior nurses had been supportive. Job Evaluation training takes 2 days to complete. Philip thought it was a combination of things on why numbers were low with time and complexity of filling out the questionnaire. A number of staff thought they were not Band 6 level and more information was required on what they were doing at the moment. Not having a deadline was an issue as staff were waiting to see how others get on and a cut-off date was required. Adam questioned if there was a rule to allow people time in work to complete and this was agreed locally. June replied that there was a reasonable amount of time given which should be pre-arranged and not at the cost of additional staffing.</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>	
8	<p>Appropriately Trained and Developed</p> <p>a. Prevent Home Office 40 Minute Elearning Training to add to Statutory/Mandatory Training on Turas - Kenny O'Brien/Kate Flett (L&D Coordinator)</p> <p>Kenny O'Brien introduced this and advised that Kate Flett had completed a lot of the work. Main points:</p> <ul style="list-style-type: none"> • A decision was being sought for inclusion of the Home Office Prevent elearning in the Statutory/Mandatory framework. • There was a legal duty on Health Boards (and other statutory partners) in relation to preventing people being drawn in to extremism and threats of terrorism. New statutory guidance 	

	<p>had been provided to all organisations on how to meet these duties.</p> <ul style="list-style-type: none"> • Prior to Aug 2024 training arrangements were in place and included Prevent as a section in the Public Protection training as Statutory/Mandatory. New guidance had been issued and there was a significant recommended view by the Scottish Government to move away from generic Prevent training to the specific Home Office module. It was made clear that this was not mandated in the guidance but was recommended. • NHSG Prevent Group and the Public Protection Committee agreed that the organisation as a whole needed to take a view on this and balance the cost/time commitments of putting the training on to the Statutory/Mandatory list versus the potential risk. • Papers had been taken to the GAPF Development Sub Group in December with discussion and questions asked on the length of time for this and it was agreed to bring to GAPF to make a full decision. <p>Tom was aware of the national picture under the PLT work as co-chair and a sense check was being carried out on 9 topics in the Directors Letter (DL) for a Once for Scotland approach. Boards may make other training mandatory for all staff. Prevent had come up to be considered on this list. Time commitment was a challenge and Statutory/Mandatory completion rates were not at the level they should be. There was a need to balance what was a risk to the organisation as recommended as opposed to required. Increasing the list was the challenge.</p> <p>Kenny commented that there were 2 risks to the organisation that needed to be considered. If this was not implemented were we confident that other training and awareness training would spot adults that were being radicalised. Kenny was reasonably confident that if not agreed, the Prevent Delivery Group could look at other areas e.g in person training on Prevent in specific “high need” areas. The other risk was reputational. Prevent and wider counter terrorism situations can be high profile and public, particularly when things could go significantly wrong and have public implications. Martin McKay echoed the points raised by Tom and it was not guaranteed if made a mandatory requirement that this would be completed. Martin was not in agreement to add to the Statutory/Mandatory list and was of the view that the Prevent strategy came from a political base and was fundamentally flawed. This should be discussed at Scottish level and not an individual Board level. Jason had offered Kenny his assurance to connect Kenny with the national work for Public Protection and this should be considered on that basis. Philip stated that there was a difference between trained and competent and how to gauge assurance on this. Jamie added that from an H&S</p>	JN
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	<p>point of view, the training was welcome but needs to be on a national level from NHS Scotland.</p> <p>Steven summarised that he was getting a sense from the group that GAPF agreed to wait for the national position. Lynn Morrison agreed and suggested Kenny combined the Public Protection module approach by enhancing this, pending anything nationally which would provide mitigation of material risk described. Steven advised that the group were not in agreement with the recommendation but agreed it should be signposted as a module available in Turas and would welcome the national position on this for commonality approach. Kenny was comfortable with the discussion and deliberations and was supportive of this going nationally. He asked if this could be done in a formal way in the organisation to be considered on a national basis. Jason had messaged a colleague to discuss with Kenny around this core module and key people involved. Jason will follow up on behalf of GAPF. Kenny added that the Home Office Module will be signposted in the Public Protection eLearning and in person Prevent training will be offered with key members of staff involved in risk. Kate and Public Protection colleagues were leading on a Public Protection Training framework on what was essential and recommended to link in with Jason and colleagues. Steven agreed this was work for the sub group to take on and looked forward to seeing Kenny at future GAPF meeting and thanked Kenny and Kate.</p>	JN
9	<p>Any Other Competent Business</p> <ul style="list-style-type: none"> • Diane Annand updated that further to the December Ask Adam, the T&C's Sub-group had been progressing with the procurement process of a green car salary sacrifice scheme. On course to complete in February as meeting with potential providers on 30 and 31 January, followed by internal sign off by Jennifer Yeomans and Alex Stephen. Launch date to be advised but would be approximately 6 to 10 weeks as actions needed around systems, processes, marketing, communication and the new HR Service Centre post to be in place. • Philip updated the group for information around the consultation on a national policy acting on concerns of doctors and dentists to replace a series of circulars that dated back to 1991. This was open until 21st February. Tara Fairley was bringing this group together. This was for the group's awareness as this was not the usual route for policies due to the scope of this. Scottish Government require to formally approve as Once for Scotland Policy. Steven agreed that this approach made sense and aware that the BMA (British Medical Association) had the vast majority of medical staff in a trade union or professional organisation but that this was not the only organisation. • Steven attended the T&C (Terms and Conditions) Sub Group yesterday where Public Holidays were discussed. GAPF had 	

	made a decision in August 2023 on Public Holidays with colleagues in the T&C sub group looking at a variety of options and unsure how much had changed since then. Agreed Public Holidays were listed until March 2026. GAPF colleagues to ask T&Cs for an update and make a decision before summer 2025. Philip added that one of the key challenges for variable Public Holidays, based on geographic location, was systems constraints around rostering which hadn't changed. It was suggested that T&Cs don't revisit this and assume current status quo until technology barriers were resolved. Steven and Philip, who attend the GAPF Agenda Setting process, to read the documents prepared by T&Cs in August 2023 and bring a decision back to the group.	SL/PS
10	Communications messages to the Organisation Steven reminded that GAPF Reports to open Board meetings should come under this title.	
11	Date of next meeting The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 20 th February 2025. Agenda items to be sent to: gram.partnership@nhs.scot by 3 rd February 2025	

Audrey Gordon - gram.partnership@nhs.scot

