



NHS GRAMPIAN
 Meeting of the Grampian Area Partnership Forum (GAPF)
 Thursday 15 December 2022 - 10am to 12noon
 Microsoft Teams

Approved Board Meeting Open Session 02.02.23 Item 9.6.2
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Present:

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired
 Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair)
 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
 Ian Cowe, Health and Safety Manager
 Albert Donald, Non-Executive Director/Whistleblowing Champion (to 10.50am)
 Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group
 Dianne Drysdale, Smarter Working Programme Manager
 Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
 Alistair Grant, RCN
 Gemma Hood, SOR
 Gerry Lawrie, Head of Workforce & Development
 Deirdre McIntyre, RCOP
 Martin McKay, UNISON
 Cameron Matthew, Divisional General Manager, Acute
 Patricia Morgan, Service Manager, Health and Social Care Moray
 Lynn Morrison, Allied Health Professions Lead (deputy for Susan Carr)
 Tom Power, Director of People & Culture
 Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership
 Ted Reid, Head of Logistics Services, Facilities and Estates (deputy for Paul Allen)
 Michael Ritchie, Unite
 Kerry Ross, Business Manager, Mental Health and Learning Disabilities
 Alan Sharp, Assistant Director of Finance
 Philip Shipman, Acting Head of People and Change
 Kathleen Tan, CSP
 Joan Anderson, Partnership Support Officer

In Attendance:

Ashley Catto, HR Manager – for item 3a
 Karen Watson, Unite – for item 3a
 Lorraine Hunter, Head of HR Service Centre - for item 4c

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting and apologies were received from the following:</p> <p>Paul Allen, Director of Infrastructure & Sustainability (deputy Ted Reid) June Brown, Executive Nurse Director (no deputy available) Susan Carr, Director of Allied Health Professionals & Public Protection (Lynn Morrison) Janet Christie, BAOT</p>	

	<p>Caroline Hiscox, Chief Executive Stuart Humphreys, Director of Marketing and Corporate Communications Gavin Payne, General Manager of Facilities and Estates Katherine Targett, Consultant Occupational Physician, Occupational Health Services</p>	
2	<p>Minutes for Approval</p> <p>Minute of the Previous Meeting held on 17 November 2022 was approved.</p>	
3	<p>Matters Arising</p> <p>a. National Profiles for Nursing and Midwifery Health Care Support Workers (HCSW)</p> <p>Ashley Catto updated the group on progress. 568 band 2 HCSW had been rebanded to band 3 from 12 December 2022 which was an increase of 42 from last GAPF report. There was 66 HCSW remaining as band 2 which was an increase of 38 from last month. 634 returns received out of 1000 HCSW.</p> <p>A lot of work had been undertaken since last GAPF. Each Senior Charge Nurse (SCN) or equivalent who had not completed their returns received an individual email which was copied to the Chief Nurse. June Brown reminded colleagues at leadership groups of the importance of submitting the returns. People had been asked what the barriers were to completion of the returns and nothing significant had been noted.</p> <p>Payroll colleagues had been working hard and all those ready to move to band 3 on 12 December 2022 would either have this completed in November or December pay with backpay in the following three months.</p> <p>Work continues to ensure returns for all 1000 HCSW received. A meeting was being arranged with SCNs, Ashley Catto and Karen Watson.</p> <p>The next stage was bank workers and meetings would be set up early January 2023 to agree a timeline.</p> <p>GAPF discussed suggestions of how to ensure all returns were submitted. No-one knew of particular reasons for the delay. Suggestions as follows:</p> <p>Target hot spots/targeted steps/personalise information for each area/link to cost of living for staff Timeline for completion so people are clear Communication to line managers in areas not completed. Chief Executive asked to be briefed on any barriers/ask for assistance from executive level</p>	

	<p>No band 2 HCSW nursing and midwifery should be advertised unless that area had completed and submitted the return</p> <p>Personal contact with Senior Charge Nurses or equivalent rather than emails</p> <p>Offer to assist them with explanation of the different job descriptions</p> <p>Karen and Ashley would develop these suggestions into a plan for progressing the project.</p> <p>Thanks was given to the short life working group for all their work on this project.</p> <p>b. Public holidays – Philip Shipman – for information</p> <p>i. Coronation 2023 – awaiting a Scottish Government circular</p> <p>ii. 2024 and beyond</p> <p>Philip Shipman and Steven Lindsay had prepared a terms of reference request for the GAPF Terms and Conditions Sub-Group to prepare a paper for discussion at GAPF as follows:</p> <p>“To prepare a SWOT analysis of changing the dates of 2 NHS Grampian Public Holidays (traditionally taken in July and September and based on Aberdeen City Local Holidays) to reflect Local Public Holidays in Moray, Aberdeenshire and Aberdeen City.</p> <p>To note any additional considerations that may impact upon a potential change to the status quo.</p> <p>GAPF Terms and Conditions Sub-Group are not asked to make any specific recommendations but to present their findings to a future GAPF for discussion”</p> <p>Recommendations would be requested from GAPF following discussion.</p> <p>c. Staff Breaks, Rest and Recovery</p> <p>Steven Lindsay reported that enough volunteers from management and Staff Side of GAPF plus additional stakeholders eg operational HR, had been received. Once names had been received from the Area Clinical Forum a meeting would be set up. It was expected that the group would meet monthly. The Terms of Reference was silent on a timescale and it was suggested that a report from the group that before September 2023 may be appropriate.</p>	SL
4	<p>Well Informed</p> <p>a. Finance Update</p> <p>Alan Sharp updated on the financial position for end November 2022. The detailed finance report would be circulated soon.</p>	

During November there was an operational overspend of £3.3m. This was higher than previous overspends earlier in the year of £2m a month.

Specific issues in November – substantive nurse staff numbers had increased due to new graduates joining but no reduction in the use of bank or agency usage. Hospital drug spend increased and some clinical areas (e.g. Cancer) had been treating higher numbers of patients. There was significant pressure on the system.

After making adjustments for the projected reduction in untaken annual leave, it had been able to reduce the monthly overspend for November to £0.3m but the expected total overspend by end of the financial year was still £25m. This is still higher than the target overspend was £20m. The Scottish Government budget for 2023/24 was to be announced that afternoon. A briefing note would be prepared following the announcement.

All areas are still taking forward efficiency measures and a report would be taken to the NHS Grampian Board in January 2023 on NHS Grampian's financial position for 2023/24.

b. Winter Planning

Adam Coldwells went over the winter plan using presentation slides (attached).

The biggest change was a proposal to open an additional 50 beds to assist with pressures.

A Winter Planning contingency arrangements paper was being submitted to a special NHS Grampian Board meeting that day (15.12.22) which June Brown, Paul Bachoo, Medical Director and Sandra McLeod, Portfolio Lead, were leading on.

Part of the additional capacity would be available for people delayed in the transfer of care and it was hoped this would be in a community setting. The rest of the additional capacity to be in ARI. A lot of key work was to take place over the next few days on planning.

Steven Lindsay reported that as the draft Winter Surge Plan was in the public domain he had shared it with Staff Side colleagues. Staff Side colleagues had raised a number of new and previously raised concerns.

Concerns had been raised at the Wider System Leadership Group and the Whole System Decision Making Group and included the following:

- Winter before Covid had been very difficult, during Covid they were difficult and these difficulties were continuing
- If the decision was made to enact civil contingencies using the “Policy for Management of the Workforce during and after Major

Incidents including Pandemic” at local or Board level, derogations were a concern

- Staff health and wellbeing impacted by derogations – research backed this up
- Corridor care plus one already in use in some areas and discussions on corridor care plus 2. Concerns for staff wellbeing if additional 50 beds also introduced
- Staff had been under pressure constantly for the past three years and learning still to come out of that
- Capacity and demands – what do we stop doing to create capacity to take pressure off staff
- All staff affected by staff pressures, not just clinical staff
- Staff affected by seeing things in corridor care they were not used to seeing
- Staff would be reminded of their right to take time off in lieu (TOIL) for additional work
- Staff would be reminded to protect themselves if registrants and to report any quality of care issues to their manager
- Moral injury related to increase of level of stress in staff
- Staff looking to leave the organisation including newly qualified staff who did not expect to experience the service pressures and professional standards eroding
- Patients becoming more unwell during extended waiting time for tests and patients showing more anger due to this. More de-prioritisation would make it worse. Patients feel they are so far down a waiting list they will not receive an appointment
- Long term funding for We Care Team required

Adam Coldwell explained that it was hoped there would not be a need to enact civil contingencies but a plan was required to be in place which had been developed in discussion with lots of groups and people. Comments from GAPF would be taken on board.

Adam explained that Paul Bachoo, Sandra McLeod and June Brown were looking into services and how this could be changed to allow more capacity. This was very challenging regarding population health and wellbeing. Clinical staff had been asked what could be deprioritised and very little was highlighted. This work would continue in Partnership.

Joyce Duncan noted that the stage had been reached where things were not going to get any better and staff could not be asked to do more. Joyce planned to highlight the Plan for the Future at the next Board meeting and state that decisions needed to be made on what NHS Grampian would no longer deliver. Joyce Duncan asked that the Ethics Board be involved and have a wider view than just clinical.

Tom Power agreed with the impacts on staff and patients. A lot of work was going into staff health and wellbeing. There was a need to focus on Welfare and Safety and the Health and Safety Executive (HSE) focus on stress at work and prevention of violence and aggression. Work would continue to proactively respond to HSE improvement notices and give people tools to support and deal with these issues.

<p>Tom explained a Welfare Group suggested by the Industrial Action Short Life Working Group (SLWG) was being set up to look at root cause issues and ideas on how to respond to these. Tom also noted the need to keep the We Care Team funded into the next financial year.</p> <p>Sandy Reid raised the issue of risk of power outages and the need to ensure the welfare of staff and patients if this happened. Adam Coldwells confirmed a local contingency plan, connected with the UK and Scotland planning was being developed. Adam asked people to consider if there should be local team contingencies as well as linking with the NHS Grampian plan.</p> <p>c. Weekly Pay for Bank Workers Paper</p> <p>Lorraine Hunter outlined the paper, previously circulated, detailing a test of change for bank workers to be paid weekly.</p> <p>The request to pay bank workers weekly was to try and increase the number of bank shifts filled. The paper had been shared with the Whole System Decision Making Group in November 2022. There is currently no firm evidence this test of change would improve bank shift uptake and therefore a reduction in agency costs. It would be reviewed in 3 monthly intervals and evaluation would be supported by Calum Leask, Lead for Research & Evaluation, Health Intelligence. Weekly pay would go live on 21 November 2022 and staff would be paid on Friday 9 December.</p> <p>Steven Lindsay noted he was first aware of this when it was mentioned at GAPF Terms and Conditions Sub-Group and again at Whole System Decision Making Group. Steven broadly welcomed the test of change but noted the unintended consequences of this introduction which had been discussed at GAPF Terms and Conditions Sub-Group and when it went live, in terms of some people's benefits may be impacted. Steven sought assurance for any bank worker whose benefits were adversely impacted could remain being paid monthly. Steven also asked that GAPF be involved in decision making at review stages and at the end of the test of change in 12 months.</p> <p>Adam Coldwells apologised for not involving Partnership at the correct time and noted Partnership would be involved for formal decision making. Steven Lindsay to highlight a Partnership Rep to Lorraine Hunter for involvement in reviews and decision making.</p> <p>Mike Adams noted that Facilities and Estates staff had been moved from weekly to monthly pay to save the organisation money. There may be a reaction from these staff who may now wish to be paid weekly.</p> <p>Lorraine Hunter gave assurance that staff whose benefits were adversely affected would be considered on an individual basis. Lorraine explained that the initiative was to increase bank fill rates and</p>	<p>ALL</p>
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	<p>consequently reduce agency costs. It was acknowledged that with the cost of living increases staff may wish to be paid weekly, however this test of change was for bank workers only. The evaluation would be required to take into account whether the test of change met its initial aims.</p>	
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5	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. Health and Safety Executive Update</p> <p>Ian Cowe explained that there was one improvement notice which covered all of ARI and two others which covered particular areas. A short extension had been agreed to 20 January 2023.</p> <p>Prior to the last meeting with HSE on 9 December 2022, HSE requested a plan for delivery of 80% of the training by 31 March 2023. Management structures showing reporting lines for health and safety, including Prevention and Management of Violence and Aggression (PMVA), have been confirmed up to Portfolio Executive Lead level. Meetings where PMVA Key Performance Indicators (KPIs) will be discussed have been confirmed including those who should attend.</p> <p>Training needs analysis form and PMVA policy had been revised and the HSE were happy with these. The Policy is now out for consultation. Plans for recording staff who have received PMVA training on health roster to be implemented after February 2023.</p> <p>At the HSE meeting on MS Teams on 9 December 2022, the HSE said they were satisfied with the direction of travel however they expressed concern in some areas. They would like to see more staff trained in some areas so that the 80% compliance target can be reached. They also want reassurance that we have the capacity to continue PMVA training after the notices have been closed off.</p> <p>Health and Safety Team were looking into capacity. Funding for four posts would end 31 March 2023. A funding bid had been submitted for four embedded trainers.</p> <p>HSE asked for more detail on Key Performance Indicators (KPI) and how these would be monitored in areas for PMVA. Recording of PMVA training would be on Turas and an application to NHS Education Scotland had been made for assistance with additional reporting functionality.</p>	
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	<p>The group discussed the update and made the following comments:</p> <ul style="list-style-type: none"> • Keen to highlight to portfolios and sectors to use the training capacity up to end March 2023 to assist with needs of 2023 • Capacity to release staff for training was a standard reason given for staff not being able to attend training. This could not continue. Statutory and mandatory training was not optional and managers needed to find a way to release staff for this • Wellbeing of staff included release for training as well as breaks • Staff Governance Standard to be appropriately trained. It was a duty of care to release staff for training. Managers needed resource to allow them to release staff for training. • Departments unable to order standard bean bag equipment required for reduction of violence and aggression in wards • Cultural issue not to release staff for training not just resource • HSE sympathetic to the service pressures but would not continue to accept this as a long term reason for not releasing staff for training <p>Ian Cowe confirmed he would follow up on the ordering process for beanbags.</p>	IC
6	<p>Appropriately Trained and Developed</p> <p>a. GAPF Development Sub-Group Annual Report</p> <p>Gerry Lawrie showed the meeting a video which had been made of staff who had received training from the organisation and had great outcomes despite adversity. Douglas Andrew, L&D Manager (Employability & Apprenticeships Lead), Facilities, was thanked for organising the video.</p> <p>https://youtu.be/WhVzG6_VyW0</p> <p>As time ran out the rest of this item was deferred to next meeting to allow discussion.</p>	
7	<p>Sector Partnership Reports – Sector Co-Chairs - Items for Escalation</p> <p>A number of reports had been received. No particular issues raised.</p>	
8	<p>Involved in Decisions</p> <p>a. Industrial Action Short Life Working Group (SLWG) Update</p> <p>Philip Shipman reported that a number of organisations had balloted members and some had an outcome and others were awaiting an outcome.</p> <p>The group was continuing to meet to ensure planning was in place for any possible industrial action. Junior Doctors planned industrial action in April 2023. Pay claims would begin again soon for 2023/24. It was good to have a plan ready for the future.</p>	

	<p>b. Car Parking Review</p> <p>Ted Reid and Mike Adams explained that a car parking review had begun of the Foresterhill site in the first instance. The multi-story car park would close to staff early 2023 at a loss of 600 parking spaces. With continued building on site including the National Treatment Centre more spaces would be removed.</p> <p>A permit system would have to be reintroduced. It would have more emphasis on manager's approval of application than the previous system. A lot of staff would not receive a permit due to the lack of spaces. Everyone was asked to ensure staff knew of the ongoing review. A paper with recommendations would be submitted to the Whole System Decision Making Group to agree whether permits would be reintroduced.</p> <p>A request was made for external communications to let local neighbours to Foresterhill site know that parking changes were being made and that staff may be parking outside the site in public parking spaces.</p>	
9	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Speak Up in Grampian – Elizabeth Howarth/Louise Ballantyne</p> <p>As time ran out, this item was deferred to a future meeting.</p>	
10	Any Other Competent Business - none	
11	<p>Communications messages to the Organisation</p> <p>Steven Lindsay would cover the items discussed at the meeting in the next report to the Board.</p>	SL
12	<p>Date of next meeting</p> <p>The next meeting of the group to be held at 10am to 12.30pm on Thursday 19 January 2023 via Microsoft Teams.</p> <p>Agenda items and Sector Partnership Reports to be sent to gram.partnership@nhs.scot by Wednesday 6 January 2022</p>	

Joan Anderson - gram.partnership@nhs.scot