



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 16 May 2024 10am to 12.30pm  
Microsoft Teams

**Present:**

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) - Chaired  
 Adam Coldwells, Interim Chief Executive (Co-Chair)  
 Diane Annand, Staff Governance Manager  
 Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
 June Brown, Executive Nurse Director  
 Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group  
 Dianne Drysdale, Smarter Working Programme Manager  
 Alison Evison, NHS Grampian Board Chairperson – from 11am  
 Keith Grant, UNISON (Deputy for Martin McKay)  
 Alistair Grant, RCN  
 Stuart Humphreys, Director of Marketing and Corporate Communications  
 Natalie Jeffrey, Business Manager, Moray – from 10.25am  
 Deirdre McIntyre, RCOP  
 Cameron Matthew, Divisional General Manager, Acute  
 Jill Matthew, Head of Service, Occupational Health Service  
 Ally Palin, Service Manager (deputy for Adeyinka Adewumi) – left 12noon  
 Melissa Potgiesser, CSP (deputy for Kathleen Tan)  
 Tom Power, Director of People & Culture  
 Jason Nicol, Head of Wellbeing, Culture and Development  
 Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership  
 Michael Ritchie, Unite the Union – left 12noon  
 Kerry Ross,  
 Philip Shipman, Head of People and Change  
 Audrey Steele-Chalmers, AHP Specialist Lead (deputy for Lynn Morrison)  
 Joan Anderson, Partnership Support Officer

In attendance:

Elizabeth Wilson, HCSA Implementation Programme Manager  
 Jenny Gibbs  
 Jane Gibson, Partnership Representative – for item  
 Faye Dale  
 Karen Bell  
 Susan Harrold  
 Karen Watson  
 Sarah Irvine  
 Lorraine Hunter  
 Kirsty Bestford, taking notes for Natalie Jeffrey

	<b>Subject</b>	<b>Action</b>
1	<b>Welcome and Apologies</b>	

	<p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Adeyinka Adewumi, Deputy Business Manager (deputy Ally Palin)  Mark Burrell, Chair of the Area Clinical Forum  Janet Christie, BAOT  Ian Cowe, Head of Health and Safety  Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  Gerry Lawrie, Head of Workforce &amp; Development  Martin McKay, UNISON (deputy Keith Grant)  Jackie Mitchell, RCM (Regional Officer)  Lynn Morrison, Allied Health Professions Lead, Aberdeen City (deputy Audrey Steele-Chalmers)  Gavin Payne, General Manager, Facilities and Estates  Kathleen Tan, CSP (deputy Melissa Potgiesser)  Katherine Targett, Consultant Occupational Physician, Occupational Health Services  Alan Wilson, Director of Infrastructure and Sustainability</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of the Previous Meeting held on 18 April 2024 was approved with one amendment as follows:</p> <p>Item 5a – third bullet point, change “ePayroll” to “ePayslips”.</p>	
3	<p><b>Matters Arising</b></p> <p>Item 4b.i - Non-Pay Elements of Agenda for Change Pay Award:</p> <p>Philip Shipman updated that the presentation and guidance had been shared with GAPF after the previous meeting as promised.</p> <p>Item 4b.ii - Reduced Working Week (RWW) Group</p> <p>Philip Shipman clarified that the RWW transitional shorter working week payment would not be separately described on payslips. Information on this would be detailed in the frequently answer questions (FAQ) being developed by the RWW Systems Working Group.</p>	
4	<p>4. <b>Involved in Decisions</b></p> <p>a. <b>Balanced Governance - a Framework for Transformation</b></p> <p>Steven Lindsay explained that Adam Coldwells had asked Susan Webb, Mark Burrell and Steven Lindsay to co-chair a group to look at a framework for transformation and a paper had been considered at the last Area Clinical Forum and GAPF. Comments received and these would discussed at the Framework for Transformation Group</p>	

	<p>on 16 May 2024. Once the paper had been updated, it would be shared electronically with GAPF. Further updates would be given at future GAPF meetings as the proposals in the paper changed into actions.</p> <p>b. Non-Pay Elements of Agenda for Change Pay Award:</p> <p>i. Programme Board</p> <p>Tom Power showed the GAPF slides on “Implementing 2023 Agenda for Change Reform – Non-Pay Elements” (attached). The intent of the reforms was to seek to improve working conditions and support attraction of workforce in the long run. It was a journey and a lot of work would be required.</p> <p>ii. Systems Group Update</p> <p>Philip Shipman explained the situation for part-time workers as the hours were being rounded up and the table/calculator was incorrect. To ensure there was no detriment for any staff, this was being discussed nationally by employers and Staff Side.</p> <p>In the meantime, the national directive was for everyone to use the ready reckoner table until a national response had been agreed.</p> <p>Lorraine Hunter reported that work was ongoing to find a solution that would not create further unintended consequences. Employers and Staff Side had considered a number of resolutions but all had unintended consequences. Another meeting was planned for that afternoon of the employers and Staff Side to find a solution.</p> <p>Lorraine explained it was past the deadline for the June 2024 payroll run to amend hours so it was very time critical to find a solution for July 2024 payroll.</p> <p>Partnership Reps had been involved in decision making in line with the Directors Letter (DL).</p> <p>iii. Reduced working week (RWW)</p> <p>Philip Shipman shared presentation slides (attached).</p> <p>The Early Adopters Group work had concluded and now RWW was being implemented across the wider organisation.</p> <p>An Interim Guidance for Part-time Working paper had been shared with GAPF. Discussions had taken place in Partnership with managers to ensure the guidance was in line with the DL.</p> <p>The draft guidance had been to GAPF Policies Sub-Group and comments received had been highlighted as track changes. One</p>	
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concern had been highlighted which was – should we not have national guidance – so the paper was titled “interim” guidance.

GAPF approved the guidance paper as interim until national guidance was available.

Departments discussing proposals for RWW had been asked to contact [gram.partnership@nhs.scot](mailto:gram.partnership@nhs.scot) to request Partnership support. All options would then be approved by the GAPF Terms and Conditions Sub-Group.

A question was asked about time off in lieu (TOIL). Philip Shipman explained that although TOIL was not the answer to RWW, flexible working was. TOIL would be the way to ensure additional time worked was taken back. This was a standard option agreed through the GAPF Terms and Conditions Sub-Group following scrutiny of the DL. The reason 12 week timescale was mentioned for taking back TOIL was to be consistent with timescales for overtime.

Thanks was given to all involved in this project and to Karen Watson for her assistance with teams to discuss RWW options in Partnership.

#### iv. Protected Learning

Jason Nicol explained that the intent and ethos of the change was to ensure all Agenda for Change (AfC) staff were trained to enable safe timely and effective care to be given. The DL only applied to AfC staff. The DL covered protected time for statutory and mandatory training which included 9 outcomes. The DL also covered professionally regulatory training, revalidation and technical staff updates.

A lot of work would be required to scope the project. Membership of the group was being developed.

The opportunity would be taken to look at moving towards standardising refreshers of statutory and mandatory training. Identified integrated specialist care and MH to join the group. A lot of work to take forward.

Keith Grant reported that it had been noted at Wider Systems Leadership Team (SLT) meeting that there had been computers not logged into for the last 6 months which meant these were already available for people to use for protected learning time. Guidelines already in place for personal development plans, people wanted to be trained and NHS Scotland wanted staff to be trained and developed.

#### v. Agenda for Change Band 5/6 Nursing Review

Tom Power reported that the DL had not been received for this part of the overall project. Work nationally ongoing on this and a portal was being developed for people to submit interest in consideration for band 5 review.

Tom described the amount of number of Job Evaluation panel hours for band 5 nursing reviews based on 50-75% of colleagues who would want to take forward a review and the impact this might have on other people wishing job evaluations undertaken on their behalf. June Brown was part of the national group looking at band 5/6 nursing review.

Jane Gibson reported that NHS Grampian had been asked to be one of the testing Boards for the portal.

Jane highlighted the large amount of time and resources that would be required to be able to support members of staff. There could be 1000s of staff affected. She hoped it would be seen as a positive tool that might help to retain experience nurses and recruit nurses to the organisation.

Jenny Gibb reported that the group had agreed terms of reference (TOR), had wide membership and stakeholders. The financial and wellbeing aspects had been discussed.

Diane Annand had been involved nationally through Scottish Terms and Conditions Committee (STAC) and was interested to see the feedback from NHS Grampian when testing the portal as there may be some recognised weaknesses due to timeline of development.

Tom Power said that there had been a discussion at SLT and Board meetings on the overall project and the complexity had been recognised as well as the management and Staff Side input required. It was good to work in Partnership and the more services which could be involved in the RWW there would be less likelihood of having to expedite on a national deadline.

Adam Coldwells recognised the huge piece of work this was. He gave thanks to everyone involved and was pleased it was being done in Partnership.

Adam stated that the budget given nationally for the band 5-6 review was expected to be inadequate and this had been formally raised with the Scottish Government on 15 May 2024 highlighting the risks locally around the standard level.

Adam Coldwells suggested that it would be good to have external scrutiny around the band 5/6 review and ask another Board to offer a management and Staff Side Rep to be involved early.

Tom Power felt that the North of Scotland Peer Network could be useful as there was an established system and he would discuss

	<p>with the HR Directors and Steven Lindsay regarding Partnership cross Board working. <b>Action TP</b></p> <p>Steven Lindsay noted he was in agreement to looking into external peer support.</p> <p>Other comments received:</p> <ul style="list-style-type: none"> <li>• While NHS Grampian had targets of saving £2200 a day, could the ideal solutions be afforded or would it be good enough to find not perfect solutions as there was limited energy and funding and if these were used there would not be enough left for other important issues</li> <li>• The programme was a nationally negotiated one related to staff terms and conditions</li> <li>• Evidence needed to be kept for all processes</li> <li>• If there was detrimental effect on staff or feel NHS Grampian was being treated differently, there was national structures including the Scottish Partnership Forum (SPF) to escalate concerns to</li> <li>• Wish to avoid giving the impression that NHS Grampian had done something different and then have to provide the evidence and having external persons involved would help with that</li> </ul> <p>c. Finance Update</p> <p>Sarah Irvine updated in the financial situation as follows:</p> <ul style="list-style-type: none"> <li>• Financial position 2023/24 finalised and reflected the contribution required for two of our three Integration Joint Boards, agreed balances with other NHS Scotland Boards and received the final allocation letter from the Scottish Government</li> <li>• Deficit of £24.7m and a formal letter had been submitted to the Scottish Government with the brokerage funding allocated to the NHS Grampian that week</li> <li>• Brokerage funding was repayable by NHS Grampian once it had returned to a position of financial balance. Other Boards across Scotland had also required additional funding this year</li> <li>• The 23/24 position reflects the first time the board have not been able to balance our budget</li> <li>• In getting to the £24.7m deficit position a lot of non-recurring and one-off savings had been used which would not be available to support is in the 24/25 financial year</li> <li>• Grant Thornton had started audit work to provide independent evaluation and assurance of NHS Grampian financial statements with accounts to be presented to the NHS Grampian Board for approval at the end of June 2024</li> <li>• A further meeting had taken place with Scottish Government regarding financial plan for 24/25 and NHS Grampian continued to work with the Scottish Government to consider options to reduce the financial deficit to the brokerage cap of £15.3m</li> </ul>	<p><b>TP</b></p>
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- No reporting in month 1 with focus on setting budgets for 24/25. There were a couple of material issues which would need to be considered as part of budget setting:
  - Employers superannuation had increased from 20.9% to 22.5% with Scottish Government indicating this would be fully funded
  - The impact of the AfC non pay reforms and specifically the RWW
  - Value and Sustainability (V&S) Programme working at pace to support delivery of key V&S workstreams. Vacancy controls continuing

Steven Lindsay thanked Sarah Irvine and her colleagues for all the work they had done and continued to do and for providing easy to understand financial summaries.

d. Delivery Plan Update

Susan Harrold attended to provide a brief Delivery Plan update in follow up to slides circulated at the previous GAPF meeting. The Delivery Plan has been developed in conjunction with the Finance Plan to ensure it is realistic and affordable within the financial envelope and reflects the challenging financial situation and potential risks/impacts on performance.

High level objectives are:

- Strengthen colleague and citizen engagement to improve health
- Create the conditions for sustainable change
- Improve preventative and timely access to care

Within those, there are priority areas and key deliverables for 2024-25 and work remains ongoing with respective leads to finalise these.

- On 28 April 2024 feedback had been received from SG on the draft plan asking us to consider assumptions and ensure alignment to the financial plan. There were also some minor queries/points of clarity requested from SG policy leads.

Next steps are to finalise the Delivery and Finance Plans for submission to NHS Grampian Board in June 2024 for final endorsement. A summary version of the Delivery Plan is also in development.

Alistair Grant asked if escalation was going to happen to the Scottish Government regarding financial changes, was there assurance that NHS Grampian had consistent risk assessments to take these forward or did something more have to be done.

Susan Harrold responded that the strategic risks are highlighted in the Delivery Plan. There is also a section on impact assessment and work to be undertaken by Portfolio/Service leads where risks

	<p>and impacts (intended and unintended) if not able to progress with some deliverables due to resource constraints.</p> <p>Susan highlighted the MS Teams site which had the live links for all the Delivery Plan authors. Susan would ensure the link for this was shared. <b>Action SH</b></p> <p>GAPF thanked Susan and colleagues for everything they continued to do.</p>	
5	<p><b>Well Informed</b></p> <p>a. Moray and Dr Gray’s Hospital Partnership Staff Governance Report</p> <p>Natalie Jeffery explained that one of previous concerns of the Staff Governance Committee was that Moray and Dr Gray’s Hospital had not been working as a portfolio. Steps had been taken to become more inclusive in decision making which assisted the financial discussions and ensured all staff were involved in decision making.</p> <p>Absence due to stress in both areas had been highlighted and to try and alleviate this wellbeing had been made mandatory in one-to-one meetings.</p> <p>Natalie outlined the daily huddles between Moray and Dr Gray’s Hospital, sometimes meeting twice a day for 18 months. These often discussed acute services and this was accepted due to the need to provide the service.</p> <p>Tom Power stated from a Staff Governance Committee perspective and Partnership working perspective there was a challenge of having a portfolio set up and reporting lines across formerly known Acute sector and a requirement for colleagues to ensure this was clear so there was no confusion.</p> <p>Karen Bell stated that staff were kept informed on Grampian wide and local issues. Information was fed into other meetings both up and down and there were connections to the rest of Grampian. Meetings daily with colleagues in Moray and ARI so well connected and each relied on the other for assistance.</p> <p>Steven Lindsay noted the steps outlined in the report and information shared at recent Staff Governance Committee provided the assurance the committee were requesting. He thanked all involved.</p> <p>b. Woodhill House Update</p> <p>Dianne Drysdale</p>	



The change management (project) team had been appointed, with finalisation of contract scheduled to complete in May 2024. This procedure had been delayed, due to challenges getting the contract agreed which had been previously advised to GAPF.

A lot of work was going on behind the scenes and the Infrastructure and Information, Communication Technology (ICT) Project Cell had been meeting and taking forward work including requirements for NHS Grampian ICT cabling; ventilation, etc and providing advice to the project board to enable decision making.

Neurodiversity considerations had been taken into account. Dianne Drysdale had attended the Neurodiversity Engagement Group meeting and planned to attend future meetings. Dianne obtained useful insight into varying requirements and, following the meeting set up a questionnaire/survey for any colleagues with neurodiversity who wished to contact the project anonymously. Any reasonable adaptations for Woodhill House would be based on individual needs.

The project would continue, and further communications issued over the next few weeks.

c. National Profiles for Nursing and Midwifery Health Care Support Workers - Bank Workers

Faye Dale had shared a paper that morning with GAPF. The paper had been prepared by Colin McNulty. Karen Watson was the Partnership Rep on the group and Jane Ewen chaired the group on behalf of June Brown.

Faye Dale explained that implementing the band 2/3 Health Care Support Workers (HCSW) bank workers was happening as quickly as hoped due to a variety of reasons. The principles used to implement the band 2/3 HCSW substantive staff did not correlate to bank workers easily. There were almost 3000 bank workers and compared to the substantive project, there was no resource capacity for the bank workers project.

The paper outlined the lack of resource for additional payroll work required to enable bank HCSW to have both a band 2 and band 3 contract.

The short life working group had agreed a phased approach from implementation to transition which was outlined in the paper.

The short life working group had agreed that payment arrears would have to be done as a separate piece of work due to complications of those working on a bank basis.

	<p>A lot of challenges in capacity and resources existed and the short life working group would look for opportunities to reduce this when possible.</p> <p>Steven Lindsay asked what assurances could be given that other Boards were approaching this similarly to NHS Grampian and was there opportunities to learn from other Boards.</p> <p>June Brown had discussed this with Colin McNulty, who was Chair of the NHS Scotland Bank Managers Group and he had reported that Boards had been learning from each other and therefore NHS Grampian should be in line with other Boards.</p> <p>Assurance was given that when new people joined the bank, they were joining either as a band 2 or band 3 as appropriate to the new system so they did not have to be changed during the process. Faye Dale agreed to check if there was a HCSW Bank band 3 advert out.</p> <p>Assurance was also given that those who were newly started as band 2 were only assigned to band 2 tasks.</p> <p>The group thanked Faye Dale, Karen Watson and others for the work they had done and wished them well for future work.</p>	
6	<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. Job titles in a supportive, inclusive and empowering culture</p> <p>Jason Nicol had shared a paper prior to the meeting which he outlined. A question had arisen during an organisational change about the title “practitioner”. Jason had done some mapping across Scotland and found there was no consistency regarding titles including “practitioner.</p> <p>Jason Nicol explained in the paper the different ethos of how the function would work within this area and sought views from GAPF on whether the title “practitioner” could be used over wider organisational areas.</p> <p>The group discussed and gave the following views:</p> <ul style="list-style-type: none"> <li>• Concern over the term practitioner being linked to wellbeing. It was not a blanket refusal but wished a middle ground</li> <li>• reported from the Area Clinical Forum that concerns had been expressed, particularly from Medical, Dental, Primary Care and AHPs, however, the outcome was inconclusive</li> <li>• Grampian Area Nursing and Midwifery Committee (GANMAC) indicated similar concern regarding the title being linked to wellbeing</li> <li>• Why go forward to use the title if there were concerns</li> </ul>	

	<ul style="list-style-type: none"> <li>• Where would governance sit as it would not be within on particular professions remit</li> <li>• Some titles were protected around regulations – was “practitioner” protected</li> <li>• As long as professionally educated, could use the title</li> <li>• When introduced health and social care partnerships, the title of Partnership Manager was created despite there being a confusion with Partnership working in the employee relations model of working</li> <li>• Cannot say we cannot use the title “practitioner” anywhere that was not a clinical role</li> <li>• Practitioner role was doing something practical</li> <li>• Job titles important to people and respectful of that across all professional groups</li> <li>• Suggestion to add “Colleague” or “Staff” to the title making it “Colleague Wellbeing and Growth Practitioner” or “Staff Wellbeing and Growth Practitioner” on the assumption that those in the roles worked in a professional way and ensured there was no misunderstanding of what their role was. Keep the title under review</li> <li>• Undertake further work outside the meeting and present another proposal to GAPF at a future meeting</li> <li>• Safety concerns around the lack of clarity around roles. Advance Nurse Practitioners (ANP) already in place. Don’t want people being confused of the role of the “practitioner” if someone was looking for help</li> <li>• Risk that staff or patients wouldn’t know who a person was or what their capacity was</li> <li>• Title needs to be tangible and clear and not have ambiguity or doubt</li> <li>• Dealing with humans and not everyone understands what a person's position is</li> <li>• RCN view was “practitioner” title should not be used in the situation for several reasons: Practitioner title sends a message to people; Wellbeing in particular strays into health; Don’t want to stray into risk; Evidence when people begin using titles with a lack of clarity is a series risk; National work on ANP role and the education they required to attain the title; If agreement reached to use the title “practitioner” RCN would escalate to national level</li> <li>• Range of roles for this developing team nationally, so have a national discussion on titles for the colleagues</li> <li>• In context of health service and health care, rely on trust by people by definition of title and uniforms for service we receive regardless of staff or patients.</li> <li>• Title and uniform do infer education and focus on health care</li> <li>• Need to take on board the concerns around risks</li> <li>• Often when people confused around titles, this can be unwritten words or silent understandings</li> <li>• Cannot assume staff or patients understand what people's jobs are</li> </ul>	
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	<ul style="list-style-type: none"> <li>• If “practitioner” used, there would be a risk that people would assume there was a qualification attached to the title</li> <li>• Doctor and nurse were not protected titles. In the NHS handbook, practitioner was always aligned to a clinical role</li> </ul> <p>Steven Lindsay thanked the group for a good discussion; however no consensus had been reached.</p> <p>GAPF agreed to a small group to meet, reflect on the views expressed and present a proposal to a future GAPF meeting. The group would consist of Steven Lindsay, Jason Nicol, June Brown, Tom Power and Alistair Grant. <b>Action SL/JN</b></p> <p>b. Health and Care (Staffing) (Scotland) Act 2019</p> <p>Jamie Donaldson requested regular updates to GAPF due to the amount of pressures across the organisation in terms of staffing levels and the impacts across organisation.</p> <p>Elizabeth Wilson explained it was a “a journey to compliance and it is a long journey”.</p> <p>All engagement sessions with senior leadership teams (Portfolio, HSCPs) had been completed and some follow up communication had taken place to articulate the changes they had made. Meetings had also taken place with the governance groups.</p> <p>Verbal feedback from the Scottish Government was received over a week before had been received regarding progress prior to commencement on 1<sup>st</sup> April.</p> <p>Work was ongoing with clinical professional directors for reporting recognising the three strands of required and governance routes.</p> <p>A whole event had been arranged with Allied Health Professionals (AHPs) to look at the legislation which had been positively received. Others including Healthcare Scientists are engaging.</p> <p>The approach of Programme Team is to build on what is in existence and build on them (amend, further develop) and reviewing the statutory evidence's suggested evidence would support this approach. This model is being used when engaging with teams.</p>	<b>SL/JN</b>
7	<b>Appropriately Trained and Developed</b> – no items	
8	<b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b> – no items	
9	<b>Any Other Competent Business</b>	

	GAPF thanked Joan Anderson for all her input to Partnership and wished her well in her retirement. The group were reminded of the retiral tea party on 28 May 2024 from 2pm in Summerfield House Canteen.	
10	<b>Communications messages to the Organisation</b>  Steven Lindsay to prepare a report from the meeting for the NHS Grampian Board.	<b>SL</b>
11	The next meeting of the group to be held at 10am to 12.30pm on Thursday 20 June 2024 via Microsoft Teams.  Agenda items to be sent to: <a href="mailto:gram.partnership@nhs.scot">gram.partnership@nhs.scot</a> by 6 June 2024	

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