



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 20<sup>th</sup> June 2024 10.00 am to 12.30 pm  
Microsoft Teams

**Present:**

Adam Coldwells, Interim Chief Executive (Co-Chair) - Chaired  
 Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair)  
 Hugh Bishop, RACH Combined Child Health Medical Staff  
 Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership  
 Mark Burrell, Service Clinical Director  
 Lynn Morrison, Allied Health Professions Lead  
 Ian Cowe, Head of Health and Safety  
 Dianne Drysdale, Smarter Working Programme Manager  
 Alison Evison, Chair/Non Executive Board Member  
 Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
 Jennifer Gibb, Nurse Director - HSCPs and MHLDS  
 Alistair Grant, RCN  
 Deirdre McIntyre, RCOP  
 Martin McKay, UNISON  
 Cameron Matthew, Divisional General Manager, Acute – part  
 Jill Matthew, Head of Occupational Health Services  
 Lynn Morrison, Allied Health Professions Lead, Aberdeen City  
 Gavin Payne, General Manager, Facilities and Estates  
 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  
 Ted Reid, Head of Logistic Services  
 Michael Ritchie, Unite the Union  
 Philip Shipman, Acting Head of People and Change  
 Kathleen Tan, CSP  
 Elizabeth Wilson, HCSA Implementation Programme Manager  
 Audrey Gordon, Partnership Support Officer

In attendance:

Geraldine Fraser, Integrated Families Portfolio Lead – item 5a  
 Jane Gibson, Staff Side Co-Chair of Aberdeen City Partnership Forum  
 Lorraine Hunter, Head of HR Service Centre  
 Sarah Irvine, Senior Finance Manager – Item 4b  
 Zoe Morrison, Lead Specialist - Culture and Experience

	<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:  Gerry Lawrie, Head of Workforce &amp; Development  Kimberley Falconer, SOR  Diane Annand, Staff Governance Manager</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of the Previous Meeting held on 16<sup>th</sup> May 2024 was approved.</p>	
3	<p><b>Matters Arising</b></p> <p>a. Job titles in a supportive, inclusive and empowering culture - Steven Lindsay updated that a meeting was arranged with Jason Nicol, Tom Power, June Brown and Alistair Grant to discuss Practitioner expression for job title on Monday 15<sup>th</sup> July - an update will be provided at July meeting.</p>	<b>SL</b>
4	<p><b>Involved in Decisions</b></p> <p>a. Non-Pay Elements of Agenda for Change Pay Award:</p> <p>i. Overall Group – Update to be provided at next meeting</p> <p>ii. Systems Group Update</p> <p>Lorraine Hunter advised that there was no update on national guidance around part time hours and minutes reduction. Once this has been received there will be reflection on this guidance around national systems. Main authors of FAQs being updated and version going out in next couple of days.</p> <p>* iii. Reduced working week – Presentation attached  Philip Shipman updated that there had been national confirmation yesterday around implementation deadline dates. All boards to implement the 30 minute reduction for all non-roster staff by 31<sup>st</sup> August. Reduced Working Week (RWW) group will discuss how to identify all and seek assurance that it is implemented. Second deadline for all roster staff by 30<sup>th</sup> November, with longer lead in time for this. Philip was grateful to other colleagues taking on partnership conversations and helping out. Keith Grant had a few conversations around RWW. Departments are fixing this now but likely to cause a major problem in 6 months to a year's time and need more assurance on this as not a permanent solution. Next stage may take longer. Staff trying to make this work with different working hours and other issues. Philip was in agreement with over a third having no options for recovering capacity as reducing service levels and had no requirement to recover the capacity. Next year a whole hour will be dropped off which may cause issues. There had been 220 submissions with only 30 redesigning their service, but there may be a requirement for a lot more redesign next time. Some</p>	

part-time staff still retaining original hours as may have cost implication but not reducing working week. There was Finance Governance around this. Lorraine Hunter commented that the cost for excess hours payment was around £800k for April and includes increase in bank spend for April and May.

The group gave the following views on this:

- Alistair Grant raised that there may be a risk for service and financial pressures for future. Initial discussion had taken place on what this will mean but not in scope at the moment
- After 30<sup>th</sup> November there would be an opportunity to pause and reflect on going forward. Most noticeable across the system is the change in hours for Occupational Health as could be seen as a reduction in service levels. Adam Coldwells explained that this should be looked at as early as possible.
- Joyce Duncan asked if we were pushing for funding from Scottish Government and that someone is explaining the consequences of this to prevent similar issues next year. Adam advised that the approach was being discussed at Chief Executive meeting but it was a political decision that was taken. Directors of Finance looking at how we make this affordable as projected gap quite a bit. Concern shared by many.
- Jill Matthew advised around the Occupational Health Service issue and that it was not a criticism of OHS as this was one service team which had raised concerns to try to understand what can be delivered and signpost to more appropriate supports when don't work Public Holidays or when phone is not manned as need to be more prepared. No further questions from service that raised issue.
- Sandy Reid queried the end date for paying overtime for non-rota staff and it was confirmed this would be end July. Philip advised that we need to try to get balance right and instructing staff as every service had different ways of achieving the RWW. Focus on identifying exact areas with non-roster staff, giving assurance that this is progressing as quickly as possible and encourage engagement. Staff Governance, Finance and Directors Letter (DL) had been involving staff in complex issue to try and get done quickly.
- Steven Lindsay felt that this offers GAPF some assurance as the Programme Board discussed yesterday the complex issues and non-roster areas need to be treated as roster areas. Level of detail being discussed and important right steps taken to involve staff and maintain balance over 3 strands of Governance. £800k costs were hopefully not ongoing as significant numbers had already moved over. Updating GAPF at every opportunity.
- Lynn Morrison highlighted that City Partnership as Leadership team would be aiming for July date for implementation for non-roster areas, ensuring involvement with staff and a consistent approach.

**Action** – Adam Coldwells to raise at team meeting and make sure Exec Team working with management teams to get appropriate priority reminder. Philip to provide an update to Adam and Tom for meeting.

**AC/PS**

iv. Protected Learning

Jason Nicol provided an update on the PLT Subgroup around raising understanding and awareness around appraisal and different job families. Professional input through sub-group.

Main points -

- Ensuring access to equipment and time. Discussing PLT and RWW to be fed into process for work patterns.
- Record progress around quantitative and qualitative impact on staff experience and services.
- 4 key tasks broken down by timelines and to be shared at Project Board next meeting;
  - Ensure appraisal expectations are clear and encouraged at all levels.
  - Ensure expectations of statutory and mandatory training are clear for each job family (by Sept/Oct 24) including frequency that mandatory training is repeated ensuring proportionate to the role. Job families agree content on Scotland wide basis from Board to Board
  - Ensure staff have access to the equipment and time needed to complete mandatory training without adversely affecting service provision (including staff absence for PLT activity)
  - Ensure we can clearly record uptake of learning to monitor performance on the delivery of PLT. Both quantitative data – Turas appraisal compliance and qualitative data (impact on staff experience and the services).
- Keith Grant added that he had been in departments recently and advised that some areas might not need handwashing for example as much as financial training for somewhere like Finance. Guidance required nationally to tailor to specific departments. PLT also part of agenda for 1 to 1s and Personal Development Plans (PDPs) at the moment with rethinking and reworking how it is done. Adam Coldwells agreed that it is great to keep working on this, maybe renewed mechanism support where we have not been as good as we ought to have.
- Ian Cowe agreed that selective learning for groups of staff will also need right systems in place and reporting provision for Turas Learn. Discussions around this are ongoing at the moment. Dependent on external areas to develop functionality which Jason will feed to Programme Board.

- Tom Power advised that if management reps and GAPF could get people involved in this would be great. Tom is Co-Chair of the national Protected Learning Time group and the idea of a passport needs acceptance across all 22 Boards for new modules and how we get to a national level. Focus on people getting training right for them to be assured and knowledgeable in. Needs built in stages and discussion how this passport will be resourced to be dealt with at a national level.

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

Philip Shipman provided an update around Nursing review group set up and helpful for detail not in Directors Letter (DL). No answers yet on process for exact job description, QA check in process, how to make changes to initial JD and outcome of questionnaire responses match to Band 6 profile. There is a risk around this as if 2 put together, this will make the work bigger. National Job Evaluation (JE) group working on answers to questions and can still submit via the portal but may not be able to progress with matching part until answers consistent around Scotland as we need to get this right. Start date for this April 2023 in terms of backdating with detailed communications in daily brief and from nursing leadership. Request for job matchers has gone out. Important for GAPF as known already that there are challenges for Staff Side reps to do training which needs to be taken forward and has been escalated for programme board and Band 5 nursing review group. All boards being cautious on how to progress a way forward as need questions answered.

Jane Gibson advised that they are monitoring what's happening via feedback through RCN and other unions around clarity of process as staff not clear as well as line managing staff. Job Description must go in with questionnaire and some are very out of date. This will be an issue going forward and risks with this if nursing staff not allowed to progress, grievances may arise. It was to avert strike action but now talking years down the line and not thought out or considered as staff thought this would be a solution to fair pay as outstanding from last year. The lack of clarity for staff now needs to be managed in a considered and honest way in communication. This also impacts current Band 6/7 and cannot be undervalued in supporting staff as they have a right for regrading. There has been a discussion with Finance as some don't want to continue with process and to ask to be paid within financial constraints but are entitled to ask for this. Adam Coldwells advised that he wanted everyone eligible to apply and raise through other communications as a sense of fairness.

Philip Shipman commented that Band 2/3 HCSW review observations showed some managers were supportive and others less so. This was an issue that the Band 5 Nursing review board were aware and will take forward.

Tom Power advised that issues were identified as financial challenge for nursing staff and programme board early on but reassurance was given and explicit around eligibility.

b. Finance Update

Sarah Irvine provided an update to the group and outlined that NHS Grampian's financial position is expected to be much more challenging in 2024/25 than it was in 2023/24. The Board has not been able to set a balanced revenue budget for 2024/25 with the financial plan projecting a deficit in the region of £55 - 60 million for the year after assuming achievement of savings of £35 million.

- A deficit of £14.4m was recorded for the first 2 months reflecting the continuation of financial pressures experienced in the last quarter of the 2023/24 financial year.
- Some progress has been made on savings however it is not yet at the level to reverse the overspends incurred on a day-to-day basis.
- Pressure continuing on pay budgets with both nursing and medical pay overspent. Non pay pressures around energy budgets, hospital drug costs and medical supplies continuing with inflation impacting.
- There are a number of risks not fully reflected in the financial plan including the risk that service pressures and other unplanned cost increases increase the monthly operational overspend further, the risk around our ability to deliver savings in line with our V&S plan, a risk of overspends within IJBs and the risk that the cost of AfC Non Pay Reforms exceeds the budget allocation.
- NHS Grampian have a Value and Sustainability Programme in place which aims to deliver savings of £34.9m this year. At May an estimated £3.73m has been achieved against a target of £5.38m. One area to celebrate is agency nursing where savings are in line with the V&S plan, and a £1.1m reduction in agency nursing spend has been reported from the same period in 23/24.

Adam Coldwells to pick up with Steven Lindsay for next Agenda setting around the sustainability plan and buy in from everyone.

c. Review of Portfolios

Tom Power presented to the group as supplementing the briefing paper that went out to GAPF. Session also being presented at ACF next week on initial analysis on data captured.

- Adam Coldwells had signalled the intent to review portfolio 3 years in, on what this should look like. To understand that there is a sense that portfolios not working as they should be and work was required with colleague as outlined in paper.
- Data represents a high level of portfolio working overall, 192 respondents 202 on team side but 393 on email distribution lists 48-95% participation of those that received. More analysis and review during June and to write up and make recommendations by July.
- Improvement opportunities not felt to be created around portfolios. Lack of clarity around portfolio approach and the view that it is difficult to understand.

**AC/SL**

	<ul style="list-style-type: none"> <li>• There was an even spread of views whether portfolios should be changed or not. Average values 7.27 out of 10 tendency towards they should be changed.</li> <li>• Qualitative questions data around this was supported by Calum Leask, Aberdeen HSCP as well as Zoe Morrison and Deborah Ikediashi from Wellbeing, Culture and Development who provided the analysis and results. Tom was grateful for their support.</li> <li>• Around Financial Governance, vast majority of respondents indicated that to some degree they felt that these were less effective as a result of portfolios rather than improved.</li> <li>• Respondents were asked “What aspects of the Portfolios Approach do you want to keep”. There was no sense on wider SLT survey on developing governance arrangements to be kept. Keep focus on systems working/thinking. 40 people have said nothing over a fifth of respondents.</li> <li>• Respondents Frustrations and solutions included <ul style="list-style-type: none"> <li>○ Purpose and lack of clarity of approach and each objective. Solutions need to be really clear on what is trying to be achieved.</li> <li>○ Governance/Accountability - significant number commented on this around complexity, lagging behind structure and approach. Improvement required to standardise and make clearer.</li> <li>○ Leadership (and Management) - Perceived increase in complexity, variable control from arrangements and a gap to workforce and increase in that gap. Solutions would be to increase proactive visibility and joining up different bits for confluence and control</li> <li>○ Boundaries unclear of different parts of system and lack of shared ownership, creating gaps. Solutions to broaden understanding of bits of system and how these work and reach agreement of clarity of accountability</li> <li>○ Collaboration/Support - Silos different and tensions exist between portfolios, services and teams. Solutions - clearer lines of responsibility and embody system thinking more.</li> <li>○ Information and communication – uncertainty, ambiguity and gaps in information and information sharing. Solution – revisit model, joined up and integrated, improved communication and information sharing e.g shared governance approach.</li> <li>○ Clinical Governance – multiple ways to assess effectiveness and important to enforce these are the views from respondents from survey. Some things are specific to Portfolio approach. Leading more centralised control and leadership of system and linking Dr Gray’s and ARI for technical governance points as lack of co-ordination.</li> <li>○ Staff Governance focus around engagement not as good and diverse ways of working perceived as</li> </ul> </li> </ul>	
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inconsistent. Solution – focus on consistent quality of workplace experience, cohesion around financial governance and clarity of funding.

- Summary – get proposed solutions from slides not recommendations of review but from participants.
- Discussion engagement followed from group around – “How radical in our approach to enabling more effective cross system working do we need to be?” “What is the right approach to engaging colleagues across the organisation in the development and adoption of way forward?”

Adam Coldwells thanked Tom for this great presentation. Hugh Bishop struck by responses from a group engaged as most informed about portfolio structure from SLT. Responses from colleagues doing the actual shop floor work across the organisation may even show as less well informed or have an understanding. Sense of proportion describing frustrations also suggested solutions and what proportion blank. Tom has good correlation with this gap in terms of what people want to keep. Zoe Morrison added that broadly speaking solutions had been put forward and that it was encouraging that people took time to engage on this. Tom highlighted that this was open to the wider SLT and anyone with an interest in leadership as not limited to senior managers. Sandy Reid thought the question how radical should be extremely radical as comments around much more radical, much less portfolios. Joyce Duncan could understand why people felt portfolios not explained but defended the people involved around strategic planning as all were engaged in this. Medics don't take part in things consistently advised but they need to engage. Look at possibility of channelling portfolios in a different way and what good stuff has come out and running well.

Martin McKay raised the issue that wider workforce Staff Side colleagues at GAPF and SLT had raised concerns and mirror comments in presentation. Forums to engage and more leaders than senior leaders in departments that have brought concerns and taken forward. Good to look at changing this and commended this approach. Routes of engagement through local forums and not a hierarchal structure. More localised areas that we can engage and don't need to reinvent wheel on that. Steven Lindsay also agreed and praised Tom and colleagues to drill down to the data but not sure about being radical to take forward. There should be clarity and something easy to understand with everyone employed around the structure. Need to promote and support cross system/silo and agree with Martin that this was an opportunity for something different.

Jennifer Gibb thought as a large organisation it was a challenge to manage and compare with other boards. Lot of learning from integration and see changes around this. Portfolios split into locality base or speciality which will constantly be a challenge to have the same. Confusion around governance reporting lines. IJBs work differently through PAFIC. Centralised system around reporting but keen to support.



Jason Nicol said this was the key thing to retain system leadership approach and people keen to retain. Identifying key priorities across 2 workshops and wider SLT hard to do as time required to spend on this and ongoing review by bringing people and building relationships together in ways to capture stories.

Philip Shipman advised that the portfolio model recognised that a radical solution will cause disruption and do we have system capacity. Silos and barriers will remain. Need to be really clear what any change would do. Relies on time and conversations with a need for readiness assessment, perceived benefits of change and build optimism biased.

Mark Burrell agreed that changing everything was not practical. Clarification is required of what portfolio is and why it is there as some would struggle with this and what intended to do. Explain better and make some changes to this. Cameron Matthew commented that Portfolios were radical at some point and agree with questions around this. Colleagues won't engage if it means nothing to them as must mean something to members of staff and how they deliver their service, output and what it does for patients and staff.

Mark Burrell thought that changing structure may not result in cultural shift. Silo attitudes do exist around resource allocation as current structure enables silo working and was conflicted on this. Moving focus to pathways of care and not changing structure is a good thing to do but hard to.

Tom Power thanked everyone for their valuable inputs and was curious around what radical would look like to others. Pathways focus on creating value for patient and organisational model affects this. Need to be much clearer for all concerned on what that needs to be like and supports aspirations.

#### d. Car Parking Update

Ted Reid updated on the current position with initial feedback from City Council planning for application for permanent change of use at Lady Helen. Provision of staff working shouldn't be detriment for visitors. Further information needed as classed as holding objection until fully responded. Pulling information around 2<sup>nd</sup> week in July as no change at the moment. 178 comments on application, 172 supportive, 4 objected and 2 neither supportive or objected which is counted as no support by the council. Ted will provide an update at the August GAPF meeting. Keith Grant had concerns around current car parking where there are staff and visitors parking where they shouldn't be and need to be reminded that road rules apply. Access to the site should be safe. Ted advised that Health intelligence information around 2<sup>nd</sup> week July, Hilary from PAD pulling responses through Car Park SLWG. Sandy Reid thought we should give information to indicate what potentially might be changing. Ted advised that we should remain optimistic until we hear back from Aberdeen City Council either to agree to consent to change planning or not but should not be communicated at the moment to get

	<p>application through. Lady Helen parking level 6 and above to remain at the moment. Adam Coldwells agreed that we can communicate we are still in a process with council. Steven Lindsay advised that colleagues and corporate comms information should be in brief to share information and reminded the group for clarity that any communication GAPF feels that is required to be highlighted for public board meetings rather than communicating within the system. Keith Grant also added that due diligence by the council was not an unusual path for planning permission and hopefully will be approved. Adam Coldwells checked that legal advice was already in place around planning if council say no and this was confirmed.</p>	
5	<p><b>Well Informed</b></p> <p>a. Staff Governance Report SG Report - Integrated Family Services – Geraldine Fraser to be invited to July GAPF Meeting</p> <p>b. Staff Governance Committee Report - Joyce Duncan to be invited to July GAPF Meeting</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. e-Payslip Roll Out</p> <p>Lorraine Hunter discussed the paper submitted to the group. Main points -</p> <ul style="list-style-type: none"> <li>• To consider an accelerated rollout of e-payslips and plan as value to sustainability programme. Immediate need to help with financial savings plans.</li> <li>• Rollout as much electronic payslips before September. 35% weekly paid staff on e-payslip and 40% of monthly paid staff uptake.</li> <li>• Proposed to have an accelerated rollout plan in February but some staff may not have access to networked PC. National decision applies to all boards. Small group proposed plan in 2 phases with first phase in July for Admin and Exec. August for Nursing and Midwifery staff and September for medical/dental and AHPS. All other support services and bank workers will be in phase 2 as more challenging for staff to access networked PC and challenges around this for Facilities staff group to access. There is ongoing work with Facilities and eHealth colleagues to have improved access to a networked PC but no timeline for this.</li> <li>• Bank workers don't collect payslips but can access through HRMC pay account. Need to encourage them to choose electronic. Corporate communication to go out to all colleagues on board and message in daily brief was ready to go with detailed information to follow.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Financial benefits around environmental strategy, safer way to access these. Intranet was being updated and a “how to” video but for security reasons unable to use Payroll system so exploring this with national system payroll colleagues.</li> <li>• User ID required to access self service for pay history and other details, prompted to create password within 10 days of moving across. Those on maternity leave, sick leave etc there will not be 100% response as not appropriate for these members of staff. E-payslip will revert to paper when there are periods of this type of leave. A process to be established with managers.</li> <li>• Saving of £35,000 and projected to achieve 70% on first phase by end of this year. This initiative has been positively received. There were issues raised on how managers communicate to organisation for paper copies as don’t want people being treated differently if on long term sick. People who leave in month will automatically be reverted to paper payslip as won’t be able to access.</li> </ul> <p>The group agreed with this proposal. Mark Burrell to invite Lorraine to ACF on 26<sup>th</sup> to discuss as there was no rep from medical and dental in attendance.</p> <p>There was currently no prospect of non network PC being used to access these as going through business transformation and specing future payroll system. Development being discussed around emailing payslips but no timeline on this.</p> <p>Martin McKay agreed that it was encouraging to see phase 2 around workforce who do not have regular access to network device. Nursing and Medical/dental colleagues on ward basis an issue for ease of access to PC. Networked devices were being investigated to be made available specifically for that with eHealth colleagues. Lorraine also advised that they could decide when e-Payslips are released as this can be actioned much earlier than paper based copies. Lynn Morrison had similar issues around AHP colleagues and supported this plan and will advise clinical forum.</p> <p>It was agreed that Lorraine would post in Daily Brief but no level of detail around phases just headline message limited and advise that more information to follow. Adam Coldwells thanked Lorraine and team in coming to this resolution.</p> <p>b. Health and Safety Update Ian Cowe had submitted a paper to the group, only other issue was the introduction of H&amp;S KPIs and improve terms of reference for some briefings. Advertising more essential training for managers.</p>	<b>MB</b>
<b>7</b>	<b>Appropriately Trained and Developed</b>	
<b>8</b>	<b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b>	

9	<b>Any Other Competent Business - None</b>	
10	<b>Communications messages to the Organisation</b>	
11.	<p><b>Date of next meeting</b></p> <p>The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 18<sup>th</sup> July 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 4th July 2024</p>	

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